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Marine Corps orders and practices for pregnant and postpartum Marines are ambiguous to both Marines and their leadership. Instead of treating pregnancy and the recovery of child birth as a natural part of a Marine's life, it is treated as an injury or simply ignored, creating an unconscious bias against pregnant and postpartum Marines. Marine Corps attitudes toward pregnancy can be changed through changes in orders and policies,

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BIRTHING A CULTURAL CHANGE:  
PREGNANCY AND MARINE CORPS POLICY

SUBMITTED IN PARTIAL FULFILLMENT  
OF THE REQUIREMENTS FOR THE DEGREE OF  
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## **Executive Summary**

**Title:** Birthing a Cultural Change: Pregnancy and Marine Corps Policy

**Author:** Major Emily L. Barton, United States Marine Corps

**Thesis:** Marine Corps orders and practices for pregnant and postpartum Marines are ambiguous to both Marines and their leadership. Instead of treating pregnancy and the recovery of child birth as a natural part of a Marine's life, it is treated as an injury or simply ignored, creating an unconscious bias against pregnant and postpartum Marines.

**Discussion:** This paper will examine current Marine Corps orders and policies concerning pregnancy, the postpartum period, and breastfeeding: MCO 5100.12E (Marine Corps Policy Concerning Pregnancy and Parenthood), MCO 6100.13A (Marine Corps Physical Fitness and Combat Fitness Tests), MCO 6100.14 (Marine Corps Physical Fitness Program, MARADMIN 102/16 (Marine Corps Maternity and Convalescent Leave Policy Update), MARADMIN 331/18 (Changes to Parental Leave Policy), MARADMIN 570/18 (Clarification to MARADMIN 331/18), MARADMIN 657/18 (Interim Guidance Regarding Fitness Reports for Pregnant Marines). The examination will show how the orders and policies in place lack clarity and guidance, making pregnancy and recovery from pregnancy more problematic, ostracizing the pregnant Marine, and furthering the unintentional bias against women.

**Conclusion:** By clarifying Marine Corps policies and making them more prescriptive, rather than restrictive, the Marine Corps can normalize pregnancy and preserve a lethal force while retaining the talent that women bring to the Corps.

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THE OPINIONS AND CONCLUSIONS EXPRESSED HEREIN ARE THOSE OF THE INDIVIDUAL STUDENT AUTHOR AND DO NOT NECESSARILY REPRESENT THE VIEWS OF EITHER THE MARINE CORPS COMMAND AND STAFF COLLEGE OR ANY OTHER GOVERNMENTAL AGENCY. REFERENCES TO THIS STUDY SHOULD INCLUDE THE FOREGOING STATEMENT.

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## *Preface*

As soon as I learned that I was accepted to Marine Corps University for Command and Staff College, I knew I wanted to write my thesis on pregnancy and the Marine Corps. I have had one child as an active Marine, two as a civilian, and one as a Reservist. I have personally witnessed how Marine Corps pregnancy policies can negatively impact both the Marine and the command. I have heard story after story of how Marine women and their supervisors struggle to navigate through Marine Corps policies to do right by the pregnant Marine and the unit. I believe that simple changes in policy can change the Marine Corps culture regarding pregnancy. Throughout the writing process, I kept the junior enlisted Marine in mind. I tried to read the orders as a pregnant Lance Corporal would. I tried to understand how a Sergeant with a pregnant Marine would interpret the order. More than anything, I wanted to suggest practical changes that normalize pregnancy in the Marine Corps and demonstrate that pregnancy is not an obstacle to being a Marine, but a natural part of life for some Marines.

I would like to thank my thesis advisor, Professor Bradford Wineman, for drawing out what I wanted to say when I could not express or organize my thoughts. I appreciate the time he spent with me as my thesis morphed from postpartum recovery to Marine Corps culture towards pregnancy and how he guided me away from various rabbit holes. His guidance and connections were invaluable and he fundamentally changed how I view the Marine Corps as an institution. I would also like to thank Professor Lauren Mackenzie who helped me look at pregnancy and the Marine Corps through the lens of culture. I know time is a precious commodity, and I am grateful for the time she spent reading and advising me on this thesis.

Most of all I would like to thank my husband, Major Ricardo Barton, who listened to me formulate my argument when he would much rather be doing anything else, like sleeping in the

middle of the night. He often tackled four children and many of the household chores on his own while I took time to put pen to paper. With his endless love and support, even the most challenging of days are full of joy and laughter.

## **Introduction**

Marine Corps orders and policies for pregnant and postpartum Marines are incomplete and arbitrary, forcing Marines and their leadership to determine a Marine's role while pregnant. Instead of treating pregnancy and the recovery after child birth as a natural part of a Marine's life, it is treated as an illness or injury, creating an unintentional bias against pregnant and postpartum Marines. In 1995, Secretary of the Navy John H. Dalton told reporters, "Navy leadership recognize that pregnancy is a natural event that can occur in the lives of Navy servicewomen ... and is not a presumption of medical incapacity."<sup>1</sup> However almost 25 years later, as evidenced through current Marine Corps orders and policies, the Marine Corps has not figured out how to integrate pregnancy effectively within the Marine Corps. Rather, the Marine Corps treats pregnancy as a malady and a liability. Additionally, the pregnancy related orders are not written with all Marines in mind. In 2018, there were 16,008 female Marines, of whom 983 were pregnant; 906 of those Marines were enlisted.<sup>2</sup> These orders focus primarily on commanding officers; however, junior Marines, their direct supervisors, and subordinate leaders rely on these orders to understand what the Marine Corps expects from pregnant Marines. These written policies need to be simple and direct so all Marines can understand a pregnant Marine's role in the Marine Corps, that of a functional Marine. By creating a more detailed and deliberate pregnancy order, integrating a program specific to pregnancy and postpartum recovery into the fitness order, and providing pregnancy focused education, the Marine Corps can aid in a more effective recovery for Marines and create a culture where pregnancy is normalized and women are welcome professionally and culturally in the Marine Corps during all phases of their career.

