This document is for informational purposes and is intended to empower newly expectant parents, to help navigate different facets of pregnancy, postpartum, and becoming a new parent while being Active Duty NOAA Corps. This guide was put together through volunteer efforts by reading policies, memorandums, and personal experiences.

This guide should not be used as official policy. As a guide, the intent is to clarify and simplify, not to replace official guidance. One should seek official guidance from NOAA Corps Directives, Health Services, and respective Chain of Commands.

For any corrections, comments, suggestions or feedback please email:

noaacorps.policy@noaa.gov
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PREGNANCY INFORMATION

Pregnancy Confirmation
If you think you are pregnant, it is strongly advised that you obtain an official (blood) test to confirm pregnancy. Many Military Treatment Facilities (MTFs) have walk-ins daily where they can order labs the same day. You can call your Primary Care Manager (PCM)/Med group to set up this test. If you are pregnant, it is best to get in contact with the nearest Women’s Health Clinic at your MTF and follow your healthcare providers’ advise for prenatal care.

Reaching out to Health Services
We advise that you let Health Services know about your pregnancy as soon as possible. You can do this by uploading your lab record to your medical OPF and following-up with Medical Affairs at noaacorps.medical@noaa.gov.

Telling your Supervisor/Chain of Command
It is highly recommended that you maintain close contact with the primary healthcare provider during this time. If you wish to alter your sailing, diving, or aviation duties during your pregnancy, and/or your healthcare provider recommends a change, you should notify your supervisor in writing as soon as possible to minimize disruptions of NOAA operations and missions. If an officer believes that a change to primary duties (to include flight, sailing or dive schedule) is necessary, it is the responsibility of the officer to submit that request to CPC. Pregnancy does not per se, disqualify an individual from these duties. It is incumbent on each officer to maintain communication with the chain of command and with healthcare providers to ensure assignments and tasks are compatible with the health and safety of baby and mother.

Maternity Uniform
You may wear your Maternity Uniform as soon or as late in pregnancy as you desire. There is no “correct” time to start wearing it. If you need a waiver/adjustment to uniform standards (e.g. different footwear), please work with your primary care manager to submit a written recommendation to your chain of command.

For more information on the maternity uniform visit: NOAA Corps Directives (NCD) - Chapter 12
To order an Operational Dress Uniform (ODU) visit: https://shopcgx.com/
To purchase other uniform items visit your nearest military clothing store.
Or consider asking a fellow officer for their old uniforms!

Physical Fitness during pregnancy
There is no mandated maternity PT gear and fitness requirements for NOAA are still TBD. Many Fitness Centers are starting to roll out specifically tailored Prenatal and Postpartum group fitness classes with other service members. See if your local FSS has any programs available if you would
like fitness accountability and a program more tailored to pregnant women or those who are recovering.

Ordering a Breast Pump
With TRICARE, you are entitled to receive a breast pump of choice. There are different ways in which you can choose to get yours. You must be 27 weeks pregnant to apply and receive it. Oftentimes your OB will jumpstart this process around your 27-week appointment.

1. You can purchase a pump of choice and get reimbursed by TRICARE by filing a claim. You may choose this route when you want a hands-free option like the Willow, Elvie, or Freemie to recoup some of the costs (approx. $300 reimbursement). Breast milk storage bags are also covered by TRICARE Insurance.

2. You can go through an online company who will contact your medical team on your behalf or upload your prescription and you can choose your pump. They will send it to your home. Some common ones are Aeroflow, Baby Pavilion, and 1 Natural Way. [https://tricare.mil/breastpumps](https://tricare.mil/breastpumps)

Online Breast Pump Ordering:
- [https://aeroflowbreastpumps.com/](https://aeroflowbreastpumps.com/)
- [https://www.babypavilion.com/](https://www.babypavilion.com/)
- [https://www.militarypumps.com/](https://www.militarypumps.com/)

Bank Donor Breast Milk is also covered under special circumstances:

Breastfeeding/Pumping Support
For those that continue to feed their baby breastmilk after returning to work, it’s important to get on a good pumping schedule. NOAA has a Nursing Mother’s Program that defines requirements for breastfeeding spaces. They will help you find space to pump at your office or when traveling for work. ([https://www.corporateservices.noaa.gov/noaa/announcements/Lactation_webinar10292018.html](https://www.corporateservices.noaa.gov/noaa/announcements/Lactation_webinar10292018.html))

Contact is nursingmothers@noaa.gov; if you travel for work, they'll also hook you up with MilkShip -- a kit that will meet you at your destination and can be used to store pumped milk and send it back home free of charge.

Lastly, if you continue to breastfeed after returning to work many Childcare Centers allow mothers to return during the day (for example, during lunch break) to breastfeed their baby. Many women choose to do this as their baby transitions and adjusts to bottles or for bonding purposes.
Lactation Specialists
Many MTFs offer lactation specialist support - contact information is usually given pretty early from the OB’s office NOAA also has a Lactation Program. You can reach out directly to Mrs. Andrea Andrews at andrea.n.andrews@noaa.gov if you have questions.

