



Coast Guard Pregnancy & New Parent **RESOURCE GUIDE**

SPONSORED BY THE HEALTH, SAFETY AND WORK-LIFE DIRECTORATE

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T A B L E O F C O N T E N T S

I	Introduction	4
II	Before Pregnancy	4
	A. General Health and Well-Being	4
	B. Medical Records	5
	C. Supporting Efforts to Have a Child	5
III	During Pregnancy	5
	A. Command	5
	B. Medical	5
	C. Healthy Weight	5
	D. Additional Resources	5
	E. Administrative	5
IV	After Pregnancy or Adoption	
	A. Medical	6
	B. TRICARE	6
	C. Dental Coverage	7
	D. Administrative	7
V	Child Care	9
VI	Health, Safety, and Work-Life (HSWL) Resources	10
VII	Conclusion	11
	References	11



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DISCLAIMER: This is an informational product and not an all-inclusive document. Since individual circumstances are unique, this guide should not be a substitute for prenatal care and recommendations given by your qualified health care team. You should refer to Coast Guard policy, your health care provider and your chain-of-command to determine what course of action is best for you and your family. If you have any comments or concerns about this document please contact Mr. Tim Merrell, Health Promotion Program Manager at 202-475-5146 or timothy.m.merrell@uscg.mil

A C K N O W L E D G M E N T S

Since 2013, the volunteer group PARENT (Providing Assistance and Resources to Expectant, New, and Toddler families) has been conducting informal meetings on Coast Guard Island Alameda to support active duty members through the rigors of pregnancy and child rearing. To empower parents with the tools to cultivate successful careers while raising healthy families, CDR Carrie McKinney initiated a New and Expectant Parent Resource Guide. Due in large part to their ingenuity and initiative to assist Coast Guard members becoming new parents, the Health, Safety and Work-Life Directorate (CG-11) was inspired to create this Coast Guard Pregnancy & New Parent Resource Guide. While not all-inclusive, this guide will serve as a reference for the entire Coast Guard workforce and their families.

Thank you CDR McKinney and all of the members of PARENT who contributed to this product, especially CDR Morgan Holden and CDR Monica Hernandez.



I. Introduction

This guide acts as a consolidated reference to support Coast Guard personnel and commands in navigating the exciting and complex times associated with pregnancy and parenting. While this guide is not all-inclusive, it contains materials associated with the medical and administrative process before, during, and after pregnancy to include early childhood. This purpose of this guide is to ensure all Coast Guard families are aware of the resources available to them. If personnel or commands have questions or concerns, they can find additional information on the many Work-Life programs at: <https://www.dcms.uscg.mil/worklife>.

IN THIS GUIDE

- Pre-pregnancy information
- Pregnancy guidance
- Caregiver leave and guidance
- Post-birth resources and guidance
- Insurance, benefits and resources
- Support services (including special needs, family advocacy, adoption)

II. Before Pregnancy

A. GENERAL HEALTH AND WELL-BEING

Preconception health and medical care focuses on taking steps now to protect the well-being of our members and their family. However, preconception health is important for all women and men, whether or not you plan to have a family.

The Centers for Disease Control and Prevention (CDC) has excellent information on planning for pregnancy for both men and women at <https://www.cdc.gov/preconception/index.html>.

The following are important recommendations to help get members, men and women, ready for welcoming a new child:

- Make a Plan and Take Action
- See Your Health Care Provider
- Prospective Mothers Should Take Folic Acid Every Day
- Stop Drinking Alcohol and Smoking
- Avoid Toxic Substances and Environmental Contaminants
- Reach and Maintain a Healthy Weight
- Get Help for Violence
- Learn Your Family History
- Support Your Partner
- Get Mentally Healthy
- When You're Ready—Plan Your Pregnancy

B. MEDICAL RECORDS

Coast Guard personnel should keep personal records of any medical appointments or tests. For Coast Guard military members, appointments or encounters outside the Coast Guard health system will not automatically make it into their military health record. These records are important for the health of the member

and the baby and may also be necessary for determining Veterans Administration (VA) benefits upon separation or retirement. At the conclusion of postpartum care, or if there is a change in healthcare providers during pregnancy, members should ask the healthcare provider for a copy of the medical record. Coast Guard military members should request that the Coast Guard health record custodian contact the maternity care provider and have their medical records sent at no cost.