## **Background**

The first female Marine, Private Opha May Johnson, enlisted in 1918.<sup>3</sup> At that time, women filled clerical duties with the motto “Free a Man to Fight.” Once a Marine was found pregnant, she was forced to leave the service. As early as 1949, Rear Admiral Clifford A. Swanson, Chief of the Bureau of Medicine and Surgery, argued to retain pregnant Marines and Sailors, “Inasmuch as pregnancy is a normal biological phenomena in women in the military age group it must be assumed that the possibility that women entering regular military service become pregnant was recognized by Congress...There would appear to this Bureau to be no reason for terminating the service of personnel who are pregnant but physically able to perform their duties.”<sup>4</sup> However, it was not until 1971 that regulations changed allowing women to remain on active duty while pregnant.<sup>5</sup> Although women could serve while pregnant and after birth, the Marine Corps required a waiver. The default action was still to separate a Marine for pregnancy. Over the next 40 years, women who stayed in proved capable of serving, some as mothers, in all Military Occupational Specialties (MOS) except those defined as direct combat MOSs. That changed on January 24, 2013, when the Secretary of Defense rescinded the 1994 Direct Ground Combat Definition and Assignment Rule which excluded women in combat. Women now have the opportunity to serve in every MOS in the Marine Corps and yet pregnancy, “a normal biological phenomena in women in the military age group,” is still stigmatized in the Marine Corps.

With the ban on women in ground combat lifted, the Marine Corps published Fragmentary Order 4 (Implementation) to Marine Corps Force Integration Campaign Plan (Integration Order) in 2015 directing the integration of female Marines into all remaining combat military occupation specialties (MOSs) and units.<sup>6</sup> The Integration Order was not simply a

means of integrating women into all MOSs, but a catalyst to examine the Marine Corps culture towards women as it ordered a substantive review of all orders pertaining to women. This mandated review is integral to looking at how the Marine Corps addresses women as an institution. Integrating women into combat MOSs is not enough to eliminate the disenfranchisement experienced by women Marines. According to the *Culture Guidebook for Military Professionals* published by the Center for Advanced Operational Culture learning, “culture is not unchanging set of rules and beliefs that controls every aspect of people’s behavior,” but rather how we get through the day and function within a society<sup>7</sup>. In order to completely incorporate women into the Marine Corps, Marine Corps culture can adapt to incorporate all aspects of women, to include pregnancy.

The Marine Corps recognizes that a cultural shift may be required to integrate women into ground combat MOSs and units, and argues in the Integration Order that “the primary factor in developing cohesion is the ability of all members to perform assigned mission essential tasks effectively.”<sup>8</sup> However, a pregnant Marine cannot always perform assigned mission essential tasks effectively. Clearly defining what a Marine’s limitations and capabilities are while pregnant removes some of the confusion and stigma surrounding pregnancy, and allows the Marine to still contribute as effectively as possible.

The Integration Order states that general neutral standards will mitigate the loss of combat effectiveness, despite the integration of women.<sup>9</sup> This does not mean the Marine Corps needs to be gender neutral as an institution. Women can be embraced as women while being held to the standards of the Marine Corps in general, and in their MOS specifically. Through changes in policy and incorporating female-specific education, the Marine Corps can normalize all aspects of womanhood. Sociologists Orna Sasson-Levy and Sarit Amram-Katz state that, “In

order to give gender integration a chance to succeed, a policy of gender integration must take the cultural schemas seriously.”<sup>10</sup> In other words, to fully integrate women, the Marine Corps has to look at the culture surrounding women, not just the physical act of placing women in ground combat MOSs. Within the Marine Corps, women cannot simply be treated like weak men. Gender-neutral policies and practices do not translate to gender equality. Child bearing is a reality for many women; pretending that it is an illness or liability does not serve the Marine Corps in any way. Creating a culture of normalizing pregnancy begins by incorporating it into Marine Corps life through its orders and policies.

### **Institutionalized Bias**

Much of the bias against pregnancy stems from the current Marine Corps Policy Concerning Pregnancy and Parenthood, MCO 5100.12E (Pregnancy Order).<sup>11</sup> The Pregnancy Order is over 14 years old, last published in 2004. The institutional bias against pregnant Marines starts from the moment a pregnant Marine or her supervisor reads the Pregnancy Order, the pregnant Marine is separated semantically from her fellow Marines. A pregnant Marine is not referred to as a Marine throughout the order but as a “servicewoman.” As this is a Marine Corps Order, the order should address the pregnant Marine as “Marine” instead of “servicewoman.” This subtle word exchange sets the tone for the rest of the order - a pregnant Marine is not a Marine.

As orders can take years to update, MARADMINs update orders until the current order is officially revised. The Pregnancy Order is no exception. However, there are active MARADMINS which send conflicting messages in regards to pregnancy and the postpartum period. MARADMIN 657/18, Interim Guidance Regarding Fitness Reports for Pregnant Marines, states “ISO Marine Corps effort to overhaul its official documents and publications to

be more gender neutral, PREG will no longer be used to indicate a pregnant or postpartum Marines exemption from the Marine Corps body composition standards.”<sup>12</sup> This masks a symptom not the problem. Instead of normalizing females in the Marine Corps and the natural life cycle of womanhood, the Marine Corps identifies pregnancy as just an injury or temporary status, not a natural and reoccurring event. Making personal records gender neutral implies that it is wrong to be female in the Marine Corps as the dominant gender is male. The Official Military Personnel File (OMPF) includes a picture of every Marine which, by uniform alone, indicates gender. Thus, this attempt at gender neutralizing a personal document is not only pointless but arguably proliferates the idea that identifying as a female and a Marine are incompatible.

