

NAVY MEDICINE
OFFICE OF WOMEN'S HEALTH







Postpartum Return to Duty Transition Guide

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Table of Contents

SECTION	TOPIC	PAGE
 Physical Health	Fitness	3
	Incontinence and Pelvic Floor Exercises	5
	Intimacy and Contraception	6
	Breastfeeding	7
 Mental Health	Postpartum Blues and Depression	8
	Getting Help for Postpartum Depression	9
 Policies	Postpartum Deployment Guidance	10
	Lactation Instruction	10
	Fitness Test Waivers	10
 Resources	Navy and Marine Corps Family Support Resources	11
	Peer Recommended Mobile Apps	12
	Breastfeeding Resources	14
	Deployment Readiness Education for Service Women (DRES) Handbook	15

DISCLAIMER | *The views presented in this handbook do not reflect those of the Department of Defense and any medical information is not intended to replace advice from a professional health care provider. Any mention of specific apps or products does not indicate endorsement but is meant for an example that has worked for others.*

Exercising After Pregnancy



Is it Safe to Exercise After Giving Birth?

Yes! It is safe to exercise after giving birth except in a few rare circumstances. Regular activity promotes health benefits in all stages of life. Service women with uncomplicated pregnancies are **encouraged to engage in aerobic (cardio) and strength-conditioning exercises before, during, and after pregnancy.** It is important to **talk to your provider** before resuming or beginning a new workout routine while pregnant or after giving birth. Below are tips on being physically active after giving birth:

Additional Resources:

Marine Corps [Postpartum Physical Training Guide](#)

Army [Pregnancy Postpartum Physical Training \(P3T\)](#)

Postpartum Recovery after [Pregnancy Loss](#)

- 1 **VERIFY WITH YOUR PROVIDER:** Exercise is both safe and important in all but a few complicated pregnancies.
- 2 **SET REALISTIC GOALS:** Set challenging, but achievable goals to push yourself without getting discouraged. Remember you can adjust goals as you progress! Start with walking at a minimum, and aim to safely build back up to previous fitness routines, or the nationally recommended mild to moderate exercise in 30 minute – 60 minute sessions 5x a week.
- 3 **FIND WAYS TO GET ACTIVE WITH YOUR BABY:** It is often difficult to find time for exercise with a new baby in your home. Brisk walks with the stroller or while "baby wearing" (wearing / carrying your baby in a carrier) are both great ways to be active. However, note that jogging strollers are not considered safe until a baby is 6 months old. [Stroller Warriors](#) is a running club for military families and postpartum women. Many Military and Family Support Centers also offer "Mommy and Me" yoga classes.
- 4 **DON'T DO TOO MUCH, TOO SOON:** Listen to your body and slow down if you need to. If your post-delivery vaginal discharge develops a foul odor, becomes very heavy (soaking a pad an hour with blood), notify your provider.
- 5 **MAINTAIN A HEALTHY DIET:** The right food can keep you energized for a new exercise program. If breastfeeding, remember to increase your daily caloric intake by 500 calories a day (approximately 2,400 calories total). For more on nutrition while breastfeeding, [click here](#).

FOR BREASTFEEDING MOTHERS: Regular physical activity does not impact breastmilk production. If you are lactating (producing breastmilk), consider feeding your infant or expressing milk before exercise to avoid discomfort.

Postpartum Fitness Tests Waivers



Physical Fitness Expectations

Maintaining physical fitness, during and after pregnancy, is an important way to look after your physical and mental well-being. However, service members are exempt from formal physical fitness and body composition standards **during pregnancy and for nine months following delivery** (OPNAVINST 6110.1J, MCO 5000.12F). After those nine months, Navy and Marine Corps women who have given birth are expected to **meet physical fitness and body composition standards at the next scheduled unit evaluation**, unless waved for a medical condition. The below chart explains the Physical Fitness Assessment (PFA) cycle following delivery.



To read more about Navy Pregnancy and Parenthood guidance and policies, [click here.](#)

Navy and Marine Required PFA Cycle After Giving Birth

Delivery Month	Month PFA Waiver Expires	Next Required PFA Cycle Begins
January	October	January
February	November	January
March	December	January
April	January	July
May	February	July
June	March	July
July	April	July
August	May	July
September	June	July
October	July	January
November	August	January
December	September	January

The Navy is working on a phased roll out of an adaptation of the proven [Army Pregnancy and Postpartum Physical Training \(P3T\) program](#). Talk to your command leadership to see if this program exists at your current duty station.