Members should also keep any bills or receipts from health care providers. TRICARE health insurance plans cover medically necessary visits and procedures during prenatal, labor and delivery, post-partum care, and newborn care. However, if there is an issue with the billing or if the member has a procedure that is not covered, she may be asked by the health care provider to pay the difference. Contact TRICARE if there are any questions about billing statements <https://www.tricare.mil/ContactUs>.

C. ADOPTION AND INFERTILITY TREATMENT

Adoption Resources: The Coast Guard Adoption Reimbursement Program is available for Active Duty Members and Reservists on orders. This program can provide up to \$2,000 in reimbursement for adoption expenses for each child, with a maximum reimbursement of \$5,000 in a calendar year. Coast Guard regional Family Resource Specialists can provide guidance on adoption resources available to Coast Guard employees and families. For more information regarding adoption support, visit: <https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/Office-of-Work-Life-CG-111/Adoption-Reimbursement/>

Infertility Treatment: TRICARE may cover some types of assisted reproductive services. The services must be medically necessary, as determined by a medical professional. Diagnostic services to identify physical illnesses or injuries to the reproductive system are covered for both men and women. It is best to contact your regional



Coast Guard Pregnancy & New Parent Resource Guide

contractor before receiving services, as preauthorization may be required. TRICARE does not cover non-coital reproductive procedures, services or supplies; such as in-vitro fertilization. For more information about infertility treatment, visit: <https://www.tricare.mil/CoveredServices/IsItCovered/AssistedReproductiveServices>

The Coast Guard recognizes that members may undergo physiological changes associated with the side effects of Assisted Reproductive Services (ARS) e.g. medications used for ARS may result in weight gain exceeding Coast Guard weight and body fat standards. Those individuals (male and female) pursuing infertility treatments should review Ref (a) for information regarding waiver.

III. During Pregnancy

Pregnancy is an exciting time, but it can also be stressful. To help alleviate potential stress, it is critically important for commands and members to know the Coast Guard's pregnancy policies and understand all of the available resources.

A. COMMAND ENGAGEMENT

Active duty women should notify their supervisor/commanding officer as soon as possible, but no later than two weeks following the medical confirmation of pregnancy, as per Reference (b).

Members shall also inform Commands of any duty restrictions recommended by the health care provider and work with the supervisor to develop a plan for the pregnancy that will keep both the member and the baby healthy. For more information on the factors and risks that apply to your specific situation, refer to references (a through f), or contact your HSWL Safety and Environmental Health Officer.

Surge Staffing is now available for active duty members on prenatal, maternity convalescent, and primary caregiver leave following the birth or adoption of a child. Whether you are pregnant or adopting, the Coast Guard wants to support you, your family and your unit while you spend those precious early days with your new son or daughter. Units with female or male members who are requesting leave for 41 or more consecutive days due to the birth or adoption of a child can obtain funding for short-term Active Duty Operational Support (ADOS) through the Personnel Service Center's Surge Staffing Section. To learn more about the Request for Forces process, take a look at **COMDTINST 5400.1B** or **ALCOAST 124-19**.

B. MEDICAL

Maternity care includes all of the medical services related to conception and delivery including:

- Prenatal care
- Post-partum care (generally for six weeks after delivery)
- Treatment of any complications

Primary Care Managers (PCM) will refer members to a health care provider that specializes in maternity care. Usually, the TRICARE plan determines the type of birthing facility used (military or civil-

ian, office-based or freestanding, etc.). There are different options for the type of provider who delivers the baby (obstetrician, family practice provider, and/or certified nurse midwife, etc.). These types of decisions will be made by the member and PCM during prenatal visits. For more information on what maternity services are covered go to the TRICARE website: <https://tricare.mil/CoveredServices/IsItCovered/MaternityCare>.

C. HEALTHY WEIGHT

During pregnancy, expectant mothers should discuss their ideal weight gain with their health care provider. Per the CDC, the recommended.

WEIGHT GAIN RECOMMENDATIONS FOR WOMEN PREGNANT WITH ONE BABY

IF BEFORE PREGNANCY, YOU WERE...	YOU SHOULD GAIN...
Underweight: BMI less than 18.5	28-40 pounds
Normal Weight: BMI 18.5-24.9	25-35 pounds
Overweight: BMI 25.0-29.9	15-25 pounds
Obese: BMI greater than or equal to 30.0	11- 20 pounds

For more information go to: <https://www.cdc.gov/reproductive-health/maternalinfanthealth/pregnancy-weight-gain.htm>.