MARADMIN 657/18 titled “for pregnant Marines” is not just for pregnant Marines. The MARADMIN also includes a “Marine diagnosed with a new or worsening medical condition or therapy which is unexpectedly leading to weigh gain.”<sup>13</sup> Pregnancy is not a medical condition. It is a biological condition where weight is expectedly gained and lost. Putting pregnant Marines in the same category as a Marine with a medical condition implies that pregnancy is an injury, malady, or disorder rather than a natural and temporary part of life for both the Marine and leadership. Every time a Marine has a child, she is likely to have two to three exempt codes (EXMP) during the course of her pregnancy and postpartum period for fitness assessments. The promotion board does not know whether the Marine is pregnant or malingering. Thus the Marine has to clarify this in a letter to the board, an additional step that could be eliminated with a PREG code, that she was pregnant in order to prove that she is healthy and not someone who is constantly injured. Once again, gender is revealed in her explanation of her “injury or sickness.”

While MARADMIN 657/18 seeks to gender neutralize fitness reports, MARADMIN 548/16, OMPF Photograph Guidance, magnifies the fact that a Marine is in the postpartum period. The MARADMIN requires a Marine is to put the date of the end of their postpartum period on their picture.<sup>14</sup> Since the Marine Corps has no program in place to assist a Marine in their postpartum recovery, there should be no requirement to put the end date of the period. A Marine either is in standards or they are not. A date stating the end of their postpartum period should not be on their photo.

### **Marine Corps Policy Concerning Pregnancy and Parenthood**

This policies explained in the Pregnancy Order are often vague, forcing both the individual Marine and her leaders to interpret what the Marine can and cannot do. For example, under the individual responsibilities section of the order, the Marine is “responsible for performing military duties within the limits established by her pregnancy.”<sup>15</sup> However, there are only five limitations listed in the Pregnancy Order: routine physical training and the Physical Fitness Tests (PFT), exposure to chemical or toxic agents/environmental hazards, standing at parade rest or attention for longer than 15 minutes, certain immunizations, and participation in weapons training, swimming qualifications, and drown proofing.<sup>16</sup> Of the limitations prescribed for the Marine in the Pregnancy Order, two are arguably unnecessary: routine physical training and standing at parade rest or attention for longer than 15 minutes. These two limitations immediately physically separate a pregnant Marine from her fellow Marines from the minute she notifies the command of her pregnancy, regardless of the stage of pregnancy. Physical training, in addition to emphasizing the Marine Corps value of fitness, is a tool for building esprit de corps. Formations serve not only as a military function but more importantly as a symbol of martial tradition. It is a physical manifestation of the unit and its members. Excluding pregnant

Marines from these two activities prematurely isolates Marines from activities they are capable of participating in, thus creating a social stigma against pregnant Marines and furthering unintentional bias. While the intent of the order was most likely to protect a pregnant Marine, it actually causes more harm than good. This physical separation of pregnant Marines from the rest of the unit subtly reinforces to leadership that pregnancy is a problem.

A pregnant Marine and her supervisors require further guidance from professional sources on the capabilities and limitations of pregnancy. The Pregnancy Order should be prescriptive, not restrictive; meaning the current order lists what a pregnant Marine should not do instead of a more solutions-based holistic explanation of what activities are doable throughout the pregnancy. A pregnant Marine is “responsible for complying with...recommendations made by appropriate occupational health professionals.”<sup>17</sup> Yet, the Marine Corps, unlike the Army and Air Force, does not require an occupational health consultation.<sup>18</sup> However, *The Navy and Marine Corps Public Health Center Technical Manual NMCPHC-TM-OEM 6260.01C, Reproductive and Developmental Hazards: A Guide for Occupational Health Professionals (Technical Manual for Reproductive and Developmental Hazards)* provides the exact information that a pregnant Marine and her supervisors require. A perfect example of how the current Pregnancy Order is more restrictive than necessary is in the “standing at parade rest or attention for longer than 15 minutes” limitation. The *Technical Manual for Reproductive and Developmental Hazards* allows for prolonged standing up to 4 hours until 24 weeks.<sup>19</sup> There is a gap between 15 minutes at the Position of Attention in the Pregnancy Order and the 4 hours of prolonged standing in the *Technical Manual for Reproductive and Developmental Hazards*. This 15 minute limitation is arbitrarily restrictive, and therefore unnecessary.

While the Pregnancy Order is overly specific on restrictions in some areas, it is notably silent on other routine aspects in military life such as climbing ladders, lifting weight, and riding in tactical vehicles. The *Technical Manual for Reproductive and Developmental Hazards* does provide a detailed chart of the “American Medical Association Guidelines for Continuation of Various Levels of Work During Pregnancy” that would aid in defining a Marine’s limitations and capabilities while pregnant.<sup>20</sup> Some limitations, which vary depending on the stage of pregnancy: include prolonged standing, lifting, climbing, and stooping. The Pregnancy Order does list the *Technical Manual for Reproductive and Developmental Hazards* as a reference. However, it appears in the Assignment Section rather than the General Limitations and Specific Limitations sections. The *Technical Manual* should be referenced in the limitations sections so a pregnant Marine can outline a plan of activities for the duration of her pregnancy. Marine Corps orders need to be explicit so any Marine can understand and follow it. If a pregnant Marine requires more restrictions due to complications, she can work with her supervisor or obtain a medical chit. An order should not restrict a Marine arbitrarily or unnecessarily. This not only distinguishes a Marine from her peers, it can also impede unit effectiveness.