Other NOAA Corps Resources
NOAA Corps Moms at Sea email thread - ask a fellow mom to introduce you in!

NOAA Corps Women’s Facebook Page - https://www.facebook.com/groups/442021350193471

NOAA Nursing Mothers Program - NOAA Lactation Program Manager, Mrs. Andrea Andrews 301-713-9456 or Andrea.N.Andrews@noaa.gov

POSTPARTUM INFORMATION

Diastasis Recti & Pelvic Floor Therapy

- **Diastasis Recti** is partial or complete separation of the rectus abdominis, or “six-pack” muscles, which meet at the midline of your stomach. Diastasis recti is very common during and following pregnancy. If you have this condition you can seek help and treatment through your PCM. They will evaluate your case and you may be referred to receive physical therapy or even surgery depending on the severity and impact on your health.

- **A weakened or dysfunctional pelvic floor** is also a common problem post-partum and can worsen after each pregnancy. It can affect your ability to exercise and recover fully. Common symptoms include leaking urine when coughing, sneezing, laughing or running. There are exercises one can do to “strengthen” the pelvic floor, however, if no improvement is seen then it is advisable to consult your PCM for an individual evaluation. Treatments such as specialized Physical Therapy, Botox injections, or even surgery are available in severe cases and could be covered by TRICARE.

  - [https://www.healthline.com/health/diastasis-recti](https://www.healthline.com/health/diastasis-recti)
  - [https://www.healthline.com/health/pelvic-floor-dysfunction#treatment](https://www.healthline.com/health/pelvic-floor-dysfunction#treatment)

Postpartum Depression/ Anxiety
The days following your child’s birth may be some of the most overwhelming days and weeks of your life. Even with a good support system it is absolutely normal and natural to feel emotional, overwhelmed, exhausted, and question many things. Your hormones are regulating, your body is healing from delivery, and depending on if you chose to breastfeed or not your body will try to establish and regulate your breastmilk supply. For some with traumatic births or C-sections the recovery can be that much more complicated. Caring for a baby who needs so much attention and care while your body heals can take a physical and emotional toll no matter how much you love them.
Please know you are not alone! Approximately 70% to 80% of women will experience, at a minimum, the baby blues. Many of these women will experience the more severe conditions of postpartum depression (PPD) or postpartum anxiety (PPA). And that is just the women who have come forward to get a diagnosis, as many will suffer in silence.

See chart below for common symptoms.
This chart is not intended to formally diagnose and should be used for informational purposes only. You may have symptoms in multiple “categories” but it doesn’t necessarily mean you have the condition(s). Always consult your medical provider for an official screening, diagnosis, and treatments.

<table>
<thead>
<tr>
<th>Baby Blues</th>
<th>PPD Symptoms</th>
<th>PPA Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Crying for no reason</td>
<td>• Feeling hopeless/depressed</td>
<td>• Chronically Worrying</td>
</tr>
<tr>
<td>• Crying from feeling sadness or overwhelmed</td>
<td>• Excessive Crying</td>
<td>• Fears of hurting your baby or something bad happening to him or her</td>
</tr>
<tr>
<td>• Irritability</td>
<td>• Feeling like you “made a mistake”</td>
<td>• Fears and racing thoughts of your baby’s safety</td>
</tr>
<tr>
<td>• Fatigue</td>
<td>• Feelings of not being “good enough”</td>
<td>• Fears of being left alone with your baby</td>
</tr>
<tr>
<td>• Poor concentration</td>
<td>• Severe mood swings</td>
<td>• Uneasy feelings around knives or weapons</td>
</tr>
<tr>
<td>• Not bonding with your baby immediately</td>
<td>• Overwhelming fatigue</td>
<td>• Feeling a sense of dread or like “something bad is going to happen”</td>
</tr>
<tr>
<td>• Appetite problems</td>
<td>• Insomnia</td>
<td></td>
</tr>
<tr>
<td>• Sleeping problems</td>
<td>• Feeling lost/disconnected</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Extreme feelings of guilt</td>
<td></td>
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<tr>
<td></td>
<td>• Thoughts of running away and leaving your family behind</td>
<td></td>
</tr>
</tbody>
</table>

Please seek immediate medical help if you are thinking about harming yourself or your baby. Many women find it helpful to talk about their feelings and fears during this time of adjustment by connecting to other mothers either in person or in online circles.

There are a number of resources at your disposal, from your PCM to blogs, websites, and testimonials online to help you realize that you are not alone. You are encouraged to reach out to medical professionals. Your PCM is able to prescribe a variety of treatments to help during this time. NOAA supports and encourages mental health awareness and support for new parents.