Important Note: *ALCOAST Notice 028/19 exempts members from weight and body fat standards during pregnancy and there is no requirement to weigh-in.*

D. ADDITIONAL RESOURCES

Additional resources for pregnant women include:

- The DoD/VA Pregnancy Management Guideline describes the critical decision points in the Management of Pregnancy and provides clear and comprehensive evidence based recommendations to improve patient outcomes and local management of pregnant women. <https://www.healthquality.va.gov/guidelines/WH/up/>.
- The Pregnancy A to Z website and Purple Book are designed primarily as resources for pregnant women. They provide quality information that can serve as references, journals, and springboards for further discussion and education <https://pregnancy.cemmlibrary.org/Home> or <https://pregnancy.cemmlibrary.org/Resource-Center/The-Purple-Book>.
- CDC has excellent information on what to do during pregnancy. This information can be found a <https://www.cdc.gov/pregnancy/during.html>.

E. ADMINISTRATIVE

- **Military Assignments and Duty Restrictions.** Military Assignments and Duty Restrictions while pregnant vary greatly depending on location, position, and performance of duties. Commands should understand that each pregnancy is different and individual needs for members will not be identical. For more information on the factors and risks that apply to each specific situation, consult with the PCM and Command. Maternity health care providers should be asked to recommend any



limitations from specific environmental exposures and/or job related activities (Reference (e)). For women whose duties require them to stand for longer than 5 minutes, they can request a formation exemption from their command (Reference (b)). Pregnancy is not a reason for automatic medical removal from primary duties for Coast Guard military members and should be done with careful consideration with the member and medical professionals. For additional policy questions you can e-mail: HQS-PolicyandStandards@uscg.mil.

- **Uniforms.** Maternity uniforms may be worn during pregnancy and up to 60 days after returning from maternity leave (Reference (f)). There are a variety of maternity uniforms that can be purchased from the Coast Guard Uniform Distribution Center. Contact them at 1-800-874-6841 or <https://shopcgx.com/>. Pregnant service members may also wear all variations of the Air Force maternity uniform (Reference (b)). The uniform manual allows all outerwear to be worn unzipped or open when pregnant. <https://www.shopmyexchange.com/air-force-uni-sex-cardigan-sweater/3618683>.
- **Enlisted Supplementary Clothing Allowance.** Enlisted members are authorized an allowance to purchase maternity uniforms. For more information, visit the PPC website at <https://www.dcms.uscg.mil/ppc/mas/suppcma/>.

IV. After Pregnancy or Adoption

The below resources provide additional information to assist families with the transition to parenthood.

A. MEDICAL

The below resources provide additional information to assist families with the transition to parenthood.

- Breastfeeding
- Vaccinations
- Newborn Screening
- Post-partum Wellness and Mental Health

The Defense Enrollment Eligibility Reporting System (DEERS).

Before the baby arrives, members should ensure their information is correct in DEERS. Children should be registered in DEERS within 90 days of birth. The child's birth certificate or a certificate of live birth must be provided to complete registration. If the child is not registered in DEERS within this 90 day period, they may lose medical benefits. Members should keep in mind that the local ID card office may not be a Coast Guard facility. A Social Security number is not necessary to register a child in DEERS. To locate your nearest DEERS office location visit: <https://www.dmdc.osd.mil/rsi/appj/site?execution=e2s1>

Members shall also talk to their Servicing Personnel Office (SPO) if there are any questions about DEERS or eligibility for additional benefits. If applicable, members may receive basic allowance for housing

(BAH) "with dependents" and dependent cost of living allowance (COLA) rates. Only one member in a dual military marriage will receive the BAH rate with dependent. For the BAH calculator go to the following site: <https://www.defensetravel.dod.mil/site/bahCalc.cfm>.

After the member receives the birth certification, they will need to fill out the CG-2020 Designation of Beneficiaries and Record of Emergency data adding a dependent. They should also bring a copy of the birth certificate to the SPO to generate the CG- 4170 BAH Dependency Worksheet.

