



**NAVAL
POSTGRADUATE
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MONTEREY, CALIFORNIA

THESIS

**PERINATAL LOSS: AN ASSESSMENT OF POLICIES
TO ADOPT FOR ACTIVE-DUTY MARINES
WHO EXPERIENCE PERINATAL LOSS**

by

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June 2023

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REPORT DOCUMENTATION PAGE			<i>Form Approved OMB No. 0704-0188</i>
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188) Washington, DC, 20503.			
1. AGENCY USE ONLY (Leave blank)	2. REPORT DATE June 2023	3. REPORT TYPE AND DATES COVERED Master's thesis	
4. TITLE AND SUBTITLE PERINATAL LOSS: AN ASSESSMENT OF POLICIES TO ADOPT FOR ACTIVE-DUTY MARINES WHO EXPERIENCE PERINATAL LOSS			5. FUNDING NUMBERS
6. AUTHOR(S) Leah M. Pollard			
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Naval Postgraduate School Monterey, CA 93943-5000			8. PERFORMING ORGANIZATION REPORT NUMBER
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) N/A			10. SPONSORING / MONITORING AGENCY REPORT NUMBER
11. SUPPLEMENTARY NOTES The views expressed in this thesis are those of the author and do not reflect the official policy or position of the Department of Defense or the U.S. Government.			
12a. DISTRIBUTION / AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited.			12b. DISTRIBUTION CODE A
13. ABSTRACT (maximum 200 words) <p>Perinatal loss can be an extremely significant event for those who experience it. Miscarriage and stillbirth are more common than generally understood, and military members are no exception to these potential hardships. This thesis explores and identifies the gaps in Marine Corps policy regarding response to active-duty service members who experience perinatal loss by applying aspects of Eugene Bardach's Eight-Step Method and concepts from the Marine Corps Planning Process (MCP). It conducts an in-depth review of other services' policies to produce three potential courses of action (COA) for the Marine Corps to take: the first option is to maintain the status quo, the second is to revise the current Marine Corps policy based on Air Force policy for perinatal loss, and the third is to implement a policy reflecting guidance published by the United States Army. I use three evaluative criteria to assess the COAs: administrative burden, career flexibility, and mission accomplishment. The results indicate that the Marine Corps would benefit most from revising current policies to reflect guidance given by the Air Force. Updating and establishing guidance for Marines who experience perinatal loss will ultimately reduce administrative burdens, increase career flexibility, and support mission accomplishment.</p>			
14. SUBJECT TERMS perinatal loss, miscarriage, stillbirth, spontaneous abortion, convalescent leave			15. NUMBER OF PAGES 81
			16. PRICE CODE
17. SECURITY CLASSIFICATION OF REPORT Unclassified	18. SECURITY CLASSIFICATION OF THIS PAGE Unclassified	19. SECURITY CLASSIFICATION OF ABSTRACT Unclassified	20. LIMITATION OF ABSTRACT UU

NSN 7540-01-280-5500

Standard Form 298 (Rev. 2-89)
Prescribed by ANSI Std. Z39-18

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**PERINATAL LOSS: AN ASSESSMENT OF POLICIES TO ADOPT FOR
ACTIVE-DUTY MARINES WHO EXPERIENCE PERINATAL LOSS**

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Submitted in partial fulfillment of the
requirements for the degree of

MASTER OF SCIENCE IN MANAGEMENT

from the

**NAVAL POSTGRADUATE SCHOOL
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ABSTRACT

Perinatal loss can be an extremely significant event for those who experience it. Miscarriage and stillbirth are more common than generally understood, and military members are no exception to these potential hardships. This thesis explores and identifies the gaps in Marine Corps policy regarding response to active-duty service members who experience perinatal loss by applying aspects of Eugene Bardach's Eight-Step Method and concepts from the Marine Corps Planning Process (MCP). It conducts an in-depth review of other services' policies to produce three potential courses of action (COA) for the Marine Corps to take: the first option is to maintain the status quo, the second is to revise the current Marine Corps policy based on Air Force policy for perinatal loss, and the third is to implement a policy reflecting guidance published by the United States Army. I use three evaluative criteria to assess the COAs: administrative burden, career flexibility, and mission accomplishment. The results indicate that the Marine Corps would benefit most from revising current policies to reflect guidance given by the Air Force. Updating and establishing guidance for Marines who experience perinatal loss will ultimately reduce administrative burdens, increase career flexibility, and support mission accomplishment.

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LIST OF ACRONYMS AND ABBREVIATIONS

ACOG	American College of Obstetricians and Gynecologists
AFMAN	Air Force manual
BCP	body composition program
CFT	combat fitness test
COA	course of action
DHA	Defense Health Agency
DOD	Department of Defense
HCP	health care provider
MARADMIN	Marine administrative message
MCPP	Marine Corps planning process
MCWP	Marine Corps warfighting publication
OB	obstetrician
PFA	physical fitness assessment
PFT	physical fitness test
PHCP	primary health care provider
RTFD	return to full duty
TM	talent management
WICC	Women and Infant Clinical Community

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EXECUTIVE SUMMARY

A. PURPOSE

The Commandant of the Marine Corps has explicitly stated his desire to improve parental policies to better support Marines who want to be parents while also maintaining a career in the military (United States Marine Corps [USMC], 2021). An important but overlooked facet of parental policies is the topic of perinatal loss. The Marine Corps currently lacks focused, standardized guidance that adequately addresses the standards and expectations of Marines who experience perinatal loss, specifically in the areas of convalescent leave, physical fitness testing, and body composition standards. The purpose of this thesis is to address the aforementioned gap in policy by answering the following research question: What policy should the Marine Corps adopt regarding perinatal loss experienced by active-duty Marines?

Perinatal loss occurs at a frequent rate, with approximately 15% of all recognized pregnancies resulting in a verified miscarriage (Quenby et al., 2021). Although reactions and stress following perinatal loss vary for each person, “most practitioners now view a miscarriage as a significant psychosocial stressor that results in a high level of dysphoria and grief” (Brier, 2004, p. 138). Even for early miscarriages, those that occur in the first 12 weeks of pregnancy, a decline in mental health, parental hospitalizations, and newly diagnosed chronic health conditions have been linked as a response to the loss (Youngblut et al., 2013). Perinatal loss is a significant event that impacts a large percentage of women and has lasting effects that can impair personal and professional lives if not properly addressed. I take into account this research and an evaluation of policies within other services to recommend how the Marine Corps can better respond to perinatal loss.

B. METHOD

To answer the research question, I apply a hybrid policy analysis method that uses both Eugene Bardach’s Eightfold Path and the steps from the Marine Corps Planning Process (MCP) (see Bardach, 2020; USMC, 2020a). I define the problem by illustrating the current deficiencies in Marine Corps policy by emphasizing the fact that Marines who

experience perinatal loss are not given proper guidance on how to navigate the physical recovery of such an event. The minimal guidance that is explicitly given to Marines is spread across five separate policies and defers the judgement to individual commanders and health care providers without providing a standard for reference.

There are three courses of action (COA) for the Marine Corps to consider. The first is to maintain the status quo. The second option is for the Marine Corps to adopt a policy that reflects the guidance given by the Air Force. The Air Force uses a tiered policy that standardizes convalescent leave, physical fitness testing, and body composition standards for service members based off the gestational period at the time of loss (Department of the Air Force [DAF], 2021). The third option is for the Marine Corps to publish policy based on the guidance given by the Army. The Army also bases convalescent leave on gestational period at time of loss, but also gives service members 365-day exemptions for physical fitness testing and body composition standards post-perinatal loss, regardless of when the loss occurs (Department of the Army [DA], 2022). Both the second and the third COAs require the amendment of current policies and the publication of a MARADMIN with updated guidance and a warning order for applicable orders to be appropriately revised with their next update.

I analyze the proposed COAs using three specific evaluation criteria: administrative burden, career flexibility, and mission accomplishment. I look at administrative burden from two distinct perspectives, an individual viewpoint and the institutional viewpoint. Career flexibility is a term from the Commandant's Talent Management 2030 document, which is the overarching concept that there must be more diversity in how Marines progress through the ranks. Career flexibility promotes diversity of experience and education in leaders, steps away from a specific "command track," and improves personnel systems to better accommodate different family situations of Marines (USMC, 2021). When broken down, career flexibility is in large part how we take care of Marines and their families. Mission accomplishment is the third evaluation criteria, which I break down into two components: staffing issues and commander's discretion. Both components have direct impacts on a unit's ability to accomplish the assigned mission. Each evaluative criterion is

assigned a weight and the policies are analyzed and rated on a four-point scale to determine the most beneficial option.

C. RESULTS

Results indicate that COA 2, modifying policy based off of the Air Force, is the best option for the Marine Corps. Publishing guidance that standardizes the requirements for Marines who experience perinatal loss will ultimately reduce administrative burdens, increase Marines' career flexibility, and maintain and potentially improve mission accomplishment.

D. RECOMMENDATIONS

I recommend the Marine Corps modify policy to reflect the guidance given in Air Force Manual 41–210 (DAF, 2021). The consolidated guidance should be published via a Marine Administrative Message (MARADMIN) and ultimately be included in a revised version of MCO 5000.12F CHANGE 1: Marine Corps Policy Concerning Parenthood and Pregnancy (USMC, 2020b). Other affected orders should be revised at the time of the next scheduled update. The MARADMIN should take effect as soon as possible to provide Marines, commanders, and health care providers a standardized reference when responding to a perinatal loss.

The Marine Corps is prioritizing policy changes to help Marines, especially those who choose to become parents. Although commonly overlooked, perinatal loss is an extremely important topic to address moving forward. Providing clear, focused, and standardized guidance will help ensure Marines are being taken care of when they need to be taken care of most.

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ACKNOWLEDGMENTS

I would like to express my sincere gratitude to everyone who supported me throughout my time at the Naval Postgraduate School. Specifically, I would like to thank my thesis advisor, Dr. Jennifer Heissel, for her invaluable guidance and support throughout the completion of my thesis. I would also like to thank my second reader, Dr. Chad Seagren, for his time, expertise, and detail-oriented review of my work. I would not have been able to successfully complete my schooling if it were not for my cohort members, who provided constant support, motivation, and occasional comedic relief, when needed. My family is deserving of recognition a million times over. My children, Benjamin and Alana, provided wanted (and unwanted) distractions from school and my husband, Adam, also a student at NPS, constantly supported me despite having his own school work and thesis to focus on.