Incontinence and Pelvic Floor Exercises



URINARY INCONTINENCE

Pregnancy and childbirth **may affect the urinary tract** and the surrounding muscles. The pelvic floor muscles that support the bladder, urethra, uterus (womb), and bowels may become stretched, weaker, or damaged. This extra stress or pressure **can cause urinary incontinence** (lack of control over urinating) **or leakage** when **exercising** or when you **laugh, cough, or sneeze**.

PELVIC FLOOR PHYSICAL THERAPY

Pelvic floor physical therapy can help treat issues due to pelvic floor muscles stretching or damage caused during pregnancy or childbirth. These issues include:

- Urinary incontinence
- Urinary frequency or urgency
- Pain with sexual activity
- Scar pain (lower abdominal from a c-section or near the vaginal opening from a vaginal delivery)
- Low back or pelvic pain

If you continue to have these issues after 6 weeks postpartum, talk to your provider for exercise recommendations or for a physical therapy referral.

PELVIC FLOOR EXERCISES YOU CAN TRY AT HOME

To identify your pelvic floor muscles, stop urination in midstream. Once you've identified your pelvic floor muscles you can do the exercises in any position, although you might find it easiest to do them lying down at first.

Kegels

Imagine you are sitting on a marble and tighten your pelvic floor muscles as if you're lifting the marble. Try it for **three seconds** at a time, then relax for a count of three.

Be careful not to flex the muscles in your abdomen, thighs or buttocks. Avoid holding your breath. [Click here](#) for more information on Kegel exercises.

Elevator/ Reverse Elevator

This activity uses Kegels in an advanced set: imagine you are going up three floors on an elevator then back down:

- 1st floor is a **small squeeze** for 3 seconds
 - 2nd floor is a **medium squeeze** for 3 seconds
 - 3rd floor is a **strong squeeze** for 3 seconds
- After going from the 1st floor to the 3rd floor, then reversing back down to the 1st floor, relax your muscles. This is one set.



Contraception after Pregnancy and Delivery

SEX AFTER GIVING BIRTH



It is recommended that you do not place anything in your vagina (i.e. having sex, using tampons) until any tears you had from delivery are healed and you feel physically and emotionally ready. This **often takes about 4-6 weeks after giving birth** and this guidance aims to reduce pain, allow healing of tears, and ensure physical and emotional wellness before resuming sexual activity. If you are not breastfeeding, ovulation and fertility may return 4-6 weeks after delivery. If you are exclusively breastfeeding, ovulation and fertility may be delayed and unpredictable.

During postpartum intimacy, **you may experience fatigue, vaginal dryness, pain, and reduced sexual desire**. To ease discomfort during sex, seek pain relief (empty your bladder beforehand, take a warm bath), use lubricant to ease vaginal dryness, and talk to your partner about alternatives to vaginal intercourse. There's more to intimacy than sex, especially when adjusting to life with a new baby. [Click here](#) to learn more about sex after giving birth.

BIRTH SPACING



The **recommendation for birth spacing is two years**. Back-to-back pregnancies (less than 2 years apart) carry risk of preterm delivery and low birth weight for the second pregnancy.

CONTRACEPTION AFTER GIVING BIRTH



Using hormonal **contraceptive medications containing estrogen** during the first 3 months after delivery can **increase your risk of blood clots by 3-6x**. During this time, you should avoid estrogen-containing birth control methods, which include most birth control pills, the patch, and vaginal ring.

BREASTFEEDING AND CONTRACEPTION CONSIDERATIONS



If breastfeeding, there are **many options for contraception that won't increase your risk for blood clots or negatively affect your milk supply**, including: the shot (Depo-Provera), Mini Pill (Progestin only pill), hormonal (Mirena, Skyla, etc.) and copper IUDs (Paraguard), implant (Nexplanon), condoms, and diaphragm. Once milk supply is well established, some women may be able to use estrogen-containing contraception without affecting breastfeeding and milk supply.



WHAT ARE THE **BENEFITS** OF **BREASTFEEDING**?

