

Functional Reproductive Support for Tactical Athletes

Servicewomen's healthcare shortfalls

by Capt Sarah E. Salter-Green

The CMC's *Talent Management 2030* proposes significant changes to personnel policies in an effort to retain talented Marines and grow a more mature force, specifically desiring to retain "a greater percentage of qualified first-term Marines." One demographic that the Marine Corps struggles to retain is women, and while there are many factors being explored that can be attributed to this retention issue, the impacts of reproductive health and services are issues to stress. This article provides background detail on the reproductive health issues faced by service women by highlighting the lack of quality care and resources provided to them throughout their service tenure, with an emphasis on postpartum recovery.

To appropriately discuss the way forward as an institution, it is first important that we address where we have been. From 1951 until 1976, the armed forces maintained the authority to involuntarily discharge a woman if she became pregnant, gave birth, became a parent by adoption, or a stepparent as stated by Executive Order 10240.¹ According to *H.R.5447: Women Discharged From the Military Due to Pregnancy Relief Act of 2002*, the impact of this executive order included the following: nearly 7,000 service women were involuntarily discharged, and in order to avoid discharge, women chose to put their children up for adoption, seek abortions (which were illegal at this time), and in some cases committed suicide as a result of their discharge. It

>Capt Salter-Green is a 3002 Ground Supply Officer currently serving as the Regimental Supply Officer for the School of Infantry-West.

has been less than fifty years since these regulations were rescinded, and while servicewomen are no longer in jeopardy of being discharged, they are still not provided full support and care when considering how physical standards and MOS opportunities have very recently changed as well.

This year marks only 25 years since women in the Marine Corps were required to run three miles for the annual PFT; prior to January 1997, women ran 1.5 miles for the fitness test. It has been only eight years since the upper body portion of the PFT changed to require women to complete pull-ups instead of the flexed-arm hang. It has been six years since combat-arms MOSs were opened to women in the Marine Corps. The institution has been making incremental changes to challenge Marines across the board, increasing expectations and broadening opportunities in order to create a more effective force. Though the Marine Corps has made significant strides in closing historical gender gaps, the impact of family planning and childbearing is one that falls almost completely on our servicewomen, and the current resources are not adequate in helping women maintain the goals the Marine Corps has set for them. Although *Talent Management*

2030 proposes up to one year of postpartum leave and recovery time, this physical respite addresses a fraction of the physiological impacts of childbirth and does not address concerns that present during family planning and pregnancy. Significant improvements must be made in the quality of care provided to service women to ensure the Marine Corps is able to retain the talent it has already invested in and enable their return to a "tactical athlete" status.

When conducting research for this article, it was noted that the MLGs typically contain greater populations of women; at 2d MLG, women make up nine percent of our total force, which mirrors the Marine Corps' overarching percentage. Of this nine percent female population, only 1.68 percent of these women in 2d MLG were in some stage of pregnancy or postpartum, accounting for 0.17 percent of 2d MLG's total force. For comparison, 7.8 percent of the MLG was non-deployable for some other medical reason. Keep in mind other major subordinate commands within the MAGTF have smaller percentages of women and are less impacted. For the MLG, even with a higher population of women, pregnancy's impact to force readiness is minuscule in number, but this number cannot undermine its importance. While the population may be low at a given time, the impacts of reproductive needs are long in duration, can have detrimental effects to an individual's career if not given the proper attention, and can heavily play into the decision to stay in the Marine Corps.

Reproductive health problems facing women in the Marines Corps span from a lack of access to contraception and family planning resources, high rates of unplanned pregnancy, pregnancy-related issues such as broad training plans, lack of medical oversight, and the difficulty in accessing physical therapy. Women also experience postpartum issues such as pelvic floor prolapse, incontinence, diastasis recti, injuries due to joint laxity, and a general lack of medical oversight to return to a tactical athlete status. The problems also include mental barriers such as loss of camaraderie, the lack of adequate mental health resources for postpartum depression and anxiety (PPD/PPA), and the lack of a support system for single Marines and Marines far from family.