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I. INTRODUCTION

A. OVERVIEW

The Commandant of the Marine Corps has explicitly stated his desire to improve parental policies to better facilitate Marines who want to be parents while also maintaining a career in the military (United States Marine Corps [USMC], 2021b). A facet of parental policies that has yet to be adequately addressed is that of perinatal loss. After a Marine experiences perinatal loss, there is very little guidance and no standardization on how much convalescent leave should be granted to Marines who experience such a loss, how much time to give before requiring a recorded physical fitness test, or how long before expecting Marines to be within body composition standards. The lack of policy impacts Marines, commanders, and the Marine Corps as a whole.

B. PURPOSE

The purpose of this thesis is to address the gap within the parental policy regarding perinatal loss. Specifically, I aim to answer the following research question: What policy should the Marine Corps adopt regarding perinatal loss experienced by active-duty Marines?

C. METHODOLOGY AND ORGANIZATION

To answer the research question, I apply a hybrid policy analysis method that uses both Eugene Bardach's Eightfold Path and the steps from the Marine Corps Planning Process (MCP). I accomplish these steps throughout the nine chapters of this thesis. Chapter I gives an overview and describes the purpose of this thesis. Chapter II gives background, provides motivation, defines perinatal loss, and outlines the current policies on perinatal loss for the Marine Corps, Air Force, and Army. Chapter III is the Literature Review, where relevant studies are discussed to better facilitate the understanding of my thesis. Chapter IV explains the methodology and each step I use to analyze policy. Chapter V develops the different courses of action being considered as options for the Marine Corps by analyzing the standards used in other military services. Chapter VI selects and weights

the criteria that is used when considering the different courses of action (COAs). Chapter VII projects the outcomes by exploring how the different COAs would be applied if chosen while Chapter VIII compares the pros and cons of each. Chapter IX reveals the findings and provides a conclusion and recommendations, to include what should be considered for future research.

D. FINDINGS AND RECOMMENDATIONS

The benefits and challenges of each COA are described in Chapters VII and VIII. Each is evaluated based on weighted criteria and then compared and contrasted to best understand the benefits and challenges of each policy option. After analyzing the COAs, I find, in Chapter IX, that adopting a policy that reflects the current Air Force guidelines is the best option for the United States Marine Corps. I recommend the Marine Corps update the current Parental Policies to reflect adequate guidance for those who experience perinatal loss. Recommendations on future studies are also included in Chapter IX.

II. BACKGROUND

A. MOTIVATION

In November 2021, the 38th Commandant of the Marine Corps, General David H. Berger, released a document called Talent Management 2030 (TM 2030) which “charts a new course” for the Marine Corps personnel system to better align with the objectives of Force Design 2030 (USMC, 2021b, p. 1). An integral function of talent management is motivating, satisfying, and retaining employees. To accomplish this, the Marine Corps reemphasized its goal to properly prioritize policies to “maximize individual strengths of every Marine, regardless of race, gender, sexual orientation,” or creed (USMC, 2021b, p. 5). With the desire to retain all highly qualified Marines, there is a new value put on diversity that encourages the revision and establishment of policies to better support Marines. One initiative stemming from the Marine Corps’ new guidance on TM 2030 is to more appropriately align parental policies with Marines who choose to start families, specifically aiming to alleviate the fear that parenthood is incompatible with a military career (USMC, 2021b). Thus far, the focus of this initiative has been on parental leave policies. However, another facet of trying to start a family, perinatal loss, has not been properly addressed.

The Marine Corps lacks a focused, standardized policy regarding the requirements and expectations of Marines who experience perinatal loss. A comprehensive improvement of parental policies must include a policy supporting Marines who experience a spontaneous abortion (miscarriage), or stillbirth. Specifically, the Marine Corps must address convalescent leave, body composition standards, and physical fitness guidelines following perinatal loss. The current lack of standardized guidance leaves many decisions regarding women’s physical recoveries from a pregnancy to commander’s discretion, a commander who does not have the training or education to make medical decisions about the aftercare of a perinatal loss.

To properly receive sufficient convalescent leave or enough time to prepare for a physical fitness evaluation, women are often required to navigate tedious administrative

prerequisites. With a comprehensive analysis of similar policies from other services, I identify the best course of action for how the Marine Corps can implement a policy addressing perinatal loss, specifically asking the following research question: What policy should the Marine Corps adopt regarding perinatal loss experienced by active-duty Marines?

Currently, service members who experience perinatal loss are not automatically granted convalescent leave; they are required to work with their health care providers (HCPs) and their commands to request the leave. There is not a standardized amount of convalescent leave—all cases are handled on a case-by-case basis. The subjective nature of this approach permits vastly different leave determinations for similar situations, resulting in unfair and potentially unhealthy determinations for certain Marines. Presently, managing perinatal loss is an individualistic, fend-for-yourself approach because the Marine Corps lacks a standard, medically-founded policy for all members, commanders and HCPs to refer to. This situation is what David Friedman defines as a market failure—individuals make the right decision for themselves, but together the group makes the wrong decision (Friedman, 1990). With an identified market failure, policy implementation is typically a logical solution. An appropriate policy to address perinatal loss will provide a standard of care and prevent the requirement for each and every Marine to “figure it out” on their own if perinatal loss is experienced.

The current lack of policy also makes it difficult for the Department of Defense to fully measure the economic cost of losing Marines from attrition due to a lack of support when dealing with personal matters such as perinatal loss. The large amount of time and money invested in each Marine is an extremely important factor to consider when dealing with policies that support retention.

Aside from market failure, a private issue that warrants definition as a public problem is in the presence of discrimination (Bardach, 2020). The vast majority of birthing parents are women. As an already-small minority within the Marine Corps, it is important to understand that a lack of policy for perinatal loss can very quickly become an issue of discrimination for these women. “Always take care of your Marines” is a sentiment in all Marine Corps leadership doctrine (USMC, 2016). Leaders in the Marine Corps want to

take care of Marines—and if a Marine who experiences perinatal loss is not being taken care of it is very likely the result of ignorance rather than malice. Implementing a policy to standardize care for Marines is a tool to ensure the minimum resources are available. The policy can also help prevent unfair or unhealthy expectations as a product of inexperience or unfamiliarity leaders have regarding recovery from perinatal loss. The standardization of policy is a tool for leaders to ensure their Marines are taken care of during a personal hardship not everyone can relate to. By providing sufficient guidance for Marines who experience perinatal loss, we are moving closer to the goal of taking care our Marines and away from negative, unintended consequences such as discrimination.

The Marine Corps has identified the goal of better aligning parental policies with Marines who choose to start families. The institution also set a goal to retain qualified Marines. The problem identified within this thesis is one that hinders both goals. An objective analysis of the status quo in tandem with the Commandant’s focus for Marine Corps personnel, makes it clear that the Marine Corps does not currently provide sufficient guidance or adequate support to active-duty Marines who experience perinatal loss.

B. PERINATAL LOSS DEFINED

As defined in the Journal of Obstetric (OB), Gynecological and Neonatal Nursing, perinatal loss is an undesired loss of a pregnancy through miscarriage, stillbirth, or neonatal death (Blackmore et al., 2011). “Aligned with the American College of Obstetricians and Gynecologists (ACOG), Spontaneous abortion, also known as miscarriage, is defined as the loss of pregnancy less than 20 weeks gestation” (Dugas & Slane, 2023, para. 1). The same article defines a stillborn as a biological child whose death occurs before expulsion, extraction, or delivery and has a fetal weight of 350 grams or its duration in utero was 20 completed weeks of gestation or more. The Marine Corps refers to neonatal death as “neonatal demise” and defines it in Marine Corps Order (MCO) 5000.12F CHANGE-1 as “an infant death that occurs within 28 days of birth (USMC, 2020b, p. E-1).”

Across the Department of Defense (DOD), there are different approaches to addressing perinatal loss. Below I summarize how different services manage the topic,

specifically regarding convalescent leave, physical fitness evaluations, and body composition standards.

C. UNITED STATES MARINE CORPS CURRENT POLICIES

1. Convalescent Leave

The Marine Corps policy concerning Parenthood and Pregnancy, MCO 5000.12F CHANGE 1, addresses convalescent leave following a qualifying birth event, which is defined as any live birth of a child(ren) to a Service Member (USMC, 2020b). For the case of miscarriage or stillbirth, it simply states that convalescent leave may be granted. The same order directs that “the Marine’s commander and Health Care Provider will coordinate to determine the best course of action,” but provides no recommendation or standardization for the amount of leave to be given (USMC, 2020b p. 1-6).

The MARADMIN 331/18: Changes to Parental Leave Policy and MARADMIN 570/18: Clarification to MARADMIN 331/18, echo the same guidance given in MCO 5000.12F but shift more responsibility to HCPs by stating, “in cases of miscarriage or stillbirth, convalescent leave other than Maternity Convalescent Leave will be granted according to the recommendation of the health care provider and in coordination with the command” (USMC, 2018a; USMC, 2018b, para. 3, sect G).

In February 2023, updated guidance was published in MARADMIN 051/23: Expansion of the Marine Corps Military Parental Leave Program that exempts Marines who experience perinatal loss from receiving parental leave, but states that “cases when a Marine experiences a stillbirth or miscarriage, a HCP may recommend convalescent leave, approved by the commander, in accordance with medical practice standards” and that the Marine and their spouse (if a Marine) may be authorized emergency leave (USMC, 2023, para. 9, section B). Separately, the same MARADMIN addresses neonatal deaths by stating that, “parental leave eligibility, or the parental leave, if started, terminates upon the death of the child...however, in such cases, Marines may be transitioned to other types of leave such as convalescent leave, if recommend by a DOD health care provider; emergency leave; or other types of leave, as appropriate” (USMC, 2023, para. 9, sect c). No other Marine Corps Order or directive addresses convalescent leave following perinatal loss.

2. Physical Fitness Evaluations

The Marine Corps policy concerning Parenthood and Pregnancy mandates Marines be “prepared to pass the Marine Corps Physical Fitness Test (PFT) or Combat Fitness Test (CFT) and conform to acceptable weight standards no earlier than 12 months after the date of the birth event” (USMC, 2020b, p. A-2). The birth event, according to the same policy, only refers to the “live birth of a child(ren) to a service member” (USMC, 2020b, p. E-1). MCO 6100.13A CHANGE-4 states that “Marines will be required to meet semi-annual/annual PFT/CFT requirements in a time period determined by a primary health care professional (PHCP) or Obstetrics (OB) healthcare provider. Time limits will not exceed those that are prescribed for a full term pregnancy” (USMC, 2022, p. 1-6). It also specifically highlights that difficult pregnancies, to include stillbirths, “may require greater recovery time” and allows for PHCPs to determine the time needed to return to full duty (RTFD) and complete a PFT/CFT (USMC, 2022, p. 1-6). There are not recommendations or a standardization for the recovery time allocated to Marines who experience a perinatal loss.