The Marine Corps’ vague and restrictive pregnancy policies stand out even more when compared to the policies of other services and civilian practices. The Army specifically dictates what their pregnant service members can do during pregnancy. Army Order 40-501 clearly defines what a soldier can and cannot do by stage of pregnancy. For example, the Soldier can still participate in formations until 20 weeks and part of her work day includes one hour of physical training, two activities a pregnant Marine is limited from in the Pregnancy Order.<sup>21</sup> Civilian medical organizations also provide more specific guidance on occupational limits during pregnancy. American Medical Association’s (AMA) Council on Scientific Affairs published

guidance on the effects of pregnancy on work performance in 1984, which were reaffirmed in an article published in 2013 in the *American Journal of Obstetrics and Gynecology*. “The AMA's guidelines apply to repetitive lifting beginning in the 24th week or intermittent lifting beginning in the 30th week of pregnancy, permitting up to 51 pounds. The AMA's recommended weight allowance drops in the final week of pregnancy to less than 24 pounds for repetitive and less than 31 pounds for intermittent lifting.”<sup>22</sup>

The Marine Corps, with its emphasis on the chain-of-command, is a high-power distance institution. James Neuliep defines power distance as “the extent to which the less powerful members of institutions...expect and accept that power is distributed unequally.”<sup>23</sup> A junior Marine is trained to follow orders and respect the chain-of-command. Part of the Marine Corps ethos is to follow orders. Since the Pregnancy Order as written demands that the Marine dictates to her supervisor what she can and cannot do, this demands violating the traditional Marine Corps power distance relationship. A motivated Marine may not want to say “no” or admit her limitations. Moreover, a Marine may put herself and/or her child in danger because of a real, or perceived, expectation to continue work as normal. A leader may unwittingly place a Marine and/or her child in danger because, after referring to this order, he/she sees only a few limitations. On the other hand, a pregnant Marine may opt out of less desired duties or responsibilities, creating an unnecessary isolation of pregnant Marines, a needless rift in unit cohesion, and a reduction in unit effectiveness. This is one more reason why the order needs to be more detailed and go beyond limitations, like those expressed in the *Technical Manual for Reproductive and Developmental Hazards*, and guidance on the effects of pregnancy on work performance, like those the AMA's Council on Scientific Affairs published. If a Marine feels as if she requires more limitations, she can collaborate with her supervisor on her pregnancy

activity plan, receive a medical chit from her HCP, or request an occupational health consultation, preserving the chain-of-command and high-power distance culture of the Marine Corps.

### **Physical Fitness for the Pregnant and Postpartum Marine**

Routine physical training has been proven beneficial to pregnant women. The guidelines from The American College of Obstetricians and Gynecologist (ACOG) state, “Women with uncomplicated pregnancies should be encouraged to engage in aerobic and strength-conditioning exercises before, during, and after pregnancy.”<sup>24</sup> While the Pregnancy order does dictate that a pregnant Marine “will participate in an exercise program approved by her [Obstetrician] healthcare provider,” the onus is on the Marine to find a fitness program and get it approved at a time when she is working full time, may be feeling the physical effects of pregnancy (e.g. fatigue, morning sickness, etc.) and trying to make arrangements for one of life’s major stressors. After a Marine finds herself pregnant, per the Pregnancy Order, she is exempt from physical training and must actively pursue approval from a HCP to participate in a physical fitness program.<sup>25</sup> HCPs, however, are not fitness consultants. The fact that Marines are immediately exempt from routine physical fitness after they find out they are pregnant implies it is dangerous to exercise during pregnancy, and prevents an uninformed leader from encouraging their Marine to exercise during normal physical training times, even if she is not participating in unit physical training. The default action for an obstetrician provider (OB) should simply be to approve a Marine for training, not to approve a training plan. As Dr. Jeffrey K. Kawaguchi and Dr. Robin Pickering state, “The NCAA supports the position that high-level activity is generally safe up to 14 weeks of gestation, with professional healthcare monitoring.”<sup>26</sup> A Marine cannot neglect her physical fitness during pregnancy and the postpartum period. It is her obligation as a Marine to

remain fit, and it is the Marine Corps' obligation to provide the means of maintaining fitness during pregnancy. Physical training during pregnancy and the postpartum period is no different from physical training for the Marine Corps in general; the responsibility of fitness lies on both the individual Marine and the Marine Corps.

The MCO 6100.13A, Marine Corps Physical Fitness and Combat Fitness Tests (PFT/CFT Order) and MCO 6100.14, Marine Corps Physical Fitness Program (MCPFP Order), do not mention pregnancy at all. (MCO 6100.13A and MCO 6100.12 will be collectively referred to as the fitness orders.) This is understandable for the PFT/CFT Order as it only discusses the fitness assessments. However, under the individual responsibilities section in the PFT/CFT Order, it states, "Every Marine must be physically fit, regardless of age, grade, or duty assignment."<sup>27</sup> Although a Marine is not assessed during pregnancy nor during the postpartum period (nine months after the date of the birth event), this does not mean a Marine is not obligated to remain fit during this period. A Marine's responsibility to remain fit should be explicitly stated in the Pregnancy Order. MCPFP Order should incorporate a program that holds a Marine accountable to fitness during pregnancy via supervision. Fitness during pregnancy should be normalized and exemptions should require medical approval. Since pregnancy causes physiological changes, a pregnant Marine needs to be educated on how to physically train safely.

A mandatory and supervised fitness program geared toward pregnant and postpartum Marines treats pregnancy as a biological condition versus a medical condition, incorporates fitness as part of pregnancy and postpartum recovery, holds pregnant and postpartum Marines accountable during pregnancy, and ensures Marines effectively and safely recover from pregnancy. While the Pregnancy Order does not emphasize fitness during pregnancy, it is more specific about postpartum fitness. The Pregnancy Order states, "After delivery, servicewomen

will participate in an exercise program, as soon as medically authorized, to prepare for the physical fitness test (PFT).”<sup>28</sup> This simple statement begs the question: What exercise program? There is currently no postpartum fitness program sanctioned by the Marine Corps. If a postpartum Marine heads to the Semper Fit website for amplification of fitness guidance, she is directed to a link with to the Army P3T program workouts. Furthermore, once a Marine is medically authorized to train for the PFT, there is no medical follow up to ensure she is not injuring herself or that she is training appropriately. A pregnancy and postpartum fitness program developed and supervised by professional subject matter experts, could prevent injury and maximize effectiveness. This fitness program and its participation requirements should be addressed in the MCPFP, not the Pregnancy Order, because fitness is required of all Marines and fitness during pregnancy is no exception.