Family Planning

Between 1994 and 2014, the number of enlisted women in the Marine Corps nearly doubled, going from about 7,000 to nearly 13,000.² Today, there are over 16,000 women in our ranks. With the growth of women serving in the military, the Marine Corps must improve

are quickly able to list off the resources and locations that provide contraception and information. My Marines, however, are finding contraception inaccessible because of a lack of experience on the part of those treating them (often corpsmen), a lack of familiarity with existing resources, or the broader utility of certain forms of contraceptives.

In one instance, a Marine was directed by her BAS to make an appointment with a BAS physician and obtain a referral to the Naval Hospital to get a prescription for birth control. While it is possible that a smaller BAS supporting a unit with a small population of women may not carry birth control at its internal pharmacy, there is no requirement for a referral to obtain it. This Marine attempted several times to get a referral until she finally gave up on pursuing birth control. Sadly, no one informed this Marine about the Camp Lejeune Naval Hospital's PINC Clinic, where Marines and sailors can walk in without an appointment, as well as be educated on and receive birth control.

Another Marine, set to deploy, requested an advanced supply of her birth control pills to carry her through the

were deployed for eleven-twelve months reported an unintended pregnancy, suggesting that their pregnancies occurred during deployment.⁴ The solution to preventing unintended pregnancies is not to make contraception inaccessible and harp on abstinence but to ensure those who need it, for a variety of reasons, can access it.

It is in everyone's interest to provide accurate information and access to contraception so that each Marine can make educated decisions for family planning and maintains agency over their body. In addition to the military readiness requirements, women who experience unplanned pregnancy may not be financially stable, prepared for motherhood, lack a supportive relationship, or are at an increased risk for depression and anxiety. It is also important to note, in light of the recent overturning of *Roe v Wade*, that abortion is an out-of-pocket cost for service members, and it is now of greater concern if access to safe abortion has been restricted or eliminated where service members are stationed. Through the many conversations I have had on this topic, I found no male Marines, at any rank, who were aware of the hurdles associated with getting birth control. They did not know where to access birth control, and most admitted they had never considered the problem and believed their Marines were receiving all necessary medical care, to include reproductive health. When we discuss women's reproductive health in the military, we must ensure that we are not making this a women's issue but a leadership issue.

Reproductive health problems facing women in the Marines Corps span ... pregnancy-related issues ... lack of medical oversight, and the difficulty in accessing physical therapy.

its identification and implementation of service women-specific requirements if it intends to improve their retention. Servicewomen have higher rates of pregnancy than civilian women; over one year, 16.2 percent of servicewomen aged 20 years old or younger reported an unintended pregnancy, vice 7.1 percent for similarly aged women in the civilian population.³ Because pregnancy affects military readiness, it is in the interest of both the individual as well as the institution to ensure contraception is readily available to all women. As an officer, when I discuss access to contraception with healthcare providers, they

six-month deployment. The medical provider denied her request stating, "you don't need birth control on deployment, you shouldn't be having sex." Not only is this an inappropriate reason for denying medication, but this ignores the fact that birth control is a medication often associated with side effects that women should not sporadically start and stop. In addition, service members may still be sexually active during a deployment, regardless of access to birth control and policy. A review of reproductive health for women in the military by *Ibis Reproductive Health* found that for a 2011 deployment, ten percent of women who

Resources During Pregnancy

Upon notification of pregnancy, one of the common first changes to a Marine's daily work routine is that they are removed from section/unit PT. This is a fault in our PT programs since we often exclude Marines assigned to light and limited duty either because we are not educated in adapting exercises or do not want to be liable if they become injured. Instead, we tell these Marines to PT on their own. This equates to no participation in unit PT for up to nine months of pregnancy followed by twelve months of postpartum care (potentially