Visiting Nurse Program. The Navy-Marine Corps Relief Society offers a visiting nurse to assist with breastfeeding and provides infant weight, health, and wellness checks. Members can contact this program by email (visitingnurse@nmcrs.org) or by calling 703-696-0032 for services in their area.

B. TRICARE

TRICARE is awarded in two steps. Once the newborn or adopted child is registered in DEERS, parents will then be able to choose and enroll the child into a TRICARE health plan (Prime or Select) if desired.

- **TRICARE Prime:** You have an assigned PCM who provides most of your care, and you have lower costs.
- **TRICARE Select:** more freedom to choose a provider, with higher costs.

If you live in a stateside Prime Service Area (PSA), your child is auto-enrolled in TRICARE Prime upon DEERS registration. If you do not live in a PSA, your child is auto-enrolled in TRICARE Select. You have 90 days from the auto-enrollment date to change to a different plan (TRICARE Prime Remote or the US Family Health Plan). Go to: <https://www.tricare.mil/LifeEvents/Baby/GettingTRICAREforChild> or <https://www.tricare.mil/Costs/HealthPlanCosts/TS> for more information.

- **Breast pumps and breast pumps supplies:** TRICARE covers certain breast pumps and breast pump supplies. To receive these benefits, the member will need a prescription from a TRICARE-authorized physician, physician assistant, nurse practitioner, or nurse midwife to receive coverage. The prescription should state what type of breast pump is needed. To find out more about how to obtain a breast pump via the TRICARE website, go to: http://www.tricare.mil/CoveredServices/IsItCovered/BreastPumpsSupplies.aspx?sc_database=web.
- **Breastfeeding counseling:** TRICARE also covers breastfeeding counseling. Breastfeeding or lactation consultants can be tremendous assets when the member is first learning to breast-feed. Most hospitals will have a lactation consultant on staff that will help with the first few feedings after the baby is born. Many hospitals will also provide a free in-home lactation consultation if the member is having trouble. Members may additionally talk



to their health care provider and TRICARE to see what breastfeeding counseling is covered under their plan, or they can go to the following site: <http://www.tricare.mil/CoveredServices/IsItCovered/BreastfeedingCounseling.aspx>

- **Breast Milk Shipping.** CG Mutual Assistance has developed the Breast Milk Shipment (BMS) Expense reimbursement program to provide financial assistance to members who are faced with out of pocket costs for the shipment of breast milk while TDY, underway or traveling on government business or permissive orders. Active Duty, Reservists (even on ADOS), Spouses of Active Duty, Reservists and CG Civilian Employees traveling in support of their job, are all eligible for this reimbursement up to \$750 per calendar year per family. There is no limit on the number of shipments. For more information, visit www.dcms.uscg.mil/worklife/breast-milk-shipment or contact your local CGMA representative <https://www.cgmahq.org/>.
- **Post-partum Mental Health.** Depression is the most common of all mental illnesses, and it affects twice as many women as men. As the mother seeks to return to wellness, she should remain aware that postpartum depression occurs in 10-20% of new mothers. Members should talk about potential symptoms with their doctor and recognize that TRICARE and the Service are there to support mothers during this critical period. Many postpartum mothers may have little knowledge about depression or may not recognize they are depressed, as symptoms of depression can overlap with other common postpartum symptoms. Others may feel ashamed about being depressed after having a newborn. Up to 50 percent of all cases of postpartum/postnatal depression go undetected; and without treatment, postpartum depression may continue and get worse. Being supportive and ensuring the mother gets the appropriate medical support is imperative to ensure her long-term care and well-being. <https://www.cdc.gov/reproductivehealth/Depression/>

C. DENTAL COVERAGE

To be eligible to enroll in the Tricare Dental Plan, the sponsor must have at least 12 months remaining on their contract. There are two costs associated: monthly premiums and cost shares. Members can enroll online or through the mail. For more information, visit: <https://tricare.mil/CoveredServices/Dental/TDP/Enrollment.aspx>

D. ADMINISTRATIVE

- **Breastfeeding and Lactation Support.** Mothers who wish to breastfeed after returning to work shall communicate this to their Command and establish a plan for expressing milk or “pumping” during the workday promptly upon arriving back to work. Discussing the need for lactation breaks can be uncomfortable; Commands are reminded to create an environment where new mothers can discuss their needs openly. Members and Commands are reminded that everyone expresses milk at a different rate and frequency and should ensure nursing mothers

have adequate lactation breaks. Commands should provide a lactation facility with: appropriate privacy, a comfortable place to sit, an electrical outlet, and cool storage. Members who travel frequently for work, should be provided the location of lactation facilities at visiting units prior to travel. Members at units that do not have a designated lactation facility should discuss this with their supervisor to ensure they have an available space in accordance with Reference (b)