### **Postpartum PFT/CFT**

While the PFT/CFT Order does not discuss pregnancy, it does address when the Marine should have her fitness evaluation after pregnancy. The PFT/CFT Order states, “The Marine has to be prepared to take the PFT, no earlier than six months after being returned to full duty by the Privileged Health Care Provider (PHCP).”<sup>29</sup> The six months was updated to nine months after the birth event by MARADMIN 570-18, Clarification to MARADMIN 331-18 Changes to Parental Leave Policy.<sup>30</sup>

MARADMIN 570-18 is indicative of how the Marine Corps treats pregnancy, as an afterthought. Nowhere in the title of MARADMIN 570/18 is the PFT or CFT mentioned. This is significant because this change to the PFT/CFT order is nearly impossible to find. First, the PFT/CFT order was updated in 2018 so a Marine, her leadership, and the Operations Section could reasonably believe that this is the most current information. Second, a search on

Marines.mil in the MARADMINS section using the key words “PFT” and “CFT” does not pull up MARADMIN 570/18. A Marine looking for updated information on the PFT/CFT would be unable to find this change via the MARADMIN search function. Finally, the CFT and PFT are functions of a unit’s Operations Section, while the Parental Leave Policy, which indicates when a Marine returns to duty after child birth, is a function of the Administrative Section. An operations Marine would not be likely to read through this MARADMIN, unless it personally related to him or her, as it is not within their scope of responsibility. A pregnant Marine and her supervisors should not have to hunt down the regulations. The CFT and PFT are completely unrelated to Parental Leave Policy and should not have been combined in the same MARADMIN. All policies regarding pregnancy and parenthood should be addressed in the Pregnancy Order; however, all fitness related policy should be in the fitness orders.

Furthermore, a target date of 9 to 12 months should be set for both the Marine and her leadership instead of “until at least nine months after the date of the birth event.” For example, if a Marine gives birth in March, she would have to run the CFT in December. However if a Marine gives birth in April, she could potentially not have to run a PFT until June. This example shows how one Marine gains a five month advantage over another Marine in training for the PFT or CFT. Conversely, if a postpartum Marine chose not to remain fit during pregnancy and was not held accountable to a fitness program postpartum, the additional five months of not having a fitness assessment could prove detrimental to the Marine and the Marine Corps.

Under current Marine Corps policy, a birthparent could not be held accountable for maintaining her fitness for up to 23 months -- almost half of an enlistment. The Marine Corps needs to specify and clarify when a Marine who has given birth has to take a PFT or CFT. Additionally, fitness assessments are not the only way to hold Marines accountable to fitness. A

mandatory and supervised fitness program for pregnant and postpartum Marines would hold Marines accountable during the time they are unable to take a CFT or PFT.

### **Parental Leave Policy**

The current Parental Leave Policy, while clarifying the difference between the physical recovery of the birth parent and the care required for a new addition to the family, still raises questions about a postpartum Marine's recovery. Over two years after the Pregnancy Order was ordered to be revised, the only official change to the Pregnancy Order is the addition of caregiver leave via MARADMINS 102/16, 331/18, and 570/18. MARADMIN 102/16, Marine Corps Maternity and Convalescent Leave Policy Update, establishes maternity leave at 12 weeks and dictates that, "No member should be disadvantaged in her career...solely because she has taken maternity leave."<sup>31</sup> This simple statement allows a woman to take care of herself and her baby without fear of causing detriment to her career and dictates to the commander that a Marine should not be pressured to opt out of maternity leave. MARADMIN 331/18, Changes to Parental Leave Policy, distinguishes between Marine Convalescent Leave (MCL) and caregiver leave. This makes the distinction on the physical (postpartum) recovery of the birthparent and the care required for the infant. However, if a Health Care Provider (HCP) determines that a Marine requires more MCL, it is deducted from caregiver leave. This blurs the line between postpartum recovery and caregiver leave. The Marine Corps should not reduce the caregiver leave if the birth parent requires more time to physically recover.

### **Breastfeeding**

Once a Marine has had her child, current regulations are inadequate for basic child raising functions after return to duty. Breastfeeding is not only beneficial to the child, but also to the Marine. Studies have shown the benefits of breastfeeding such as accelerated weight loss for

the mother, less time lost at work due to a healthier child, and cost effectiveness, as stated in *Technical Manual for Reproductive and Developmental Hazards*.<sup>32</sup> Furthermore, the ACOG claims “enabling women to breastfeed is a public health priority because interruption of lactation is associated with adverse health outcomes for the women and her child, including higher risks of breast cancer, ovarian cancer, diabetes, hypertension, and heart disease, and greater infant risks of infectious disease, sudden infant death syndrome, and metabolic disease.”<sup>33</sup> Per the Pregnancy Order, “servicewomen who desire to continue breastfeeding” must notify their command as soon as possible to allow the command to determine how best it can support her.<sup>34</sup> The word “desires” implies that it is a luxury for the new mother, rather than a benefit to all parties.

The Pregnancy Order mentions nothing on the benefits of breastfeeding. Yet the *Technical Manual for Reproductive and Developmental Hazards* specifically states, “Breastfeeding should be encouraged under most circumstances despite the presence of trace amounts of environmental toxins.”<sup>35</sup> A simple statement in the Pregnancy Order recommending breastfeeding would normalize the expression of milk in the work place. This statement would make it clear to both Marines and their supervisors that it is acceptable for a Marine to take time to pump, and not a perceived burden on the command.