3. Body Composition Standards

In Marine Corps Order 6110.3A with CHANGE-3, Marine Corps Body Composition and Military Appearance Program, it states that “Marines who are pregnant are exempt from participating in the Body Composition Program (BCP) or the Military Appearance Program (MAP) for at least 12 months after a birth event” (USMC, 2021a, p. 1-17). As previously stated, a birth event refers to a live birth and does not include miscarriages or stillbirths (USMC, 2020b, p. E-1). Without specifying standards for those who experience perinatal loss, the Marine affected is expected to be within standards immediately after being returned to a full duty status by a PHCP. Recommendations for body composition standards following perinatal loss are not defined in any Marine Corps policy or order.

D. UNITED STATES AIR FORCE POLICY

In 2021, the Air Force published changes to the Air Force Manual (AFMAN) 41–210, Tricare Operations and Patient Administration (Department of the Air Force [DAF],

2021). The changes include standardization of convalescent leave and physical fitness test requirements for the service members who experience perinatal loss. It states, “in cases where a baby is stillborn, the member suffers a miscarriage/termination, or where the baby is given up for adoption immediately following birth, unit commanders will grant convalescent leave, other than Maternity Convalescent Leave, up to 42 days, based on the patient-specific time of gestational age of the fetus” (DAF, 2021, p. 75). Table 1 is information found in the policy that outlines the recommended leave and fitness standards based on gestational age of the fetus when the loss occurs. The full table found in AFMAN 41–2100 can be found in Appendix A.

Table 1. U.S. Air Force Guidance on Leave and Fitness Testing Post Perinatal Loss. Adapted from Department of the Air Force [DAF] (2021).

Gestation (Weeks + Days)	Convalescent Leave Recommendation	Profile Recommendation	Comments
First Trimester (≤ 12+0)	7 days	60 days no Physical Fitness Testing (PFT)	With or without surgical intervention
Second Trimester (12+1 – 16+0)	14 days	180 days no PFT testing	With or without surgical intervention
Second Trimester (16+1 – 19+6)	21 days	180 days no PFT testing	If neonate is >20+0 weeks gestation OR has a fetal weight of 350 grams or more, mother should receive 42 days of convalescent leave.
Second Trimester (20+0 – 27+6)	42 days	365 days no PFT testing	Intentionally left blank
Third Trimester (28+0 – term)	42 days	365 days no PFT testing	Intentionally left blank
Baby born alive at any gestation	42 days	Intentionally left blank	Qualifying birth event

For clarity, this table was created with only the applicable information found in the reference. Specific guidance on multiple birth events (i.e., twins and triplets) can be found in the original source.

In addition to the information in Table 1, the Air Force published the Department of the Air Force Manual 36–2905 in April 2022 that states a post-pregnancy physical fitness assessment (PFA) will be due the 13th month after delivery for a pregnancy lasting 20 weeks or more (DAF, 2022). The same directive says that “medical providers will make a recommendation for pregnancies fewer than 20 weeks,” which is based off of Table 1 (p. 32).

E. UNITED STATES ARMY POLICY

In 2022, the Army published Army Directive 2022–06 (Parenthood, Pregnancy, and Postpartum) (Department of the Army [DA], 2022). This is an inclusive policy that addresses convalescent leave, physical fitness evaluations, and body composition standards following perinatal loss. In regards to convalescent leave, it states that “soldiers will be provided with convalescent leave for physical and emotional recovery after a birth event or in cases of miscarriage or stillbirth. Soldiers (including when the spouse is a soldier, civilian, or a member of another military service) whose spouse experiences miscarriage or stillbirth will also be provided convalescent leave for emotional recovery” (DA, 2022, p. 9). Similar to the Air Force, the Army bases the length of leave on the gestational age of the fetus at the time of the loss (DA, 2022). The full table found in Army Directive 2022–06 can be found in Appendix B. Table 2 is a condensed version that displays the standard set for soldiers who experience perinatal loss.

Table 2. U.S. Army Guidance on Leave and Fitness Testing Post Perinatal Loss: Adapted from Department of the Army [DA] (2022).

Pregnancy Duration (confirmed gestational weeks)	Convalescent Leave	Diagnostic and Record Physical Fitness Testing	Comments
Up to 11 weeks, 6 days	7 days	365 days after the conclusion of pregnancy	With or without surgical intervention
12 weeks, 0 days, to 15 weeks, 6 days	14 days	365 days after the conclusion of pregnancy	With or without surgical intervention
16 weeks, 0 days, to 19 weeks, 6 days	21 days	365 days after the conclusion of pregnancy	If fetus weighs 350 grams or more, 42 days of convalescent leave will be granted.
20 weeks, 0 days, or greater	42 days	365 days after the conclusion of pregnancy	This row includes neonatal death up to 28 days of life.
Baby born alive at any gestation	42 days	365 days after the conclusion of pregnancy	Convalescent leave is in addition to any authorized parental leave.

For clarity, this table was created with only the applicable information found in the reference. Specific guidance on multiple birth events (i.e., twins and triplets) and information on returning to regular unit physical fitness can be found in the original source.

This same directive covers both the return to regular unit physical training as well as requirements for Physical Fitness Testing. The directive explicitly states, “soldiers are exempt from taking a record physical fitness test while pregnant and for 365 days after the conclusion of pregnancy,” including soldiers who experience perinatal loss (DA, 2022, p. 2).

Body composition standards are also outlined in Army Directive 2022–06 (DA, 2022). The standards outlined for the soldiers who have live births is also applied to the soldiers who experience perinatal loss—a 365 exemption from body composition requirements for up to 365 days after a pregnancy ends.

F. UNITED STATES NAVY

The policies addressing perinatal loss in the United States Navy are similar to that of the United States Marine Corps. Unlike the Air Force and Army, the Navy does not provide additional benefits, exceptions, or guidance for service members who experience perinatal loss. Because the policies do not provide new or relevant information, the Navy is excluded from this analysis.

G. POLICIES COMPARED

The Air Force and Army have very similar standards regarding convalescent leave. The Marine Corps does not offer any guaranteed or standardized convalescent leave following a perinatal loss. Figure 1 shows the comparison of convalescent leave automatically granted to the birthing parent following a miscarriage or stillbirth. The Air Force and Army have very slight differences, but generally follow the same guidance. The Marine Corps does not have any convalescent leave built in for these situations and requires leave (other than maternity convalescent leave) to be “granted according to the recommendation of the HCP and in coordination with the command” (USMC, 2018b, para. 3, sect g).



Figure 1. Standard Days of Convalescent Leave by Service. Adapted from DA (2022); DAF (2021); USMC (2020b).

In regard to physical fitness testing after a perinatal loss, the Army has the most time allotted for recovery, granting the parent a 365-day exemption from testing after the conclusion of a pregnancy, to include those who experience perinatal loss. The Air Force follows the same tiered system as the convalescent leave, granting between 60 and 365 days of exemption based on the length of gestation at the time of loss. The Marine Corps does not have specific guidance on this matter other than stating the physical test is required after consultation with an HCP. Figure 2 is the comparison of standards for physical testing exemptions by service.

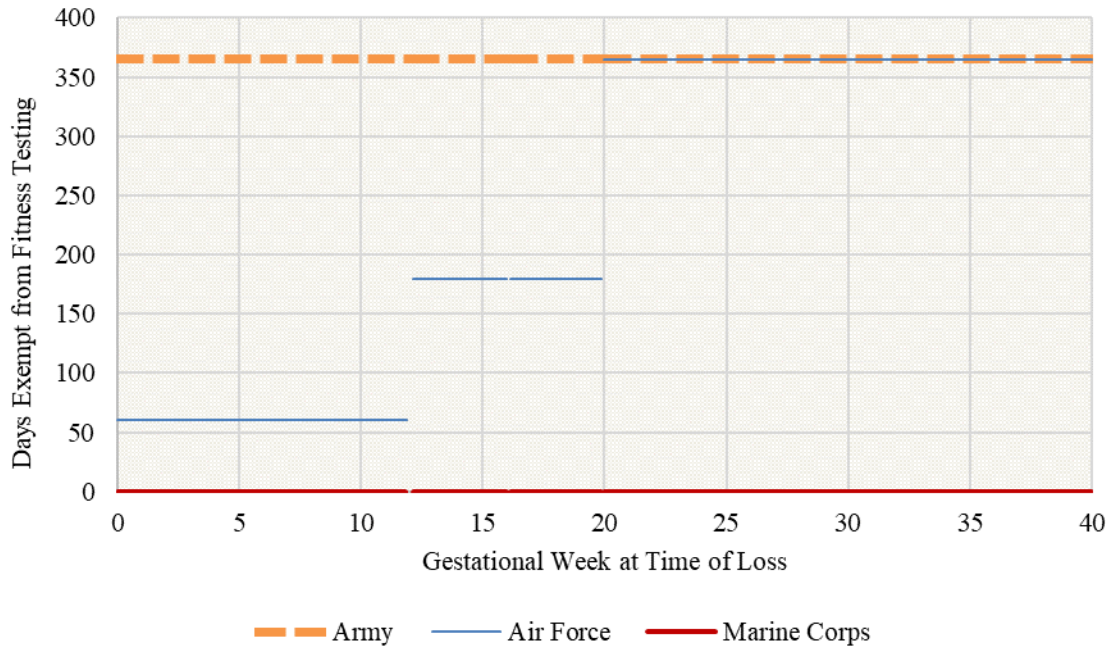


Figure 2. Days of Exemption from Physical Fitness Testing by Service. Adapted from DA (2022); DAF (2021); USMC (2022).

Body composition standards are difficult to compare directly. Not only are the standards different, but they are viewed as more important in certain services and have more leniency in others. The Marine Corps does not outline exceptions to body composition standards for those who experience perinatal loss. In DAFMAN 36–2905, the Airforce states that “post-pregnancy PFAs will be due the 13th month after delivery for a pregnancy lasting 20 weeks or more” and “medical providers will make a determination recommendation for pregnancies fewer than 20 weeks” based on Table 1 in this chapter (DA, 2022, p. 32). The Army maintains the 365-day exemption from the conclusion of a pregnancy, to include perinatal loss. Figure 3 is the comparison of body composition standards following a perinatal loss in each of these services.