21 months total). This is detrimental to a Marine's sense of camaraderie and feeds into the negative stereotype that female Marines "get pregnant to get out of requirements" (though let me remind you that many pregnancies are unplanned). It is critical that we keep Marines exercising throughout pregnancy to maintain physical fitness for an easier delivery and recovery. Additionally, requiring exercise reinforces the importance of individual readiness and maintaining camaraderie within the unit. However, there is an important piece missing: education. Marine leaders, and pregnant Marines themselves, are unaware of what safe and

exercising safely while also facilitating their return to a tactical athlete status. The Marine Corps also needs to invest in physical therapists that specialize in pelvic floor and pregnancy physical therapy and their use should be a mandatory part of a Marine's pregnancy and postpartum care. Currently, the Jacksonville, NC, area has three pelvic floor therapists to serve the entire area, and the waitlist to be seen by a specialist is up to nine months. Seeing a physical therapist who has been specially trained to work with pregnant women can take up to two months for an initial appointment. These off-base therapists carry a daily caseload of twelve

nity leave for use within one year. Additionally, they have twelve months to return to PT standards and run a PFT or CFT. While these leave and recovery times are generous, and certainly progressive compared to the time given to civilian populations, the time must be combined with effective resources and training to help Marines fully recover, both physically and mentally, and return to being high performers.

My peers and Marines received a wide range of guidance when returning to postpartum PT. In one instance, a peer with no postpartum issues was told, "don't even think about PTing until six months," while others have been given advice ranging from six weeks to five months. The one consistency is that none of them, including myself, were given a physical exam at the six-week checkup (for diastasis recti, pelvic floor prolapse, etc.), or direction on how and when to progressively increase weight training and endurance exercises. With a lack of education, we promote injury and prevent Marines from safely returning to a tactical athlete, deployable status.

Keep in mind that during the postpartum period, if a Marine chooses to breastfeed her child, the body continues to produce *relaxin*, which means Marines continue to be at an increased risk for injury. This hormone does not stop being produced in the body until after breastfeeding ends and can often take several weeks to be completely out of the body. Medical oversight from an athletic trainer or physical therapist is critical during this period to ensure Marines are building strength in stabilizing muscles and not just working the major muscle groups for strength and power.

Marines who have given birth can suffer from a surprising range of long-lasting issues that affect them personally and professionally. When talking with senior officers and enlisted Marines with children, many admitted that they suffer from incontinence or pelvic floor dysfunction and have to wear a pad or incontinence underwear for PFTs. Others have to wear an abdominal brace for pull-ups, crunches, and CFTs because of their unhealed diastasis recti. These injuries often force women to make

... Marines will have the resources to build a fitness plan with oversight from physical therapists and athletic trainers to maximize training and remain engaged ...

appropriate PT looks like. Although the Marine Corps has published recommended exercises, each person and pregnancy is different, and it cannot be a one-size-fits-all program without oversight.

In addition to personal differences in pregnancy, pregnant women are at a higher risk for injury because of the presence of *relaxin*, a hormone released during pregnancy. As its name infers, *relaxin* causes the nondiscriminatory relaxation of the body's joints to prepare for delivery. For pregnant women continuing to PT, this means increased risk for rolled ankles, hip and back pains, and other joint injuries. The piece that the Marine Corps is missing is medical oversight of pregnancy PT and a method of allowing a Marine to continue PTing with her unit.

Solutions to these problems require leveraging current resources as well as investing in new resources, specifically athletic trainers and specialized physical therapists. 2d MLG employs athletic trainers, but they are often underutilized. These athletic trainers would be the ideal resource to ensure women are

to sixteen patients, and given that 2d MLG currently has thirteen pregnant Marines, it would be highly reasonable to have each Marine attend physical therapy once or twice weekly without overwhelming the therapist. To support Camp Lejeune as a whole, two to three dedicated specialists would acceptably serve the population.

The core of the dilemma we are facing is that women in the Marine Corps leverage the same guidance provided to civilian women: "PT at your own pace," "do what you can," without regard for the physical requirements that service women must meet and *want* to meet after giving birth, and without regard to pelvic floor strengthening issues. With an engaged team, Marines will have the resources to build a fitness plan with oversight from physical therapists and athletic trainers to maximize training and remain engaged with their unit's PT.

Postpartum

After giving birth, Marines currently receive six weeks of convalescent leave with an additional six weeks of mater-

tough decisions about the feasibility of continuing their careers.