In order to breastfeed her child, a Marine needs a location and time to express milk. The Pregnancy Order states “when possible, the service woman will be afforded the availability of a clean, secluded space...for the purpose of pumping breast milk.”<sup>36</sup> While the location requirement is clearly defined, the Pregnancy Order is ambiguous in terms of time required to express milk. The order states, “The time required for breast milk expression varies and is highly dependent upon several factors...Supervisors and lactating servicewomen will collaborate

to keep to a minimum the amount of time required for milk expressions.”<sup>37</sup> Women typically pump every 2-3 hours for 15-20 minutes, taking less than 1 hour per 8-hour workday.<sup>38</sup> This should be stated in the order as lactation consultants and studies have already determined this. While collaboration between a Marine and her supervisor is always beneficial, the Pregnancy Order implies that breastfeeding is a burden on the unit. Including typical pump times in the order manages expectations. If a Marine requires more than 20 minutes, she can communicate this to her supervisor and get a medical chit from a lactation consultant if necessary. The verbiage “to keep to a minimum” adds undue pressure to a new mother who cannot accelerate the time for milk expression. Formalized education during pregnancy about breastfeeding and milk expression would help all Marines understand the benefits of breastfeeding, the mechanics of pumping, and techniques that would minimize time away from the workplace. If this course was made available to all Marines, supervisors and commanding officers could better educate themselves on what their Marines require during the postpartum phase. Clear requirements and expectations outlined in an order, along with education, can eliminate stress for new parents and manage expectations of both birthparents and their supervisors.

### **Recommendations**

Changes in an organizational cultural can be daunting; however, simple changes in policy can help affect culture. Horace McCormick, an expert in human resources, argues that structures help reduce unconscious bias in the work place by deliberately slowing the brain down and aid in decision making. “Unconscious bias is the result of the brain’s lightning speed in taking in, tagging, and sorting information. To slow the brain down, HR and talent management professionals can, in conjunction with other senior leaders, create structures for activities like decision making...These structures will allow for more deliberative actions.”<sup>39</sup> In the Marine

Corps, these structures take the form of orders. While the academic world uses the term “unconscious bias,” the Marine Corps uses the term “unintentional bias.” Unintentional bias towards pregnancy is created by the language and tone in these “structures.” Through changes in language and tone in orders and policies, some of the bias can be removed. Additionally, introducing practical and clear changes to the Pregnancy Order, incorporating a pregnancy and postpartum fitness program into the MCFP Order, and creating a pregnancy focused MarineNet class that any Marine can access should remove some of the bias against pregnant Marines. The following recommendations focus on changing culture surrounding pregnancy.

The following changes are recommended for the Pregnancy Order, MCO 5000.12D<sup>40</sup>:

1. Replace the “servicewoman” with “Marine” throughout the document. This reiterates to the pregnant Marine and her supervisor, that she is still a Marine while pregnant.
2. Under “Individual Responsibilities” (4.a), include “The Marine is responsible for maintaining fitness throughout her pregnancy once cleared by her OB healthcare provider. Pregnancy does not exempt the Marine from physical training, although the Marine may be exempt from unit physical training. The pregnant Marine is responsible for communicating with her health provider any concerns or questions about her fitness routine or program during routine visits.” This ensures that the pregnant Marine and her direct supervisor, and not just the Commanding Officer, understand that the Marine needs to remain fit throughout her pregnancy even if she cannot participate in unit physical fitness.
3. Under “Individual Responsibilities” (4.a.6), rewrite to state, “After delivery, Marines will participate in a mandated exercise program, as soon as medically authorized to prepare for the PFT and CFT. No earlier than *9 months* after being returned to full duty and *no*

*later than 12 months*, the service member is required to take the PFT *or CFT, dependent on the time of year.*” Italics indicate the recommended change to the order. This change reflects the intent of MARADMIN 570/18, allowing the Marine adequate time for recover, gives operations a window in which to conduct the CFT or PFT, and holds the Marine accountable to fitness and height/weight standards in an appropriate amount of time.

4. Under “Education of Marines” (4.c), “Supervisor will educate their pregnant Marine(s) on the contents of this order.” As there are fewer than 1,000 pregnant Marines a year in the Marine Corps, supervisors and the pregnant Marines themselves may be unfamiliar with the order. If the supervisor is required to educate the pregnant Marine on the order, both parties understand what the Marine’s capabilities, limitations, and responsibilities are. This is also a means of educating the Corps from both the top down and bottom up.
5. Due to the age of the Pregnancy Order, the “Reporting Requirements” (6) section is obsolete. However, this section should reflect that pregnancy is the reason that a Marine is exempt from the CFT, PFT, and height/weight standards. This change from MARADMIN 657/18 clarifies that a Marine is not injured but pregnant. It also normalizes pregnancy as something to be accepted rather than hidden. Practically, it allows the Marine Corps to easily track statistics on PFT/CFT performance post-pregnancy to determine whether or not there needs to be a change to a pregnancy and postpartum fitness program.
6. The “General Limitations” (9) and “Specific Limitations” (10) sections, need to be completely updated to be more specific. This will ensure a unit can operate at maximum effectiveness and to clarify a Marine’s actual limitations and unnecessarily isolate a

pregnant Marine from her fellow Marines. The Pregnancy Order should not be more restrictive than the guidelines outlined in the *Technical Manual for Reproductive and Developmental Hazards*. Recommend that an OB and Occupational Health Care Provider provide more detailed input for this section.