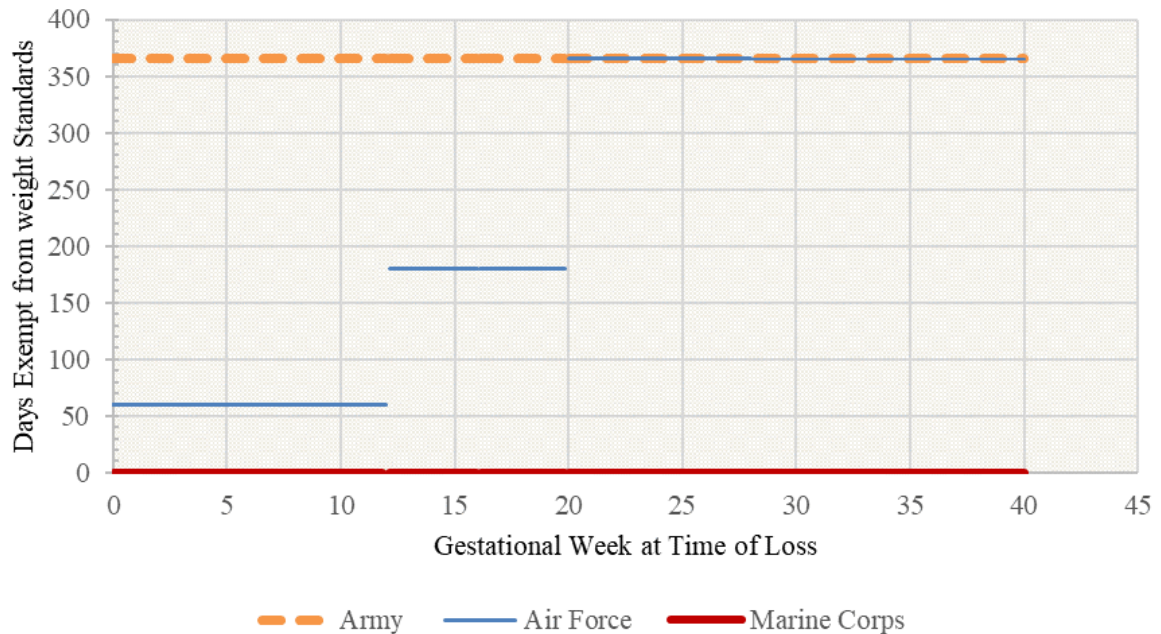


Figure 3. Days of Exemption from Body Composition Standards by Service.
Adapted from DA (2022); DAF (2021).

Although they differ slightly, the Air Force and Army provide standard guidance regarding convalescent leave, physical fitness testing, and body composition standards for service members who experience perinatal loss. Both services also state that the standards are recommendations that can be adjusted, if individual needs arise. The Marine Corps lacks the standardization and provides little to no guidance for those who experience perinatal loss.

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III. LITERATURE REVIEW

The goal of this chapter is four-fold: to use prior research to further explain the gaps in current Marine Corps policy, to provide context for why it is important for the Marine Corps to address those gaps, to demonstrate how similar methodology has been successfully applied, and to outline the contribution this thesis aims to make.

A. PREVIOUS RESEARCH

Policy regarding perinatal loss falls under the overarching umbrella of family and parental policies within the Marine Corps. There have been numerous studies that examine the effects that parental leave has on service members, but nothing that specifically addresses perinatal loss. Using difference-in-difference and regression discontinuity methods, it was found that increased quantities of leave are taken by both mothers and fathers as maternity leave policies become more liberal (Laurita & Molloy, 2019). The study does not, however, address the patterns of leave when perinatal loss is experienced by service members. A lack of awareness and attention given to perinatal loss has prevented the Marine Corps from collecting data and properly analyzing the impacts of policy change on retention of those who experience a hardship such as a miscarriage.

An event study was conducted using Marine Corps personnel data on dual-military parents from 2010 to 2019. The study estimates the impacts on mothers' health and performance following childbirth and finds "birth mothers have a drop in all outcomes and never return to their pre-birth fitness levels" (Henegar, 2021). Henegar concludes that the drop in females' fitness "indicates that females may require more fitness resources, time, and support post-birth—and even before birth—to ensure healthy and safe recoveries" (Henegar, 2021, p. 15). The study also explains how the first 6 months postpartum can be difficult for mothers because there is a pressure to return to their pre-pregnancy fitness abilities, quickly return to height/weight standards, all while managing dramatic changes in hormone levels (Henegar, 2021). Returning to fitness and height/weight standards and coping with hormonal shifts are also stressors that come with perinatal loss, yet those who experience a loss rather than a live birth can be left without any support, resources, or time for recovery. Although the

study specifically addresses postpartum for live births, it can, and should, be applied to the women who experience perinatal loss.

Similarly, a time series analysis was conducted to analyze the effects of parenthood on health and performance in the Marine Corps for active-duty Marines from 2013 to 2019 (Larson, 2020). Larson concludes that “first time Marine parents, especially Marine mothers, experience a drop in their health and job performance after childbirth” (Larson, 2020, p. 67). There is no recognition or explanation for the Marines who experience perinatal loss. There is a theme that parenthood has a significant effect on Marines, especially the birth parent. While parenthood proves to be challenging for most Marine parents, it is imperative to understand and acknowledge that a loss of pregnancy shares, and in many cases, exceeds the hardships of parenthood. Despite the challenges it presents, perinatal loss continues to be disregarded in Marine Corps policy.

Research on the effects of parental policies in the Marine Corps are important and should be continued in the future, but with the inclusion of perinatal loss. Although difficult and sensitive in nature, understanding how Marines are impacted from the experience of a miscarriage or stillbirth is imperative to building an inclusive, supportive policy that promotes quality talent and a culture of support for parents—especially the parents who experience a loss. In this thesis, I will explore how the Marine Corps can lessen these gaps in policy by more adequately addressing the topic of perinatal loss.

B. PREVALENCE OF PERINATAL LOSS

Perinatal loss occurs at a very frequent rate. Approximately 15% of all recognized pregnancies end in a verified miscarriage (Quenby et al., 2021). Studies suggest an even higher percentage of miscarriages go unrecorded due to the loss occurring before the pregnancy is clinically apparent (Wilcox et al., 1990). Women in the military are not exempt from these high rates of perinatal loss. Over 5,000 active-duty women across the Military Health System experienced a pregnancy loss between 2018 and 2019 with an estimated 200 additional women experiencing stillbirth (The Defense Health Agency Women and Infant Clinical Community, 2020). As demonstrated in studies addressed throughout this chapter,

experiencing perinatal loss can cause emotional, mental, and physical challenges that leave a lasting impact on the health and subsequently, the work performance of women.

C. MENTAL, EMOTIONAL, AND PHYSICAL IMPACTS

Reactions and stress following perinatal loss vary for each person, but “most practitioners now view a miscarriage as a significant psychosocial stressor that results in a high level of dysphoria and grief” (Brier, 2004, p. 138). The event elicits a large range of emotions, and especially during the weeks immediately following a loss, grief and depression are nearly impossible to differentiate (Nyas et al., 2015). The same article explains that some women continue to experience depressive symptoms for months following the event. A longitudinal study of more than 13,000 women who experienced perinatal loss show that women can experience depression and anxiety symptoms up to 33 months after the loss occurred (Blackmore et al., 2011). The same study also revealed that depression in women who experience a miscarriage continued for up to a year.

Adolfsson (2011) conducted a meta-analysis to identify and statistically analyze the psychological reactions experienced by women had a miscarriage. The analysis used 14 separate research studies that “measured the psychological reaction in women after perinatal loss, used an experimental, quasi-experimental, or pre/post single-group study design, included an outcome measure for psychological stress when an effect-size value was discernable, and measured anxiety, depression, grief, or stress” (Adolfsson, 2011, p. 30). The outcomes of each study were coded to use a scale-free, size-of-effect statistic. On average, anxiety and depression were found to be the most frequent responses to perinatal loss with more than 10% of women requiring specialist treatment (Adolfsson, 2011). Another study analyzed diagnostic interviews of 222 patients who recently experienced a miscarriage. They found psychiatric morbidity, “having at least one of the disorders included in the Mini International Neuropsychiatric Interview (MINI),” was present in 27% of cases 10 days after the miscarriage occurred (Lok et al., 2004, p. 1).

Posttraumatic stress, a condition closely followed by military medicine, is another common response with nearly 30% of women meeting the criteria for posttraumatic stress following early pregnancy loss (Farren et al., 2020). In conjunction with a decline in mental

health, parental hospitalizations and newly diagnosed chronic health conditions have been linked as a response to perinatal loss (Youngblut et al., 2013). The majority of the losses referred to occurred within the first 12 weeks of pregnancy, the time that is currently discounted in Marine Corps policies. Just like perinatal loss itself, the effects of the loss are very common yet under-acknowledged by society and subsequently, the military community.

Research also shows that giving birth has a large effect on the physical performance of Marines (Healy & Heissel, 2022). Pregnancy in the first trimester is often difficult for women, with 76% complaining of symptoms such as nausea and vomiting that markedly impaired job efficiency (Vellacott et al., 1988). Although less commonly discussed, miscarriage also impacts women physically. The gestational week at the time of loss and whether or not medical treatment is required are two primary influencers on the severity of physical impacts. Consequences of miscarriage include pain, bleeding, and infection (Quenby et al., 2021). Medical treatment options, including expectant, medical, and surgical options can have other physical impacts on women. Procedures such as dilation and curettage and electric vacuum aspirations can cause “serious complications (defined as a composite of any of the following: uterine perforation, cervical tear, hysterectomy, laparotomy, Asherman’s syndrome and death), need for blood transfusion, post-treatment infection/pelvic inflammatory disease, nausea, vomiting, diarrhea, and fever” (Al Wattar et al., 2019, Selection Criteria Section). All of the physical impacts listed above can occur within the first trimester of a pregnancy. The first trimester, which is the time Marines do not currently have guaranteed convalescent leave, or exemptions from physical fitness tests and body composition standards.

D. SUPPORT AND AWARENESS

Miscarriages and stillbirths are extremely challenging experiences, but still frequently overlooked by society as a whole. Due to the sensitive nature of the topic, perinatal loss, especially those that occur within the first 12 weeks, leave Marines without standardized guidance on how take time to recover from the event. Because early pregnancies are often unknown by coworkers, there is also a lack of support when perinatal loss occurs. However,

as research suggests, regardless of when the loss occurs, there are major impacts on the lives of those who experience it.

Research indicates that by increasing the awareness of the impact miscarriage has on women psychologically is “imperative to assist the community to support women experiencing this loss, as well as reducing the secret and hidden nature of the experience” (Bellhouse et al., 2018, p. 1). By acknowledging the mental and physical corollaries of perinatal loss, Marines are better supported and the negative impact on their work performance is lessened.

With more awareness comes more support from social networks. Family, friends and co-workers have a crucial part in supporting women following perinatal loss. Specifically, “positive support experiences have been associated with buffering the level of grief and loss experienced” after a miscarriage (Bellhouse et al., 2018, p. 2). In 2021, females made up about 9% of the total personnel in the Marine Corps (Department of Defense Office for Diversity, Equity, and Inclusion, 2021). Those who experience perinatal loss are an even smaller portion of that 9%. As a minority, these women are not likely to be surrounded with co-workers who truly understand the hardship of perinatal loss, making it even more important to establish policy, promote awareness, and ensure Marines are receiving necessary support.