- **12 Month Deferment of TDY Orders for Post-Partum Members.** Post-partum Active Duty members may not be issued TDY orders for up to 12 months from the date of a birth event unless the member elects such orders. Reserve members may not be involuntarily mobilized for up to 12 months from the date of a birth event unless they elect voluntary mobilization orders. A post-partum member may elect TDY or voluntary mobilization orders within 12 months following a birth event only if cleared by a Coast Guard medical officer and with approval from the first O-6/GS-15 in the chain of command (Reference (i) and (h)).
- **Leave and Authorized Absences.** Below are the leave allowances for new parents, including primary and secondary caregivers. (See Parental Leave Policy graphic.) Dual military families have the flexibility to select which member will be designated as the primary caregiver and secondary caregiver. Members must keep in mind that with the Commanding Officer’s approval they may use personal leave in conjunction with this special leave. Some parents choose to return to work immediately after maternity leave, others choose to take additional leave, and still others ease back into work by taking a few days of personal leave during each of the initial weeks back.
- **Prenatal Leave:** District commanders and commanding officers may grant prenatal medical convalescent leave without the Commandant’s approval for prenatal periods up to a cumulative total of 30 days. Members should discuss this with their doctor, since the medical officer or practicing physician will need to certify all periods of prenatal leave. If a member is referred to a civilian doctor, they should ask the civilian doctor to write a doctor’s note to take back to the Command for medical convalescent leave (References (b), (i), and (j))
- **Maternity Convalescent Leave:** Maternity convalescent leave of 42 days will be granted without referral to Commander (CG PSC-OPM) or Commander (CG PSC-EPM) after discharge from the medical treatment facility following any uncomplicated vaginal delivery or cesarean section. Additional maternity convalescent leave, specifically recommended in writing by the medical provider to address a diagnosed medical condition, may be approved by the commanding officer. The full period of extended maternity convalescent leave shall be taken prior to any caregiver leave,

PARENTAL LEAVE POLICY

THEN		NOW	
TYPE	LENGTH	TYPE	LENGTH
Maternity Leave	84 days of leave	Maternity Convalescent Leave	42 days of leave
		Primary Caregiver Leave	42 days of leave
Paternity Leave	10 days of leave	Secondary Caregiver Leave	21 days of leave
Adoption Leave (1ST MEMBER)	21 days of leave	Primary Caregiver Leave	42 days of leave
Adoption Leave (2ND MEMBER)	0 days of leave	Secondary Caregiver Leave	21 days of leave

* NOTE: Dual military families have the flexibility to select which member will be designated as the primary caregiver and secondary caregiver.



“The strength of our Coast Guard families determines the strength of our Coast Guard. That’s why time off to care for new family members is really a readiness issue. Our members need—and deserve—time to bond with their new child and adjust to new routines, so they can return to work ready to keep the nation safe.” —ADMIRAL KARL L. SCHULTZ, COMMANDANT



and the amount of caregiver leave shall be reduced one day for each day of additional maternity convalescent leave taken (i.e., that portion of the maternity convalescent leave that is in excess of 42 days). The Command must be notified of this recommendation as soon as possible. (Reference (i)).

- **Primary Caregivers:** Per References (i) and (j), “Primary Caregivers receive 42 consecutive days of non-chargeable leave approved by member’s Command. A designated Primary Caregiver may elect to receive a period of Primary Caregiver Leave that is less than 42 days.”
- **Secondary Caregivers:** Per References (i) and (j), “Secondary Caregivers receive 21 consecutive days of non-chargeable leave approved by member’s Command. A designated Secondary Caregiver may elect to receive a period of Secondary Caregiver Leave that is less than 21 days.”
- **Leave for Civilian Personnel:** An Advisory Notice entitled “Leave and Workplace Flexibilities for Childbirth, Adoption and Foster Care” provides helpful guidance for civilian personnel.