7. Under “Convalescent Leave” (14), in addition to updating the new policy outlined MARADMINS 102/16, 331/18, and 570/18, include, “No member shall be disadvantaged in her career, including limitations in her assignments (except in the case where she voluntarily agrees to accept an assignment limitation), performance appraisals, or selection for professional military education or training, solely because she has taken maternity leave.”<sup>41</sup> This line is directly from MARADMIN 102/16 and is a reminder to the Marine and supervisor that taking maternity leave should not harm a Marine’s career.
8. Under “Support of Service Women With Nursing Infants,” (15.a) recommend rewording 15.a, “*Marines* who *plan* to continue breastfeeding upon return to duty will notify their chain of command at the earliest possible time to allow the command to determine how best to support them and facilitate the prompt evaluation of the workplace for potential hazards.” Italics indicate the recommended change to the order.
9. Under “Support of Service Women With Nursing Infants,” (15) recommend adding, “Breastfeeding provides significant benefits to both mother and infant. Babies who are fed breast milk have fewer illnesses and there may be a better "bond" established between the mother and baby. Breastfeeding is certainly more cost effective than formula feeding and can be a major benefit in helping the mother lose weight gained during pregnancy.”<sup>42</sup> By including this statement from the *Technical Manual for Reproductive and*

*Developmental Hazards*, Marines and their supervisors understand that breastfeeding is not an inconvenience or burden but rather benefits the Marine, the child, and the unit.

10. Under “Support of Service Women With Nursing Infants,” recommend changing 15.c to state, “The recommended time required for expressing milk is 15-20 minutes, every 2-3 hours. This time does not include travel time to pump location, and the set-up and cleaning of equipment. Lactating Marines will communicate to their supervisors if they are not able to meet their milk expression requirements in the allotted time. If a Marine requires assistance with breastfeeding or milk expression, lactation consultants are available at the MTF to assist in this endeavor.” This defines how breastfeeding will affect the work day of a lactating Marine. The supervisor and Marine understand the time requirement and there is no undue pressure to speed milk expression.

11. Under “Action” change 21.a.3 to read, “Commanding officers will ensure that supervisors understand the contents of this order and confirm that supervisors brief their pregnant Marines on the contents of this order.” This moves the responsibility for briefing the pregnant Marine from the Commanding officer to the supervisor. This is critical for normalizing pregnancy for multiple reasons. The Marine Corps operates within the constraints and restraints of the chain-of-command. If a Commanding Officer counsels each pregnant Marine, the chain-of-command is breached sending the message that a pregnant Marine operates outside of the chain-of-command. Pregnancy needs to be a part of Marine Corps life, not an exception. Additionally, if the Commanding Officer counsels each pregnant Marine, the supervisor is not held accountable for understanding and counseling on the contents of the Pregnancy Order. This can inhibit open communication between a pregnant Marine and her supervisor.

The fitness orders require a policy overhaul incorporating pregnancy as both orders currently omit pregnancy. A comprehensive fitness program for pregnancy and the postpartum period should be incorporated into the MCPFP Order, MCO 6100.14.<sup>43</sup> By incorporating this program into MCO 6100.14, instead of the Pregnancy Order, MCO 5000.12D, the Marine Corps demonstrates that all Marines are required to uphold the standards of fitness, including pregnant Marines. Furthermore, this sends the message that pregnant Marines are part of the larger Marine Corps community and not on their own program. This program would hold Marines accountable to fitness throughout pregnancy and the postpartum period. The Army implemented such a program called Pregnancy/Postpartum Physical Training Program (PPPT). The PPPT is “designed to maintain the health and fitness levels of pregnant soldiers and successfully integrate postpartum soldiers back into unit physical fitness training programs with emphasis on achieving the Army physical fitness training standards and meeting height/weight requirements .”<sup>44</sup> Soldiers reported that benefits of PPPT program, “included healthier baby, weight gain/loss, fitness sustainment, injury prevention, improved psychological well-being, and ease of birthing process.”<sup>45</sup> A similar program developed for the Marine Corps could have similar benefits. This program should be broken into two components: education on the anatomy and physiology of pregnancy, and fitness during pregnancy and the postpartum period.

The first component of the fitness program should incorporate anatomy and physiology education. Education is critical because it informs athletes on how to continue to train throughout pregnancy safely, identifies when it is harmful to train, identifies when an athlete should seek medical care, and dispels the myth that fitness is incompatible with pregnancy. Jeffrey Kawaguchi and Robin Pickering, NCAA athletic therapists, identify seven anatomic and physiological changes that affect pregnant athletes: the endocrine system, gestational weight

gain, postural changes, musculoskeletal system, cardiovascular changes, respiratory changes, and nutritional changes.<sup>46</sup> Each of these changes affect a pregnant Marine's body and should be included in the education. The better a Marine understands the changes her body undergoes, the better she can train. Furthermore, the ACOG also has published guidelines for fitness during pregnancy. These guidelines include which sports to avoid during pregnancy and warning signs to discontinue exercise during pregnancy.<sup>47</sup> This component of the program should be made available to all Marines via MarineNet so operations Marines, supervisors, and commanding officers can also understand the anatomy and physiology of their pregnant Marines.

The second component of a pregnancy and postpartum fitness program should be exercise related. This component of the program could be executed through classes at designated times or remotely. If executed remotely, a Marine would be held accountable to physical fitness by her command and could check-in with a qualified physical trainer with any questions or concerns. Additionally, a Marine should be required to discuss fitness with her HCP at each pregnancy related appointment. During the first trimester, a Marine can exercise as usual. The ACOG states, "Pregnant women who were sedentary before pregnancy should follow a more gradual progression of exercise. Although an upper level of safe exercise intensity has not been established, women who were regular exercisers before pregnancy and who have uncomplicated, healthy pregnancies should be able to engage in high-intensity exercise programs, such as jogging and aerobics, with no adverse effects."<sup>48</sup> ACOG recommends, "that low-risk pregnant women participate in physical activity for 30 minutes or more on most, if not all, days of the week."<sup>49</sup> During the second and third trimesters, changes may have to be made to the exercise routine and these changes should be discussed with a HCP or qualified physical trainer. However, the Marine should still be held accountable for fitness through an established

fitness program, even if she cannot participate in unit physical training. After a Marine has her child and even after her convalescent period, she cannot simply resume a normal fitness routine. Several concerns include abdominal separation, pelvic floor damage, and increased joint laxity.<sup>50</sup> Proper training during the postpartum period is critical to avoid injury and gain strength and endurance. Further studies are recommended to determine the best way to incorporate a pregnancy and postpartum fitness program into the MCPFP Order.