When women are given an appropriate amount of time and space after experiencing a perinatal loss, there is a much higher chance for them to successfully reintegrate back into their work. An article in the *Psychiatric Annals* states that women experience crying spells and a decreased level of work performance after a miscarriage (Osborn, 2021). This decrease in performance can be credited to what psychiatrist Sunita Osborn calls incomplete grief. This type of grief occurs when there are internal or external factors that prevent a person from fully acknowledging and healing from a loss and hinders him/her from fully processing the loss due to work obligations (Osborn, 2021). Consequences of incomplete grief include uncharacteristic irritability or anger, hypervigilance and fear of more loss, relational changes, and addictive or self-harm behaviors—all of which can have a lasting, negative impact not only on the Marine’s mental health but also the work performance and mission accomplishment. A Marine who experiences perinatal loss must achieve grief recovery, which is known as the process of being able to fully acknowledge, reflect and process a loss (Osborn,

2021). Allocating time for a proper recovery will help ensure high-performing Marines who experience perinatal loss maintain their work performance and ultimately be retained in the Marine Corps.

E. METHODOLOGY APPLIED

In this thesis I use Eugene Bardach's Eight-Fold Path (Bardach, 2020). This methodology has used by many researchers for a wide range of policy topics to inform meaningful change. In 2019, a health policy analysis in primary care research was conducted using Bardach's methodology that gave researchers "a feasible and powerful tool for conducting meaningful health policy research and analysis that can influence clinical practice" (Engelman et al., 2019, p. 1). The authors of this study acknowledge that using Bardach's policy framework can empower PHCPs to engage in the policy analysis and research "even in the absence of extensive training and research experience" (Engelman et al., 2019, Conclusion). Similarly, I am able to use Bardach's approach to systematically analyze and understand the policy options for the Marine Corps in regards to perinatal loss.

This thesis takes into account the research discussed above to identify how to better address perinatal loss in Marine Corps policy. The next chapter provides further explanation of the method used to analyze and recommend policies for the Marine Corps to implement.

IV. METHODOLOGY

A. FRAMEWORK

Eugene Bardach, a professor at University of California, Berkley, developed an approach to policy analysis called the Eightfold Path (2020). The approach was created as a tool to help pose the correct questions before searching for answers—to alleviate confusion and anxiety when making decisions under intellectual, political, and logistic pressures. The approach is seemingly structured, but offers flexibility within the eight outlined steps based on the unique characteristics of the problem at hand. The eight steps found in Bardach (2020) are:

1. Define the Problem
2. Assemble Some Evidence
3. Construct the Alternatives
4. Select the Criteria
5. Project the Outcomes
6. Confront the Tradeoffs
7. Stop, Focus, Narrow, Deepen, Decide
8. Tell Your Story (Bardach, 2020, p. xvi)

Complexity, interest groups, rhetorical demands, budget, legality, and institutional constraints are all factors that determine the significance of each step and how the final product will look. Bardach’s Eightfold Path is one of many comprehensive approaches to addressing a problem and developing a solution; it will be used throughout this thesis in conjunction with a Marine Corps-specific approach known as the Marine Corps Planning Process (MCPD).

The Marine Corps Planning Process is used for a wide range of military operations. This process “promotes understanding of the current situation as a basis for broad solutions” (USMC, 2020a, p. iii). The six overarching steps outlined in Marine Corps Warfighting Publication 5-10 are:

1. Problem Framing
2. Course of Action Development
3. Course of Action Wargame
4. Course of Action Comparison and Decision
5. Orders Development

6. Transition (USMC, 2020a, pp. 4–5)

Although designed for military operations, the steps in MCPP are similar and complementary to Bardach's Eightfold Path.

I will use the combination of the two approaches to analyze the policy options for the Marine Corps in response to perinatal loss experienced by active-duty service members. Below I summarize each step and provide an overview of how it will be applied.

B. STEPS

1. Step One: Define the Problem

Deliberately defining a problem is the first step for all analytical work (Bardach, 2020). I have completed this step in the background chapter of this thesis under the motivation subsection. The problem and how it is defined determines why the issue is being addressed and sets the stage for the remainder of the analysis. For this reason, the Marine Corps identifies problem framing as the most important step. Without properly identifying and sufficiently understanding the problem, no subsequent planning is likely to solve the issue at hand. A commander requires proper problem framing to visualize and describe how a particular situation will unfold. Defining the problem also gives the commander a focus on what must be accomplished, when and where it must be done, and most importantly, why it must be done. Defining the problem drives the purpose.

Especially as we step away from operational situations and into the realm of policy analysis, a major challenge when defining a problem is understanding that facts are not always agreed upon. A list of facts can be identified as a problem to some but may not be considered a problem to others. Defining the problem with objective evaluation criteria is one way to mitigate these philosophical differences. Bardach recommends analyzing the problem through the lens of market failure. A general rule of thumb is that without a market failure, the problem is very rarely solved by governmental intervention or may be solved but at the expense of adverse, unintended consequences. An exception to this rule is in situations of discrimination against women and other minorities. The amendment and creation of policy for service members who experience perinatal loss requires the identification of a market failure and/or the identification of discrimination within the organization.

It is important to understand that a problem is not merely a concern. For example, saying “the Marine Corps does not offer enough convalescent leave to service members who experience perinatal loss” does not define a problem, but rather points to a policy option. Diagnosing conditions that cause problems allow for a better understanding between a concern and a well-defined problem and is necessary to develop an unbiased problem definition and properly set up a successful analysis.

While defining the primary problem, latent opportunities often arise. There are many issues, complaints, threats, and needed-improvements that are not yet being highlighted by policy managers or the institution itself that can and should be addressed. While also considering time, risk, and other constraints, latent opportunities can be addressed simultaneously with the primary issue. The latent opportunities frequently emerge when applying the next step of analysis—assembling some evidence.

2. Step Two: Assemble Evidence

As Bardach explains, there are two aspects of policy analysis—thinking and “hustling data that can be turned into evidence” (2020, p. 14). Step two of the Eightfold Path is the formal process of conducting data collection and is typically the most time intensive. Specific methods of assembling evidence include self-conducted research, making educated hypotheses, surveying best practices from other institutions, and reviewing available literature. In Chapter III, I conduct an in-depth analysis of literature that supports policies regarding perinatal loss as well as an analysis of similar policies within the DOD, which facilitates the ability to properly construct policy options or “alternatives” as termed in the third step.

3. Step Three: Course of Action Development

Course of action development is also referred to as constructing the alternatives. It is the process of creating other courses of action, or in this case, other policy options. Creating policy options does not mean there must be exclusive alternatives—there can be a combination of new policies, different policies to supplement standing policies, or even foregoing certain aspects of policy (Bardach, 2020). In MCPP, this step produces possibilities for accomplishing the mission by providing options to the commander while also promoting

a “further understanding of the environment, problem set, and the approach to solving the problem” (USMC, 2020a, p. 5).

Typically, the alternative policy options are created broadly and narrowed through analysis. This allows for different solutions to address a more holistic issue. Bardach recommends asking three specific questions when creating policy options: (1) How would you solve the problem if cost were no object, (2) where else would the solution work, and (3) why not (2020). These questions tend to lead to more creative and comprehensive solutions (Bardach, 2020). The Marine Corps has another set of criteria for each COA developed, requiring them to be suitable, feasible, acceptable, distinguishable, and complete (USMC, 2020a). To be acceptable, the COA must be “worth the cost in personnel, equipment, time,” and resources—an equally important concept in policy development (USMC, 2020a, p. 29).

As I consider policy options for the Marine Corps in terms of perinatal loss, particular intervention points are identified and addressed to understand which model is the most effective for resolving the defined problem. A Practical Guide for Policy Analysis emphasizes that “a single choice is not once-and-for-all but part of a developmental sequence of choices mixed with developments unfolding in the policy environment,” which is key when constructing alternatives for a dynamic and complex issue such as perinatal loss in the United States’ Marine Corps (Bardach, 2020, p. 31).

4. Step Four: Criteria Selection

Bardach describes a policy analysis as a story with “two interconnected but separable plotlines, the analytic and evaluative” (Bardach, 2020, p. 31). Selecting the criteria is mostly evaluative and relies on value judgments rather than facts and unbiased forecasts of outcomes (Bardach, 2020). Evaluative criteria can be based on the target or goals, efficiency, equality, fairness, community and other ideas. The evaluative criteria are typically confined by practical criteria such as legality, political acceptability, administrative robustness and policy sustainability.

Criteria selection is seen within the Marine Corps Planning Process following the course of action development. The commander provides his staff with evaluation criteria that informs the constructed alternatives. In an operational environment this may include criteria

such as force protections, simplicity, or tempo. In policy analysis, the criteria will be driven by guidance from the Commandant of the Marine Corps, but also from an in-depth examination and consideration of financial, political and cultural factors. Chapter VI of this thesis outlines the evaluation criteria and specifies the metrics this thesis uses when evaluating policy options for perinatal loss in the Marine Corps.

5. Step Five: Project the Outcomes

Projecting the outcomes of the policy options is often the most difficult because it requires the analyst to make thoughtful, realistic projections of what the future will look like with each policy option in place. These projections come partly from logic but also from different models used to best fit the circumstances.

In many ways, this step is like Course of Action Wargame in MCPP. The purpose of wargaming is to improve the different courses of action by testing them against the enemy. When applying this to policy analysis, the alternative options are not going against an enemy but against the problem it seeks to solve. Aligned with projecting outcomes, wargaming enhances a deeper understanding of the setting and the challenges being faced—it informs the commander, or in this case policy makers—of their options (USMC, 2020a).

The projections of policy options are defined against the status quo. To effectively compare the options, a comprehensive analysis of current policy is imperative. The status quo will be the “base” and the projections typically answer one of the following questions: (1) what are future conditions if nothing changes; (2) what changes will occur if parts of a policy were adopted, and (3) what would the future look like if one particular policy was implemented. These answers must consider not only what but also how much will change with the implementation or lack thereof. Sensitivity analyses are typically considered for this step to provide an understanding of what uncertainties in a projection are the most important by highlighting where errors have the largest effects within assumptions.

According to Bardach (2020), projecting the outcomes also requires the realistic understanding and acceptance that within a complex system, changes and policy adaptations will lead to many outcomes, which may shift the terms of the analysis and lead to more uncertainty. Outcomes matrixes are used to combat the challenges and complexity of

systematic change. When done correctly, the policy projections will allow for an effective and efficient step six: confronting the tradeoffs of each policy option.