FOR YOU

- Powerful emotional and physical connection to your child
- Quicker recovery from childbirth (burn calories and lose weight to prepare for postpartum fitness tests)
- Money savings by avoiding cost of formula
- Breastfeeding releases hormones which help your uterus return to its pre-pregnancy size and may help to decrease uterine bleeding
- Lowers risk of breast and ovarian cancer and osteoporosis

FOR YOUR CHILD

- Superior nutrition (particularly colostrum or “liquid gold” produced in the first days after birth)
- Increased resistance to respiratory and gastrointestinal infections
- Decreased risk of asthma, allergies, and lactose intolerance
- Breastmilk has antibodies which help your baby fight off viruses and bacteria
- Exclusive breastfeeding helps to decrease your baby’s risk of diabetes, obesity, asthma, allergies, Sudden Infant Death Syndrome (SIDS), and certain cancers

HOW DO I **ENSURE SUCCESSFUL** **BREASTFEEDING**?

- Let your provider know you would like **IMMEDIATE** and **UNINTERRUPTED SKIN-TO-SKIN CONTACT** with your infant following birth to initiate breastfeeding.
- Do not give your infant formula, unless medically indicated.
- Try to establish a good milk supply prior to introducing bottles or pacifiers to the infant as some evidence suggests bottles may cause difficulty in latching.
- Remember to consume an additional 500 calories per day when breastfeeding.

Exclusive breastfeeding is recommended for the first six months of life if possible, but even if you can only breastfeed for a few days, weeks, or months, breastfeeding is beneficial and recommended.

Many women struggle with breastfeeding or pumping, and it’s okay to discuss this with your support network or a medical professional. [Click here](#) for additional information.

Postpartum Blues and Depression



Your **BODY** and **MIND** go through **MANY CHANGES** during and after pregnancy...



Many women experience **sadness or anxiety after pregnancy**. However, some women face a longer or more serious period of depression. **POSTPARTUM BLUES** or “baby blues” symptoms typically start to go away within the first two weeks after giving birth. If symptoms last longer than two weeks, it is more likely postpartum depression (PPD). Both the “baby blues” and PPD are caused by changes in hormone levels. In the hours shortly after birth, estrogen and progesterone levels see sharp decreases; these changes may trigger depression. Many women feel very tired after giving

birth **and it can take weeks for a woman to regain her normal strength and energy**. A lack of support, stressful life events, and a history of depression can all increase the risk of postpartum depression.

POSTPARTUM DEPRESSION can persist for weeks or months, and may even start during pregnancy or months after the baby is born. Every pregnancy is different – you may experience postpartum blues or depression with one child and not another. Whatever symptoms you are facing, **you do not have to go through it alone**. Talk to your provider and a loved one – see more information [here](#).

SYMPTOMS of POSTPARTUM DEPRESSION: *Last weeks or months and are more severe symptoms than postpartum blues. Symptoms typically disrupt your ability to function or to carry out daily responsibilities.*

- Constant fatigue or exhaustion
- Depressed or sad mood
- Loss of appetite or overeating
- Confusion or difficulty concentrating
- Feelings of worthlessness or incompetence
- Lack of interest or resentment towards your baby
- Not feeling connected to your baby
- Anxiety or panic attacks
- Fear of harming yourself or your baby
- Exaggerated mood swings
- Withdrawal from friends, family, and activities you used to enjoy

[Click here](#) to access a Postpartum Depression Guide for more information on symptoms and treatment options.



CALL FOR HELP IMMEDIATELY IF...

If you have **thoughts of harming yourself or your baby**, contact a **health care professional IMMEDIATELY**. You can contact the Military Crisis Line 24/7 by calling 1-800-273-8255 or chat online [here](#).

Getting Help for Postpartum Depression



CALL YOUR PROVIDER IF YOU MEET ANY OF THE FOLLOWING CRITERIA

- Your **postpartum blues** do not go away **after 2 weeks**
- Symptoms of depression start **getting more and more intense**
- Your postpartum depression symptoms **last more than 2 weeks**
- You **cannot care for yourself** or your baby (eating, sleeping, bathing)
- You have thoughts about **hurting yourself or your baby**

If you **feel uncomfortable** talking about your symptoms with your provider, **ask your partner or a loved one to call for you**. Your provider can **refer you to a mental health professional** for more help and tell you about treatment options, such as therapy or medication



Not sure how to talk about your symptoms with your provider?