In addition to the anatomy and physiology education, pregnant Marines and their supervisors should be able to access a breastfeeding class through MarineNet. This class, separate from the anatomy and physiology education, should include the benefits of breastfeeding, the average time and frequency required to express milk, safe breastmilk handling procedures, and best breastfeeding and pumping practices. The breastfeeding and pumping practice can give practical information on how to maintain a milk supply and how to save time while expressing milk. Since the Marine Corps has such a low percentage of women, and an even smaller percentage of whom are mothers, there are not always mentors available to lactating Marines. A MarineNet course that educates pregnant Marines and their leadership about breastfeeding benefits the individual Marine and the Marine Corps as well as normalizes breastfeeding in the Marine Corps.

## **Conclusion**

Women are part of the Marine Corps and have been a part of the Corps for over 100 years. With the inclusion of women into ground combat MOSs, women are now a part of every aspect of the Marine Corps. Yet there is still a culture of disenfranchisement amongst female Marines. The current policies for pregnancy and gender neutralization create a bias in both the minds of female and male Marines that it is problematic to be a woman in the Marine Corps.

By normalizing pregnancy, postpartum recovery, and breastfeeding, the Marine Corps can better help to integrate women. Pregnancy is a natural part of many women's lives and should be acknowledged as such in policy rather than being treated as a temporary malady. From notification to postpartum recovery, having a child consumes approximately 18 months of a Marine's physical life. This is more than one third of an enlistment period. This period of time cannot be ignored but instead accepted as a natural part of a Marine's life. Ultimately, indoctrinating the care for a Marine during this period of her life helps preserve a lethal force while retaining the talent that women bring to the Corps.

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<sup>2</sup> Marine Corps Total Force Data Warehouse, *USMC Female Strength 20181226* (Manpower and Reserve Affairs, Quantico, VA, December 26, 2018), Excel document.

<sup>3</sup> Women Marines Association, "History of the Women Marines," accessed March 10, 2019, <https://www.womenmarines.org/wm-history>.

<sup>4</sup> Mary Stremlow, *A History of Women Marines, 1946-1977*, (CreateSpace Independent Publishing Platform, June 4, 2014), 154, [https://www.marines.mil/Portals/59/Publications/A%20History%20of%20the%20Women%20Marines%201946-1977%20PCN%2019000309400\\_4.pdf](https://www.marines.mil/Portals/59/Publications/A%20History%20of%20the%20Women%20Marines%201946-1977%20PCN%2019000309400_4.pdf).

<sup>5</sup> Mary Stremlow, *A History of Women Marines, 1946-1977*, (CreateSpace Independent Publishing Platform, June 4, 2014), 152, [https://www.marines.mil/Portals/59/Publications/A%20History%20of%20the%20Women%20Marines%201946-1977%20PCN%2019000309400\\_4.pdf](https://www.marines.mil/Portals/59/Publications/A%20History%20of%20the%20Women%20Marines%201946-1977%20PCN%2019000309400_4.pdf).

<sup>6</sup> Commandant of the Marine Corps, *Fragmentary Order 4 (Implementation to Marine Corps Force Integration Campaign) Plan*, 16 December, 2016, 3, <https://www.hsdl.org/?abstract&did=791189>.

<sup>7</sup> Kerry Fosher et al., *Culture General Guidebook for Military Professionals*, (Quantico, VA: Center for Advanced Operational Culture Learning, 2017), 11-12.

<sup>8</sup> Commandant of the Marine Corps, *Fragmentary Order 4 (Implementation to Marine Corps Force Integration Campaign Plan)*, 2.

<sup>9</sup> Commandant of the Marine Corps, *Fragmentary Order 4 (Implementation to Marine Corps Force Integration Campaign Plan)*, 2.

<sup>10</sup> Orna Sasson-Levy and Sarit Amram-Katz, "Gender Integration in Israeli Officer Training: Degendering and Regendering the Military," *Signs: Journal of Women in Culture & Society* 33, no. 1 (September 2007): 129, <https://web-a-ebsohost-com.lomc.idm.oclc.org/ehost/pdfviewer/pdfviewer?vid=1&sid=801e9d12-2223-40e6-a5bd-a400ab749c94%40sdc-v-sessmgr04>.

<sup>11</sup> Commandant of the Marine Corps, *Marine Corps Policy Concerning Pregnancy and Parenthood*, MCO 5000.12E W/CH 1-2, December 8, 2004, <https://www.marines.mil/Portals/59/Publications/MCO%205000.12E%20W%20CH%201-2.pdf>.

<sup>12</sup> MARADMIN 657/18, Interim Guidance Regarding Fitness Reports for Pregnant Marines, <https://www.marines.mil/News/Messages/MARADMINS/Article/1690404/interim-guidance-regarding-fitness-reports-for-pregnant-marines/>.

<sup>13</sup> MARADMIN 657/18, Interim Guidance Regarding Fitness Reports for Pregnant Marines.

<sup>14</sup> MARADMIN 548/16, OMPF Photograph Guidance, <https://www.marines.mil/News/Messages/Messages-Display/Article/975355/official-military-personnel-file-ompf-photograph-guidance/>.

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- <sup>21</sup> Secretary of the Army, *Standards of Medical Fitness*, AR 40–501, December 14, 2007, 82, <http://cdm16635.contentdm.oclc.org/cdm/ref/collection/p16635coll11/id/672>.
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