6. Step Six: Confronting Trade-offs

Confronting the tradeoffs is much like Course of Action Comparison and Decision within MCPP. The process considers the policy alternatives incrementally by comparing the different outcomes against evaluation criteria (Bardach, 2020). In MCPP, the commander evaluates the “relative merits of each COA” using an evaluation worksheet and compares the options using a tool known as the comparison and decision worksheet (USMC, 2020a, p. 46). Although the nonlinear nature of military operations limits the ability to rely on a numerically-weighted approach, matrixes are useful for review and understanding different options. A well-constructed matrix can be equally, if not more useful, for policy analysis.

When confronting the tradeoffs, it is crucial to focus on outcomes opposed to alternatives (Bardach, 2020). Understanding the effect of the change allows for a more comprehensive comparison than simply stating the alternative option. When clearly outlined, the tradeoffs based on outcomes can be used to create priorities and better understand the alternatives and their effects. Typically, the tradeoffs are presented in tables based on the course of action and the evaluation criteria. Bardach explains that it is best practice to rate the alternatives in order when presenting to decision-makers (2020). This step is conducted in Chapter VII to properly organize the trade-offs of policy options for perinatal loss in the Marine Corps.

7. Step Seven: Decide

Choosing the correct policy option is a well-thought-out, focused decision. After selecting the best alternative, it is equally as important to pause and analyze the politics of getting the policy legitimized and adopted as well as how and who will be able to implement the policy enduringly. It is this step in which Bardach emphasizes that the Eightfold Path is iterative in nature. There may be a need to revisit previous steps to ensure the policy recommended is the best it can be. The analyst themselves must feel convinced of the outlined policy.

One of the most meaningful questions you can ask is “if your favorite policy alternative is such a great idea, how come it’s not happening already? Why hasn’t the proposal been enacted?” (Bardach, 2020, p.83). This answer can shed a new perspective to the analyst and perhaps solidify that the chosen policy is, in fact, the right decision.

8. Step Eight: Transition

Transition is the cumulation of all steps and sets the stage for future action. It is the time that you bring research and findings to the intended audience to promote change. This step differs based on the purpose and scope of the policy. Bardach recommends applying the “Grandma Bessie” test, where you are able to quickly and concisely explain the problem as well as the proposed solution in a way that an intelligent but not-so-sophisticated grandmother may be able to understand (2020, p. 84). To effectively communicate the solution, the correct medium to present the information must be selected. Typically, the medium is presented in an oral, written, or visual presentation or any combination of the three.

For the purpose of explaining the policy options for the Marine Corps regarding perinatal loss, an executive summary is included in the beginning of this thesis. The executive summary is a logical, narrative flow of this research that provides a concise, clear summary of the recommendations and acts as a transition. As described in MCWP 5-10, “the transition step may involve a wide range of briefs, drills, or rehearsals necessary to ensure a successful shift of situational awareness from planning to execution” (USMC, 2020a, p. 5). It is a tool decision-makers can use to implement guidance, shift policy, and create change.

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V. COURSE OF ACTION DEVELOPMENT

This chapter provides three different COAs for the Marine Corps to take regarding policies on perinatal loss. Each COA requires different steps to be taken and each provide a distinct outcome.

A. COA 1: STATUS QUO

COA 1 is the status quo. This COA maintains how the organization currently responds to Active-Duty Marines who experience perinatal loss. Marines, Commanders, and medical professionals continue to refer to a multitude of policies and directives described in the background chapter and would warrant no change to the current operating procedures.

B. COA 2: MODIFY CURRENT POLICY BASED ON AIR FORCE POLICY

COA 2 modifies current Marine Corps policies. This COA changes the verbiage of standing orders and adds additional guidance to MCO 5000.12F CHANGE 1: Marine Corps Policy Concerning Parenthood and Pregnancy. The guidance added and changed in current policies mirror that of AIR FORCE MANUAL 41–210. Convalescent leave, physical fitness testing, and body composition standards are tiered based off of gestational weeks at the time of loss.

C. COA 3: MODIFY CURRENT POLICY BASED ON ARMY POLICY

COA 3 modifies policy to address perinatal loss aligned with the guidance in the Army Directive 2022–06: Parenthood, Pregnancy, and Postpartum. Convalescent leave is also tiered based off of gestational weeks at the time of loss, but physical fitness testing and body composition standards are 12 months after the end of all pregnancies, to include perinatal loss. The policy also includes leave for non-birthing parents and leave for the purpose of grieving.

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VI. SELECTING AND WEIGHTING THE CRITERIA

When analyzing the different courses of action described in the previous chapter, I consider specific, relevant criteria. The criteria used for assessment are confined by legal and political acceptability, but are ultimately evaluative in nature. Understanding the effects and considering future implications of decisions is the foundation of criteria selection. For a policy to be implemented in the United States Marine Corps regarding perinatal loss, I use three distinct criteria to measure suitability: administrative burden, career flexibility for Marines, and mission accomplishment. More detailed descriptions of these categories are outlined below.

A. ADMINISTRATIVE BURDEN

There are two separate perspectives to use when understanding the impact of administrative burdens: that of the institution and that of the individual. Both views are equally important but very distinct. The institutional perspective on administrative burden is concerned with the impact that policies and regulations have on the organization as a whole. This can include the resources required to develop, implement, and enforce policies, as well as the impact that these policies have on organizational effectiveness, efficiency, and mission readiness. From the Marine Corps' perspective, the administrative burden can arise when policies and regulations are too complex, redundant, or difficult to implement, which may result in additional costs for the organization, including the need for additional personnel or training and increased paperwork.

The individual perspective on administrative burden is concerned with the impact the policy has on individual service members. This can include the time, effort, and resources required to comply with policies, as well as the impact that these policies have on individual well-being and job satisfaction. The individual administrative burden falls on the Marines who experiences perinatal loss, HCPs, and commanders. The burden can emerge when policies and regulations are convoluted, difficult to understand, or overly burdensome and often result in frustration, stress, and reduced job satisfaction. Determining how much convalescent leave should be taken, how much time should be

given to prepare for physical fitness tests and how long a Marine should have to return to body composition standards are cumulative administrative requirements that occur each time an individual perinatal loss is experienced.

Both the institutional and individual perspectives on administrative burden are important and should be considered when developing, comparing and selecting a policy. By addressing the administrative burden from both the organizational and individual perspectives, the Marine Corps can promote a policy that provides greater efficiency, effectiveness, and job satisfaction while also ensuring compliance with orders and achieving mission readiness.

B. CAREER FLEXIBILITY

Another important criterion to consider is what Talent Management 2030 labels as “career flexibility.” The Commandant’s guidance gives different ways to provide Marines flexibility within their careers with the goal of remaining competitive and retaining quality service members. One particular strategy to provide flexibility is enhancing parental leave within the Marine Corps. The Commandant acknowledges the difficulties and stressors placed on Marine parents and specifically states the desire to “develop smart policies that both improve family outcomes and increase retention of talented employees” (USMC 2021b, p. 14).

Under the umbrella of career flexibility is the notion of “taking care of Marines.” The Marine Corps prides itself on taking care of its own and has implemented policy to ensure that goal is met. Marines are taken care of because it aligns with the core values of the institution, but also because it promotes job satisfaction. With job satisfaction comes retention, another explicit goal given by the Commandant of the Marine Corps in Talent Management 2030. When analyzing potential COAs, the degree of flexibility it provides to Marines’ careers is an important consideration.

C. MISSION ACCOMPLISHMENT

Personnel gaps are a major concern that surfaces when discussing leave policies. When leave is given to Marines, there is not a backfill or replacement to fulfill the duties

while he/she is away. These gaps impact other Marines within the unit and ultimately, can affect the overall unit effectiveness. Each COA must measure the impact that personnel gaps have on mission accomplishment and overall objectives within the unit.

In addition to staffing issues, there is a need for commander discretion within Marine Corps units. The Commander is charged with accomplishing the given the authority and flexibility to make decisions that are in the best interest of the mission and the welfare of their Marines. This discretion allows commanders to make decisions based on their judgement and experience rather than relying on rigid policy and procedures. Each COA considered should outline the degree of commander's discretion and the impact it has on mission accomplishment.

D. CRITERION WEIGHT AND SCALE

The criteria listed above—administrative burden, career flexibility, and mission accomplishment— play an important and unique role in the decision-making process and can impact the overall success of the implemented policy. Administrative burden is a critical consideration because it impacts the efficiency and effectiveness of responses when a Marine experiences perinatal loss. Career flexibility is also an important because it impacts well-being of Marines. Limiting career flexibility could negatively impact retention rates and the overall effectiveness of the unit. Mission accomplishment is critical because it is the ultimate priority for the Marine Corps. When comparing the different policy options, career flexibility and mission accomplishment are weighted at 35% and administrative burden is weighted at 30%. Mission accomplishment is split into two components, personnel gaps weighted at 20% and commander discretion weighted at 15%. Administrative burden is also broken down into two categories: the individual perspective and the organizational perspective, each weighted at 15%. Table 3 is a conclusive summary of each of the criteria weights.

Table 3. Summary of Weighted Criteria

	Criteria #1		Criteria #2	Criteria #3		
	Admin Burden: Organizational Perspective	Admin Burden: Individual Perspective	Career Flexibility	Mission Accomplishment: Personnel Gaps	Mission Accomplishment: Commander Discretion	Total
Weight	15%	15%	35%	20%	15%	100%
Total Weight	30%		35%	35%		100%

For each COA a rating is given based on how well it meets the given criteria. The scale used is defined below:

- 0: Does not meet criteria
- 1: Marginally meets criteria
- 2: Mostly meets criteria
- 3: Meets criteria

For simplicity, the higher the rating, the more positive the outcome. For example, if the administrative burden is high for individual Marines, the rating is low. If the administrative burden is low, the rating will be high. Likewise, if the COA provides more career flexibility, the rating for that criteria will be high. The lowest score a COA can receive is 0 and the highest is 3. Upon evaluation of each COA, a conclusive matrix is built to display the shortfalls and advantages of each option. Although subjective in nature, the completed matrix is a useful tool for analysis.

VII. PROJECTING THE OUTCOMES

In this chapter, I project the outcome of each COA based on the criteria described previously: administrative burden, career flexibility, and mission accomplishment. For each COA, the criteria are evaluated and an outcome matrix is created to help determine probable outcomes. The matrices will be combined for comparison in the following chapter.

A. COA 1: STATUS QUO

Maintaining the status quo requires service members, commanders, and medical professionals to search through numerous policies to understand the expectations for women who experience perinatal loss. There is minimal direction given within the orders regarding convalescent leave, physical fitness and body composition standards and it requires commanders and health care professionals to make a subjective decision on a case-by-case basis. For perinatal loss that occurs before 20 weeks gestation, the default is to only authorize convalescent leave when the Marine provides a recommendation from a medical provider. The status quo also requires a completed physical fitness test for the current season and immediate compliance with body standards. Table 4 is the outcome matrix for COA 1. Further explanation of the criteria ratings is explained below.