From a mental health perspective, we must acknowledge that our Marines are typically young, far from home, and learning to balance being a mother and Marine on their own. During their twelve-week maternity period, leaders seldom do a wellness check (even by phone) to ensure the Marine and their family have the support they need. Even when resources are used, new single mothers appear to be an underserved population, often feeling unprepared and without a support system, and with higher rates of PPD/PPA. In my own experience, I was proactive in identi-

I was given nine months to return to deployable standards but was given the appropriate medical oversight during pregnancy and recovery, I would be in better shape to return to duty than if I were given two years off without oversight throughout the pregnancy and postpartum periods. However, the conversation cannot begin by asking how we retain postpartum women; instead, it needs to begin with addressing pregnancies in the institution. With the resources available, there is no reason why women in the Marine Corps have high rates of unplanned pregnancy; with the resources available there is no reason why pregnant Marines should

like civilian women, and we must have adequate support to meet the Marine Corps' high standards. Marines, regardless of gender, are driven to succeed and perform at a high level. Women carry the responsibility of childbirth in addition to their responsibilities as Marines, but education and access should never be hurdles that we face. Until these hurdles are eliminated, reproductive services will continue to impact talent retention and diversity in the Marine Corps, and as a leader, this is your responsibility to address.

Women carry the responsibility of childbirth in addition to their responsibilities as Marines, but education and access should never be hurdles that we face.

fying my PPD/PPA and requested a mental health appointment as soon as I returned from maternity leave. Unfortunately, the mental health provider told me I was “hangry” (actual word used), not experiencing PPD, and that I needed to eat more. I was so deflated after this appointment it took over a year for me to seek mental health care again, and I only sought help when things became overwhelming and unmanageable. I am all too aware that clinicians treat officers differently than our enlisted Marines—so if I was told I was “hangry,” what is being said to our Marines? Unfortunately, my Marines and peers have echoed similar stories and it has become apparent that, while obstetric nurses and physicians push us to understand the signs of PPD and encourage us to reach out for help, the help currently provided is insufficient.

Conclusion

The proposed changes to the Marine Corps' postpartum period are incredibly progressive and will allow for more respite than ever before; however, the physiological impacts of childbearing/childbirth require more than time. If

not have a monitored PT plan to ensure they remain engaged with their unit and maintain strength and health throughout pregnancy; with the resources available there is no reason why we cannot put together comprehensive recovery plans to assist each Marine to return to a tactical athlete status in a healthy manner while minimizing the risk of injury.

As leaders, we understand that leading Marines often means teaching them the basics that they may not have learned growing up. Whether that is how to be financially secure, what proper nutrition looks like, or how to build a healthy relationship with a significant other, we know that, although invasive, it is important to ensure our Marines are stable and secure across all platforms of their life so that ultimately they can be deployable. This is no different. Reproductive services have not caught up with the relatively new physical demands placed on servicewomen. Civilian women do not have requirements to run three miles for a competitive time, complete pull-ups, or carry their body weight during a CFT; therefore, we cannot be treated

Notes

1. U.S. Congress, *Women Discharged From the Military Due to Pregnancy Relief Act of 200*, Rep Cynthia McKinney, H.R.5447, (Washington, DC: 2002), <https://www.congress.gov/bill/107th-congress/house-bill/5447/text?format=txt>.

2. Department of Defense, *An Analysis of Female Representation and Marines' Performance in Aviation and Logistics Occupations*, (Washington, DC: April 2015).

3. Vinita Goyal, Sonya Borrero, and Eleanor Bimla Schwarz, “Unintended Pregnancy and Contraception among Active-Duty Servicewomen and Veterans,” *American Journal of Obstetrics and Gynecology* 206, no. 6 (2011).

4. Ibis Reproductive Health, “Sexual and Reproductive Health of Women in the US Military,” *Ibis Reproductive Health*, February 2017, https://www.ibisreproductivehealth.org/sites/default/files/files/publications/Military%20Brief%204%202017-02-21_0.pdf.