Consider using this [Mom Mental Health Checklist](#) created by the non-profit Postpartum Progress.

WHAT CAN I DO AT HOME TO FEEL BETTER IN ADDITION TO TALKING TO A PROVIDER?

REST AS MUCH AS YOU CAN. Sleep when the baby is sleeping and reduce caffeine, sugar, and alcohol intake before bed for better quality sleep.

DON'T TRY TO DO EVERYTHING BY YOURSELF. Ask your partner, family, or friends for help to spread out the work.

TALK ABOUT WHAT YOU ARE GOING THROUGH with your partner, loved ones, or with other mothers so you can learn from their experiences.

TRY TO AVOID MAJOR LIFE CHANGES right after giving birth as they can cause unneeded extra stress. When big changes can't be avoided, try to arrange support ahead of time.

Depression can also impact those **who have suffered a miscarriage**. More information on early pregnancy loss can be found [here](#) and [SHARE](#) offers pregnancy loss support through support groups and online resources.

Policies and Instructions



Postpartum Deployment

- Navy and Marine Corps personnel are **non-deployable for 12 months postpartum**.

However, Navy and Marine Corps women who have recently given birth may request to deploy sooner than 12 months postpartum if they wish.



Breastfeeding Instruction

- Official policy supports breastfeeding** and states that commands are required to ensure breastfeeding staff have **access to a lactation room** within a reasonable proximity of their workspace.

A separate toilet space is unacceptable to serve as the lactation room, and the lactation room must include access to running water and electrical outlets.



To read the
BUMED
instruction
supporting
breastfeeding
[click here.](#)

Postpartum Physical Fitness

- Navy and Marine Corps service members are **EXEMPT from physical fitness and body composition standards for nine months after giving birth**.

For specifics regarding the postpartum return to physical fitness and the PFA cycle after giving birth, see page 4 of this guide.

Navy and Marine Corps Family Support Resources



Navy Resources

LifeSkills: Parent Education and Parenting Resources [\(Click Here\)](#)

This curriculum includes workshops focused on using conflict to direct positive change, improving communication to strengthen relationships through mutual respect and understanding, and using mindful thought management and problem solving strategies. Topics include communication, parenting, stress management, and anger management.

New Parent Support Home Visitation Program (NPSHVP) [\(Click Here\)](#)

The NPSHVP seeks to empower parents to meet the challenges of parenthood while maintaining a military lifestyle. The program offers a variety of services, including prenatal health and nutrition consultation, breastfeeding education, early child development education, parenting skills, and home visitation services.

Navy Baby Safe Sleep Mission [\(Click Here\)](#)

The Navy Baby Safe Sleep Mission is to reduce the sleep-related child fatality incidents within the military community by educating parents on safe sleep practices for newborns.

Fleet and Family Support (FFSP) Program Resources [\(Click Here\)](#)

There are many resources available to help families navigate the physical, emotional, interpersonal, and logistical demands of the military lifestyle. FFSP offers resources to support challenges associated with deployment, financial needs, relocations, and more.

Marine Corps Resources

New Parent Support Program (NPSP) [\(Click Here\)](#)

Through the NPSP, families can access home visits for individualized support, group parenting classes for newborns and toddlers, and interactive playgroups. Parents can also receive education on postpartum health, child development, and parenting.

Marine Corps Community Services (MCCS) [\(Click Here\)](#)

MCCS provides information and services across military benefits, career advancement resources, education opportunities, mental health support, family activities, and parenting guidance, as well as fitness and recreation resources.

Family Team Building [\(Click Here\)](#)

This program includes education and exercises to promote individual and family development and is designed specifically to meet the needs of Marine Corps families and the stresses of the military lifestyle. The training programs focus on topics and concerns related to overall family function, relocation, deployment, military separation, communication, and relationships.

Mobile Applications



Peanut*

Use for: Building an in-person and online community of new moms

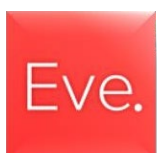
Peanut is designed to help new moms ease into the postpartum and parenting experience by connecting them with one another. Peanut offers a platform for users to discuss everything from mental health challenges to diapers. In addition, you can find other new parents near your location with similar interests to meet in person.