Table 4. Outcome Matrix for Status Quo

COA	Criteria #1 Admin Burden- organizational (0.15)	Criteria #1 Admin Burden- individual (0.15)	Criteria #2 Career Flexibility (0.35)	Criteria #3 Mission accomplishment- personnel gaps (0.20)	Criteria #3 Mission accomplishment- commander's discretion (0.15)	Final Assessment
Status Quo	2	1	0	1	2	0.95

1. Administrative Burden

For the status quo, the organizational administrative burden seems low initially. However, after further analysis, it is unlikely the case. There is not a requirement to re-

create or modify current policy, nor is there a requirement to publish and inform the force of new guidelines regarding perinatal loss. I rate the administrative burden at 2 because of the second and third order effects caused by the status quo. Without a set standard for convalescent leave, physical fitness, and body composition there is a much higher likelihood for errors and insufficient determinations for recovery, which require administrative corrections.

In addition to administrative corrections, the retention and recruitment of Marines is a consideration for organizational burdens. If Marines do not have a supportive policy when faced with perinatal loss, their overall perception of the organization is likely to turn negative. With a negative perception, chance for continued service lessens. Likewise, if potential Marines, who also want to become parents, know there is a lack of support for those who have a miscarriage or stillborn, they are less inclined to join the organization. Although difficult to measure, there is more administrative work for the organization to lose highly qualified Marines who are not properly taken care of than it is to create or modify a policy.

At an individual level, I rate the administrative burden at 0. As policy currently stands, the administrative burden falls entirely on the Marine who experiences perinatal loss. There is not a comprehensive policy a Marine can refer to—rather, there are a minimum of five separate Marine Corps Orders that must be read. Even after locating each of the policies, the direction given is yet another burden for the Marine to shoulder. The policies state that the Marine must work with their HCP and commanders for solutions for convalescent leave, physical fitness standards, and body composition.

Not only does the status quo put a large administrative burden on the Marine who experienced perinatal loss, it also puts a larger burden on the commander and HCP. Without standardization or a point of reference, commanders and the respective health care professionals are required to “recreate the wheel” for each patient. A policy with standard guidelines would lessen the burden on the decision-makers and promote a fair, standardized, and healthy recovery period.

2. Career Flexibility

The status quo has a rating of 0 for career flexibility. The Commandant of the Marine Corps has made it a priority to implement policy to “improve family outcomes and increase retention of talented employees” (USMC, 2021b, p. 14). The status quo fails to do both. Perinatal loss often comes with trying to start a family, a lack of policy addressing the hardship not only deteriorates family outcomes, but also damages the Marines desire to remain in service.

3. Mission Accomplishment

The status quo is given a rating of 1 for mission accomplishment in regard to personnel gaps. The status quo allows a commander to assess and decide how long a Marine can take for convalescent leave, which may increase mission accomplishment in the short term. However, much like administrative burden, the status quo has second and third order effects that negatively impact mission accomplishment. For instance, without standardization for convalescent leave, a Marine may be granted an inadequate amount of time to properly recover from the perinatal loss. Without proper recovery, there is a much higher chance for an injury. If a qualified Marine is injured and unable to perform the required tasks of a billet, the mission is hindered, likely more than if the Marine originally took a proper, standard amount of convalescent leave.

For commander discretion, I rate the status quo at a 2. When a commander is required to make a decision regarding the recovery of a Marine without a reference, there is a wide range of what is deemed appropriate. As stated previously, the commander has the initial say for how much time a Marine has for convalescent leave, but if not given an appropriate amount of time, the commander does not have control over Marines being unavailable from an injury.

B. COA 2: MODIFY CURRENT POLICY BASED ON AIR FORCE POLICY

Implementing COA 2 modifies the current Marine Corps policy concerning Parenthood and Pregnancy, MCO 5000.12F CHANGE 1 to reflect the recommendations created by WICC and found in the current Air Force Policy. Service members,

commanders, and medical professionals are provided a standard for convalescent leave, physical fitness standards, and body composition while also providing commanders and health care professionals the ability to adjust the standard on a case-by-case basis. Table 5 is the outcome matrix for COA 2. Further explanation of the criteria ratings is explained below.

Table 5. Outcome Matrix for Modification Based on Air Force Policy

COA	Criteria #1 Admin Burden- organizational (0.15)	Criteria #1 Admin Burden- individual (0.15)	Criteria #2 Career Flexibility (0.35)	Criteria #3 Mission accomplishment- personnel gaps (0.20)	Criteria #3 Mission accomplishment- commander's discretion (0.15)	Final Assessment
Modification based on Air Force Policy	2	3	3	2	3	2.65

1. Administrative Burden

For COA 2, I rate the administrative burden for the organization at 2. Although there are initial requirements to modify and publish policy, the research and recommendations have already been completed by the Air Force. There burden is only to compile the Marine Corps policies and properly modify to reflect the standards created by the Defense Health Agency (DHA) Women and Infant Clinical Community (WICC) as outlined in the Air Force Manual. The Marine Corps is able to publish a MARADMIN with the updated guidance that explains that each affected order will be modified appropriately in its next update. This lessens the initial administrative burden while still establishing new guidelines for Marines to follow.

At an individual level, the administrative burden for this COA is lessened significantly, with a rating of 3. In this COA, Marines have one policy to refer to and are given a standard based on medical professionals who specialize in perinatal loss. The policy provides clear, consolidated expectations for the Marine who experiences perinatal loss. The policy also gives Marines the option to work with their command and medical provider to adjust the timelines given, as needed.

2. Career Flexibility

The rating for career flexibility is 3 for COA 2. This COA provides a solution for Marines who experience perinatal loss. During a stressful time in a Marines life, this COA offers a clear, fair, well-defined guideline to follow. It ensures that Marines are taken care of and allows for proper recovery before transitioning back to the normal rigors of military expectations and requirements. If a Marine needs more time or wants less time than what is prescribed, the policy offers the flexibility for the Marine to work with the commander and health care professional to meet their specific needs. Building in this protection while maintaining flexibility, Marines are likely to have a better outlook on the Marine Corps because they are being taken care of, and in turn are more likely to contribute within their billet and be retained within the organization.

3. Mission Accomplishment

If implemented, COA 2 is likely to cause short-term personnel gaps than the status quo. Marines will default to more time to recover from perinatal loss and get additional time for returning to fitness and body composition standards. However, this initial increase in personnel gap is likely to decrease long term personnel losses from injuries and attrition from service. The long-term benefit outweighs the immediate personnel gaps the policy may cause.

C. COA 3: MODIFY CURRENT POLICY BASED ON ARMY POLICY

COA 3 modifies the current Marine Corps policy concerning Parenthood and Pregnancy, MCO 5000.12F CHANGE 1 to reflect the recommendations in the current Army Policy. Service members, commanders, and medical professionals are provided a standard for convalescent leave while also providing additional leave for both birth and non-birth parents for grievance. The Army allows 365 days upon the termination of a pregnancy, to include perinatal loss, for both physical fitness tests and body composition standards. Table 6 is the outcome matrix for COA 3. Further explanation of the criteria ratings is below.

Table 6. Outcome Matrix for Modification Based on Army Policy

COA	Criteria #1 Admin Burden- organizational (0.15)	Criteria #1 Admin Burden- individual (0.15)	Criteria #2 Career Flexibility (0.35)	Criteria #3 Mission accomplishment- personnel gaps (0.20)	Criteria #3 Mission accomplishment- commander's discretion (0.15)	Final Assessment
Modification based on Army Policy	1	2	3	1	2	2

1. Administrative Burden

I rate the administrative burden for COA 3 at a 1 because it requires a significant change to current policies and has much larger impacts on personnel status. At an organizational level, a 365-day recovery at the end of all pregnancies extends the non-deployable status of Marines and subsequently impacts deployment staffing that would otherwise be unaffected. Gaps in personnel have administrative requisites that extend beyond the individual unit. Higher headquarters and adjacent units are also impacted with personnel shifts and exchanges. Along with the effects on mission accomplishment, this is a large administrative burden at an organizational level.

I rate the administrative burden at the individual level at 2. Because the policy defaults to a full 365 days for physical fitness and body composition standards, there are additional administrative requirements to record physical tests sooner. Unlike the other COAs, COA 3 may have an unintended, reverse effect by requiring Marines to take extra administrative steps to lessen the year-long exception if they prefer to have a score recorded for a promotion board or similar reason.

2. Career Flexibility

I rate career flexibility for COA 3 at a 3 because it is the most generous policy that prioritizes the individual. The Policy defaults to giving Marines sufficient time to recover from perinatal loss and even provides additional leave for grievance. The family is taken care of and it provides the Marine with more options regarding both their career and their family. This COA may encourage retention and even be used as a recruitment tool.

3. Mission Accomplishment

Regarding personnel gaps, I rate COA 3 at a 1. Because there is a 365-day exemption for physical fitness tests and body composition standards, more Marines are in a postpartum status which means there is less availability for deployments. This impact on staffing is more significant than the other COAs and has potential to negatively influence mission accomplishment.

I rate Commander's discretion at a 2 because like the other options, COA 3 allows for commanders to override or change the defaulted recovery time for Marines who experience perinatal loss. However, although Commanders have the final say, they still have to contend with the outlined policy recommendations and are likely to face more resistance if they contradict recommendations within the order.

D. ALTERNATIVE RATINGS

Although well-considered, explained, and justified, the ratings given within each COA are subjective in nature. Ratings will vary based on a person's experience, perspective, and goals. In the following chapter, this subjectivity will be addressed by exploring the possible shifts of ratings for each COA.

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VIII. CONFRONTING TRADEOFFS

Confronting the tradeoffs for each course of action is the same as COA comparison and decision in MCPP. This step clearly outlines the alternatives and ranks which is best based on the criteria. The previous chapter gives in-depth explanations for the ratings and scores I give each COA—this chapter focuses on comparing and ranking the options. Table 7 is a side-by-side comparison of each COA and the score it was given based on the criteria used for analysis.

Table 7. Side-by-Side Comparison of Outcome Matrices

COA	Criteria #1 Admin Burden- organizational (0.15)	Criteria #1 Admin Burden- individual (0.15)	Criteria #2 Career Flexibility (0.35)	Criteria #3 Mission accomplishment- personnel gaps (0.20)	Criteria #3 Mission accomplishment- commander's discretion (0.15)	Final Assessment
Status Quo	2	1	0	1	2	0.95
Modification based on Air Force Policy	2	3	3	2	3	2.65
Modification based on Army Policy	1	2	3	1	2	2

The COA with the highest score is COA 2, modifying policy based on the Air Force Policy. Compared to the other COAs, modifying the current policy to reflect the standards outlined by the Air Force is less of an administrative burden. There are initial challenges of modifying and publishing policy, but it significantly lessens the individual burden for the Marines who experience perinatal loss and also for commanders and medical providers.