Detailed information about the leave options identified in the Advisory Notice can be found on the Civilian Human Resources webpage at the following link: <https://www.dcms.uscg.mil/civilianhr/Leave/>

Coast Guard Layette Program: The Coast Guard Mutual Assistance Layette Program provides a layette package (containing a receiving blanket, outfits and other items for a newborn child) to Coast Guard military families following birth or adoption of a child. To find out more please go to the following site: <http://www.cgmahq.org/programs/layette.html>

E. WEIGHT STANDARDS AND FITNESS

As a Service, we care about the well-being of mothers and we



support them on this journey. After the birth of a child, mothers have 12 months to meet weight standards. For further details, see Reference (a). Physical fitness standards will not normally be required for a period of six months following the end of pregnancy, unless the service member is medically fit and requests a waiver for an earlier resumption of duties. (Reference (b)).

There are a number of resources available to assist mothers with achieving weight and fitness goals in a healthy way that ensures their long-term commitment to wellness.

- **CG SUPRT.** CG SUPRT provides health coaches who will help develop a plan to lose weight safely. A health coach may refer members to a nutritionist to provide additional assistance. These resources can be accessed 24-hours a day by calling 1-855-CGSUPRT (247-8778) or by visiting the website at <https://www.CGSUPRT.com>.
- **The Human Performance Resource Center (HPRC).** The HPRC provides basic nutrition and exercise information: <https://www.hprc-online.org>.
- **Health care providers.** These professionals are also a good resource for ensuring members maintain a healthy weight before, during, and after pregnancy.

V. Child Care

The decision of who will care for a child when parents return to work will be an important one for all families. Parents should research their options, including use of a corporate daycare, home center, nanny, au pair, family member, or child development center. Many commercial daycares and almost all CG Child Development Centers (CDCs) have a waiting list greater than one year for infant care. Many resources exist to support members in marking this important decision; a few online resources are include below.

- **CGSUPRT.** CG SUPRT sponsors a Child Care Provider Locator on their website, which enables the user to find child care options near them by selecting the type of care desired and geographic location. Child Care Advisors from CG SUPRT are available 24 hours a day to assist with locating child care. Child Care Advisors can be contacted via telephone 1-855-CGSUPRT (247-8778) or online via LIVECONNECT located on the CGSUPRT website: <https://www.CGSUPRT.com>.
- **State Child Care Resources.** There are a number of state supported child care resources. The following link provides additional information on state-by-state resources: <http://www.childcareaware.org/resources/map/>.
- **Child Care Subsidy.** The Coast Guard Child Care Subsidy Benefit Program assists Coast Guard members with subsidizing child care cost for their children. Families may qualify for subsidy benefits in accordance with the benefits table, which is



based upon service members pay grade. More information may be found on the following web site: <https://www.dcms.uscg.mil/worklife/Child-Care/>

- **Child Development Center (CDC).** The Coast Guard operates nine CDCs. Personnel can contact their local CDC to find out more information on availability, tuition rates, wait list times, or to schedule a tour of a specific facility. CDCs may have a waiting list for enrollment, so if a member is considering using a CDC for child care, they should contact them as soon as possible. Backup child care may be necessary until a spot is available at the CDC. Members may also apply for child care at other military bases. <https://www.dcms.uscg.mil/worklife/Child-Care/Child-Development-Centers-Contact-List/>.
- **Coast Guard Family Child Care (FCC).** FCC is a network of independent providers working out of Coast Guard-owned housing who provide child care for more than ten hours a week for any one child. Providers operate under a Coast Guard Certification of Operation issued by the local Commanding Officer and inspected quarterly by the Health, Safety and Work-Life (HSWL) Service Center. Members can contact their HSWL Regional Practice Office if they are seeking child care provided by someone living in Coast Guard housing. To find your HSWL Regional Practice Office, visit <https://www.dcms.uscg.mil/worklife/Child-Care/Family-Child-Care-FCC/>

VI. Health, Safety, and Work-life (HSWL) Resources

All HSWL resources listed below, along with local points of contact, can be found online at HSWL website: <https://www.dcms.uscg.mil/worklife>.