- NOAA Corps Behavioral Health Program contact: CDR KJ Greene, Kenneth.Green@noaa.gov
- Facebook PPA Support Group https://www.facebook.com/groups/PPAsupport/
- Facebook PPD/PPA Support Group https://www.facebook.com/groups/2275179362722172/
- PPD Mayo Clinic https://www.mayoclinic.org/diseases-conditions/postpartum-depression/symptoms-causes/syc 20376617
NEW PARENT INFORMATION

Entitlements for Parents

Maternity/Paternity Leave
Parental leave can include 2 types of leave. Convalescent Leave is 6 weeks (42 days) intended for the recovering mother. It typically begins the day after discharge from the hospital. The second is Primary Caregiver Leave which is another 6 weeks (42 days) of leave intended for care and bonding. It must be used within the first 12 months following the birth or adoption date. These are not charged to the officer’s leave account.

- Secondary Caregiver Leave is a period of non-chargeable leave, up to 21 consecutive days (3 weeks), granted to the designated Secondary Caregiver for the care of a new child as a result of a Birth or Adoption Event. Prenatal Convalescent Leave can be granted when certified as necessary by a health care provider.

See NOAA Corps Directives (NCD) - Chapter 6

Finding Childcare

Many recommend getting on a child care waitlist as soon as possible because the waitlist can be quite long. Depending on your location it may benefit your family to seek childcare on post vs off post.

- Apply for the CDC and FCC (on base providers): https://militarychildcare.csd.disa.mil/mccf/ui

Newborn Enrollment in DEERS/TRICARE

Newborn enrollment to the DEERS should occur as soon as possible, ideally within 30-days. A child’s enrollment in DEERS allows for timely medical care access to MTFs and TRICARE coverage. You will need to take a certified original or copy of the child’s birth certificate to your local DEERS office to enroll. After your child is enrolled in DEERS you can call your TRICARE region to enroll in your TRICARE plan. This is also how your dependents become eligible for your GI Bill benefits after the allotted time. If you and your co-parent are both on active duty in a uniformed service, the child will only be sponsored by one parent.

Update BAH rate (if applicable)

You may need to update your dependent status for BAH purposes so you can receive your appropriate BAH amount w/dependents. You will do this by working with CPC’s Personnel Management Staff Officer. Like DEERS and Tricare sponsorship, only one active duty parent should register and collect the dependent BAH rate.

https://hcm.direct-access.uscg.mil/psp/HCPRD/?cmd=login&languageCd=ENG&
Create/Update Family Care Plan
It is strongly recommended that NOAA Corps officers create and maintain a Family Care Plan. NOAA Corps are entitled to free legal services at Judge Advocate General (JAG) facilities located on most major military installations. JAG can help you set up a living will and/or trust to include your children. (This can cost ~$2-5k if you use private legal services!)
NOAA Corps Parental Leave FAQs

The FAQs below are common questions that are applicable to the parental leave process across a broad range of circumstances. For officers expressly interested in the additional considerations associated with being the birthing parent, reference the NOAA Corps Pregnancy and Postpartum Guide. NOAA Corps officers anticipating a period of parental leave may reference NCD Chapter 6, Leave & Liberty, with particular attention to NCD 06111. This section provides the Corps’ most current guidance on Primary/Secondary Caregiver designation and leave periods authorized.

Q1: Does the Family and Medical Leave Act (FMLA) apply to NC Officers?
A1: No. Leave and Liberty of NOAA Corps officers is administered per 10 U.S.C. Chapter 40. There are allowances in this section for leave and liberty related to medical issues and family healthcare.

Q2: How much time can I take off?
A2: The amount of authorized leave is dependent upon the category of leave you qualify. Parental Leave may be used in conjunction with other non-chargeable and chargeable forms of leave (NCD 06111 (A)). Examples include Prenatal Convalescent Leave and Regular Leave. It is also permissible to use one’s accrued leave in addition to parental leave at this time as well.

Q3: What paperwork do I need to complete to submit parental leave?
A3: NOAA Form 56-12 (Request and Authorization for Leave) shall be used for requesting, authorizing, and accounting for all leave except leave authorized or in conjunction with PCS orders (NCD 06109 (A). A birthing parent submitting for maternity convalescent leave shall check “Convalescent.” Officers submitting for Caregiver Leave shall check “Other” and indicate if Primary/Secondary Caregiver in writing.

Q4: Is leave charged to my account?
A4: Authorized Parental Leave is not charged to the officer’s account (and as such also cannot be sold or transferred). Additional leave, chargeable to the officer’s account, may be coordinated with the officer’s supervisor.

Q5: Can the Primary Caregiver be the non-birthing parent?
A5: Yes.

Q6: What are the timelines in which leave shall be submitted?
A6: It is preferred that NOAA Corps officers inform their commands of their caregiver designation (Primary or Secondary) at least 60 days in advance of a qualifying event (NCD 06111 (A)(14). Leave granting authorities may grant prenatal Convalescent Leave without the Directors’ approval for periods up to a cumulative total of 30 days after certified necessary by a medical officer or practicing physician. Prenatal Convalescent Leave for greater than 30 days must be reviewed by the Director, OHS, and approved by the Director (NCD 06111 (B).