COA 2 and COA 3 both provide more career flexibility because they emphasize the importance of taking care of Marines when they are faced with difficult personal situations such as perinatal loss. The policy options are aligned with the Commandant's desire to create a competitive workplace for employees who are also parents.

When compared, COA 2 is the most conducive to mission accomplishment. Personnel gaps will actually be minimized when Marines are not being rushed back into certain standards before they are physically ready. By allowing them to take the proper amount of convalescent leave, they are less likely to be injured and more likely to be retained.

Additionally, COA 2 provides standardization and direction for commanders without taking away their ability to make contradicting decisions when necessary. The flexibility and responsibility remain with the commander of the unit so he/she can ensure mission accomplishment is reached.

There are pros and cons to each of the three COAs presented. As explained above, there are first, second, and third order effects for each of the projected outcomes that make large impacts Marines. Not only the individual Marines, but the Marine Corps as an organization are considered and accounted for when comparing the different policy options. The process of assigning weight and scores to the different criteria is subjective, but a clear and straightforward method for comparison—one that offers information for policy makers to use when coming to a decision for the Marine Corps' policy regarding perinatal loss.

With the understanding that ratings given for the evaluation criteria are subjective, I have compared the outcomes for the COAs if the rating were slightly varied. Some may argue that the organizational administrative burden would be decreased significantly if there was no change to policy. Basing this rating on immediate impacts, there is an argument that the organization's administrative burden would not actually decrease if a new policy is created. To represent this opinion, I increase the status quo COA rating from 2 to 3 and decrease the COA 2 rating from 2 to 1. There is also an argument that women currently have the ability to do what is best for them based on individual situations and there is not a need for a policy. To address this option, I shifted the status quo COA rating from 0 to 2. For the same argument, some people see the status quo as meeting mission accomplishment because the lack of policy results in Marines taking less leave and therefore being more available to work. This option is reflected by increasing rating for mission accomplishment the status quo COA from 1 to 2. Lastly, there are some who may

believe the mission accomplishment is not as high for COA 2 because policies tend to constrain commander's from making decisions based on what they believe to be correct. To acknowledge this opinion, I changed the mission accomplishment rating in COA 2 from 3 to 2. Table 8 is a side-by-side comparison of each COA with the alternate rating assigned. Even with these changes, COA 2 remains the best option for the Marine Corps.

Table 8. Comparison with Alternative Ratings

COA	Criteria #1 Admin Burden- organizational (0.15)	Criteria #1 Admin Burden- individual (0.15)	Criteria #2 Career Flexibility (0.35)	Criteria #3 Mission accomplishment- personnel gaps (0.20)	Criteria #3 Mission accomplishment- commander's discretion (0.15)	Final Assessment
Status Quo	2 to 3	1	0 to 2	1 to 2	2	2
Modification based on Air Force Policy	2 to 1	3	3	2	3 to 2	2.35
Modification based on Army Policy	1	2	3	1	2	2

This is one of many different series of ratings that may be given to each criterion in the COAs presented. The original comparison is my research and experience-based opinion and the alternative ratings are based on perspectives that may be resistant to changing from the status quo. Future research may consider a less subjective approach to assigning ratings based on data collection and statistics.

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IX. FINDINGS AND RECOMMENDATIONS

A. DECIDE

Based on the projected outcomes and COA comparisons, COA 2, modifying policy based off of the Air Force is the best option for the Marine Corps. The COA will ultimately reduce administrative burdens, increase Marines' career flexibility, and maintain and potentially improve mission accomplishment.

As alluded to in Chapter IV, one of the most meaningful questions you can ask when making a final decision is “if your favorite policy alternative is such a great idea, how come it’s not happening already? Why hasn’t the proposal been enacted?” (Bardach, 2020, p. 83). In this particular scenario there are a few different reasons the COA has not already been enacted. First, the initiative to prioritize policy change to better align with Marine parents is relatively new. A top-down effort to shift the “just figure it out” attitude within the Marine Corps is a large driver for change that was not previously present.

Second, until 2021, when the Air Force published guidance, the U.S. military did not have a published document that specifically addressed perinatal loss. The lack of policy required the Marine Corps to not only publish guidance, but research, initiate, and create guidelines for women who experience perinatal loss.

Lastly, there must be a voice for change. Women are a minority in the Marine Corps, and those who experience perinatal loss are an even smaller percentage. Making the issue known and then advocating for a change takes effort and time. The Marine Corps' status quo is not the best COA, it is simply the easiest by default.

B. RECOMMENDATIONS

The Marine Corps is working to better align parental policies with Marines who choose to start families in hopes to retain more qualified Marines. This analysis demonstrates that currently, the Marine Corps lacks sufficient guidance and adequate support to active-duty Marines who experience perinatal loss. After comparing multiple options, the most conducive COA is to have the Marine Corps modify its current policy to

reflect that of the Air Force in regards to perinatal loss. This policy change would provide fair, standardized guidance to Marines, commanders, and medical professionals to use when assisting Marines who experience perinatal loss.

Modifying current policy to reflect guidance in AFMAN 41–210 ultimately reduces the administrative burden on both the Marine Corps and individual Marines. It provides career flexibility by taking care of Marines who experience a personal hardship, and it supports overall mission accomplishment.

I recommend that the policy modification takes place as soon as possible by publishing a MARADMIN that outlines the updated guidance and advises that all effected policy will reflect the new guidance upon its next update. This will allow immediate assistance to Marines while minimizing a large administrative overhaul of existing policy. After publication, the Marine Corps should continue its endeavor to improve policy and expand the research that was conducted in this study. Further explanation of future research is elaborated in the next section.

C. FUTURE RESEARCH

This study primarily revolves around convalescent leave for birthing parents and does not consider bereavement leave. Leave offered for the purpose of grieving the death of a loved one is an extremely important issue that should be looked into further, but has a larger scope than just perinatal loss. Bereavement leave should include perinatal loss, but is not limited to it and therefore is outside the scope of this paper.

Additionally, because this thesis focuses on convalescent leave and not bereavement leave, there is very little discussion regarding benefits for non-birthing parents. When considering bereavement leave, it is important to also consider the appropriate benefits for non-birthing parents. I recommended future research address this topic to further advance parental policies.

**APPENDIX A. TABLE FOR CONVALESCENT LEAVE AFTER
PERINATAL LOSS FROM AFMAN 41-210**

GESTATION (WEEKS + DAYS)	CONVALESCENT LEAVE RECOMMENDATION	PROFILE RECOMMENDATION	COMMENTS
First Trimester Less than or equal to twelve weeks and zero days ($\leq 12+0$) 7 days 60 days no Physical Fitness Testing (PFT) With or without surgical intervention	7 days	60 days no Physical Fitness Testing (PFT)	With or without surgical intervention
Second Trimester Twelve weeks, one day to sixteen weeks, zero days ($12+1 - 16+0$)	14 days	180 days no PFT testing	With or without surgical intervention
Second Trimester Sixteen weeks, one day to nineteen weeks, six days ($16+1 - 19+6$)	21 days	180 days no PFT testing	In accordance with DAFI 34-501 and the commonly used definition for 'fetal death', if neonate is $>20+0$ weeks gestation OR has a fetal weight of 350 grams or more, mother should receive 42 days of convalescent leave. In cases of multiple pregnancies (such as twins or triplets), if one fetus meets the fetal weight of 350 grams or more, mother should receive 42 days convalescent leave).
Second Trimester Twenty weeks, zero days to twenty seven weeks, six days ($20+0 - 27+6$)	42 days	365 days no PFT testing	Intentionally left blank
Third Trimester Twenty eight weeks, zero days to term ($28+0 - \text{term}$)	42 days	365 days no PFT testing	Intentionally left blank

GESTATION (WEEKS + DAYS)	CONVALESCENT LEAVE RECOMMENDATION	PROFILE RECOMMENDATION	COMMENTS
Baby born alive at any gestation	42 days	Intentionally left blank	Qualifying birth event – mother would receive Maternity Convalescent Leave

Adapted from DAF (2021).

**APPENDIX B. TABLE FOR CONVALESCENT LEAVE AND
PROFILE MODIFICATION FOLLOWING CHILDBIRTH AND
PERINATAL LOSS FROM ARMY DIRECTIVE 2022-06:
PARENTHOOD, PREGNANCY, AND POSTPARTUM**

Pregnancy Duration (confirmed gestational weeks)	Convalescent Leave*	2nd Medical Clearance	Return to Regular Unit PT**	Diagnostic and Record Physical Fitness Testing	Comments
Up to 11 weeks, 6 days	7 days (3 for spouse) RC: Command Discretion	Not required unless medically indicated	30 days	Per FM 7-22	With or without surgical intervention
12 weeks, 0 days, to 15 weeks, 6 days	14 days (7 for spouse) RC: Command Discretion	Not required unless medically indicated	60 days	Per FM 7-22	With or without surgical intervention
16 weeks, 0 days, to 19 weeks, 6 days	21 days (10 for spouse) RC: 4 unpaid and excused UTAs RC: Command discretion for spouse	Required 60 days after conclusion of pregnancy	90 days	Per FM 7-22	If fetus weighs 350 grams or more, 42 days of convalescent leave will be granted. In cases of multiple pregnancies (twins, triplets, etc.), if one fetus meets the fetal weight of 350 grams or more, 42 days of convalescent leave will be granted.
20 weeks, 0 days, or greater	42 days (21 for spouse) RC: 6 unpaid and excused UTAs RC: 4 unpaid and excused UTAs for spouse	Required 150 days after conclusion of pregnancy	180 days	Per FM 7-22	This row includes neonatal death up to 28 days of life.
Baby born alive at any gestation	42 days RC: 6 unpaid and excused UTAs*	Required 150 days after conclusion of pregnancy	180 days	Per FM 7-22	Convalescent leave is in addition to any authorized parental leave.

*May be extended as recommended by the medical provider. Soldiers may elect to return to full duty earlier than prescribed in their profiles with the evaluation and approval of their healthcare provider.

**Soldiers may elect an early release from the P3T program and return to regular unit physical fitness training earlier than prescribed in their profiles. However, leaders should never pressure Soldiers to return to regular unit physical fitness training earlier than prescribed. Profile recommendations specify when fitness assessments should occur and do not correlate to when Soldiers can or should resume exercise or physical training. This timing should be determined in collaboration with an obstetrical provider; however, after an uncomplicated vaginal delivery, resumption of exercise may begin within days to weeks.

Source: DA (2022).

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