- **CG SUPRT.** Designed to assist eligible members and their dependents in addressing personal issues including, but not limited to, marital and family conflict, interpersonal relationship problems, conflict at work, depression or anxiety, help with community resource referrals, career changes, substance abuse, stress management, grieving a loss, personal decision making, and child and eldercare services. Specifically related to parenting issues and child rearing, CG SUPRT provides personalized and prescreened referrals for resources related to child care and parenting, pregnancy and adoption, education, health and wellness. This resource can be accessed 24 hours a day by calling 1-855-CGSUPRT (247-8778) or by going to the website at: <https://www.cgsuprt.com/portallanding?a=1>.
- **Special Needs Program.** Provides a comprehensive, coordinated, multidisciplinary approach to community support, housing, medical, educational, and personnel services for Coast Guard families with special needs. By following specific procedures and guidelines, efforts will be made to ensure sponsors with family members who have special needs are



assigned to duty stations where access to, and availability of, medical and community services can be validated. A Family Resource Specialist (FRS) in a HSWL Regional Practice (RP) is the primary point of contact for members in the field for all questions regarding the Special Needs Program: <https://www.dcms.uscg.mil/Portals/10/CG-1/cg111/docs/pdf/Special%20Needs%20Contact%208-6-2018.pdf?ver=2018-08-06-102239-943>.

- **Family Advocacy Program (FAP).** Discusses the Coast Guard policy for the prevention, identification, reporting, investigation, and treatment of intimate partner and child maltreatment. Your local HSWL staff can provide services to educate parents and prevent child maltreatment. HSWL RP staffs are designed to improve couples communication, parental bonding, and parenting skills. <https://www.dcms.uscg.mil/worklife/Family-Advocacy-Program/>
- **Adoption Resources.** Available on the following website <https://www.dcms.uscg.mil/worklife/Adoption-Reimbursement/>.
- **Personal Financial Management Program.** Having a child can add many unexpected expenses and a lot of stress to a family. For more information go to on financial stability, visit: <https://www.dcms.uscg.mil/worklife/Personal-Financial-Management-Program-PFMP/>
- **The Navy-Marine Corps Relief Society.** Offers financial education on baby expenses for all active duty or retired military <http://www.nmcrs.org/pages/budgeting-for-a-baby>. Contact volunteersupport@nmcrs.org to inquire about resources and how you can participate in the program.
- **Ombudsman Program.** The Coast Guard Ombudsman Program establishes a direct line of communication between the individual, the Command, and the Coast Guard family members. Ombudsmen are communication links, provide information and referral resources, and act as advocates for family members. For more information regarding the Coast Guard Ombudsmen Program, visit <https://www.dcms.uscg.mil/ombudsman/>



VII. Conclusion

The Coast Guard is committed to providing world-class support to its workforce and leading the way as an employer of choice. The policies and resources described in this guide, for Commands and members, are designed to ensure the health and well-being of expectant and new parents as they navigate pregnancy and parenting. It is our duty to ensure our members are taken care of before, during, and after the birth or adoption of a child and ensure they return to work fully mission capable and prepared.

If personnel or Commands have questions about any of the topics in this resource guide or have other concerns about other topics, please feel free to contact the Office of Work-Life at <https://www.dcms.uscg.mil/worklife>.

For gender policy questions or concerns contact the appropriate person at the following web site: <https://www.dcms.uscg.mil/diversity/Contact-CG-12B/>.

References

- a *Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series)*
- b *Pregnancy in the Coast Guard, COMDTINST 1000.9*
- c *Coast Guard Medical Manual, COMDTINST M6000.1 (series)*
- d *Coast Guard Aviation Medical Manual, COMDTINST M6410.3 (series)*
- e *Coast Guard Occupational Medicine Manual, COMDTINST M6260.32 (series)*
- f *Uniform Regulations, COMDTINST M1020.6 (series)*
- g *Military Separations, COMDTINST M1000.4 (series)*
- h *ALCOAST COMMANDANT NOTICE 061/ 18 Twelve Month Deferment For Post-Partum Members*
- i *Military Assignments and Authorized Absences, COMDTINST M100.8 (series)*
- j *ALCOAST COMMANDANT NOTICE 062/18 CH-7 Military Assignments and Authorized Absences – Parental Leave*
- k *ALCOAST COMMANDANT NOTICE 066/17 Duty to People – Promulgation of Change 4 to Coast Guard Weight and Body Fat Standards Program, COMDINST M1020.8 (series)*
- l *Obtaining Personnel Resources to Meet Surge Requirements, COMDTINST 5400.1B.*