Glow Baby

Use for: Daily tracking of your baby's habits

This app offers tools to track when your baby eats, their sleep habits, and diaper changes, as well as pumping and your own rest and activity time. Inputs are translated into visual data to help you see how habits evolve over time.



Eve*

Use for: Period tracking and information on sex and relationships

This app tracks periods and offers predictions for your menstrual cycle. Additionally, Eve offers a health log to track mood, sexual activity, and any physical symptoms with recommendations for anything abnormal.



Headspace

Use for: Support managing anxiety and relaxing.

Headspace teaches skills of mindfulness and meditation to reduce stress and anxiety and improve sleep, focus, and overall mood. The app includes tools such as "sleepcasts," soothing experiences to lull you to sleep, and "SOS" meditations designed to help during moments of crisis.

Mobile Applications



Navy Pregnancy and Parenthood

Use for: Navy guidance related to parenthood such as assignments, separation, and standards of conduct

This app helps Servicemembers understand the personal and professional responsibilities that come with parenthood while serving in the Navy. This app also captures pertinent regulations, instructions, benefits and references from a variety of sources in one easy-to-use app.



Navy Physical Fitness Assessment App

Use for: Preparation for the Physical Readiness Test (PRT)

The app offers current guidance regarding all aspects of the Navy's Physical Readiness Program, including information on appropriate nutrition, health, fitness, aerobic capacity, muscular strength, muscular endurance, and body fat composition.



Navy Operational Fitness and Fueling Series (NOFFS)

Use for: Performance training support and physical fitness guidance

This app provides exercise programming designed to replicate the activities Sailors conduct in their operational duties: lifting, pushing, pulling, and carrying. This resource also includes injury prevention stretches and nutritional guidance to support safe training.



Decide + Be Ready

Use for: Help making a decision about the best contraceptive method for you

This app supports military women in their decision-making related to contraception, taking into consideration that service women, when deployed or working in uniquely challenging environments, may also choose to use one of the birth control methods to manage or even skip menstrual periods.

Breastfeeding Resources



Breastfeeding and Your Family

Research shows that breastfeeding [provides many health benefits](#) for you and your baby; however, it also can be difficult to manage breastfeeding in today's hurried world. The decision to breastfeed is a personal one and every mother's experience is different. As a new mom, **you deserve support no matter how you decide to feed your baby!**

Learn more at the links below:

[What to Expect While Breastfeeding](#)

[Making the Decision to Breastfeed](#)

[Learning to Breastfeed](#)

[Common Breastfeeding Challenges](#)

[Breastfeeding Resources for Military Families](#)

Breastfeeding and Deployment

Resource	Link
BUMED Instruction 6000.14B, Support of Women in Lactation and Breastfeeding	Click here
Tips for shipping breastmilk (from Breastfeeding in Combat Boots Website)	Click here
Breastmilk pumping tips (from Breastfeeding in Combat Boots website)	Click here
TRICARE Breast Pump Benefit	Click here

DRES Handbook



Interested in learning **MORE** about health and wellness?



Check out the Deployment Readiness Education for Service Women (DRES) Handbook!



Are you READY for deployment?
Have you considered **MENSTRUAL SUPPRESSION OPTIONS** while you are **UNDERWAY**?
What about your **FEMININE HYGIENE**?

If you're interested in more education on women's health and resources like this one, download the DRES Handbook! Find out about common women's health **infections**, how to **pack for deployment**, access **motherhood and deployment** resources, learn how to manage **personal hygiene in close quarters**, effectively **prevent pregnancy**, and more!

HANDBOOK TOPICS

- Packing for Deployment
- Health Privacy & Confidentiality
- Understanding your Body
- Motherhood & Deployment
- Critical Health Screenings
- Sexually Transmitted Infections (STIs)
- Mental Health
- Sexual Health
- Contraception
- Abortion
- Physical Health
- Navigating the MHS
- Pregnancy
- Menstrual Suppression

HOW TO DOWNLOAD

[Click here](#) to Download the DRES Handbook!
OR Scan this Quick Response Code



Once you've downloaded the Handbook, you won't need WiFi to access the info. Search for the topic you're interested in or click on a topic in the table of contents to go directly to that section.