



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, I CORPS AND FORT LEWIS  
BOX 339500  
FORT LEWIS, WASHINGTON 98433-9500



FL PS #21

AFZH-MD (100)

POLICY STATEMENT #21

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy on Support for Soldiers with Nursing Infants

1. References.

- a. AR 614-30, Overseas Service.
- b. AR 220-1, Unit Status Reporting.
- c. Breastfeeding, U.S. Department of Health and Human Services, Office on Women's Health, 2000.
- d. U.S. Department of Health and Human Services, Health People 2010, January 2000.

2. Intent. To promote command support for soldiers with nursing infants as part of the FORSCOM Campaign Program, "Soldiers and Families Count."

3. Applicability. This policy applies to Fort Lewis and I Corps commanders and supervisors at all levels with female soldiers assigned and who have delivered a baby within the past six months.

4. General. The Assistant Secretary for Health and the U.S. Surgeon General, as part of the nation's health agenda for the next decade, have set a goal to achieve 75% initiation of mothers to nurse their child and at least 50% continuation by 6 months. Recent research has documented the compelling advantages to infants, mothers, families, and society from nursing. For the infant, human milk feeding decreases the incidence and/or severity of diarrhea, ear infections, respiratory infections, and urinary tract infections. Studies also show a possible protective effect against Sudden Infant Death Syndrome, diabetes, and allergies. Female soldiers who nurse their babies have decreased blood loss during the months following delivery and a decreased risk of anemia. Nursing mothers have an earlier return to pre-pregnancy weight (important for meeting Army weight standards), increased spacing between pregnancies, improved bone mineralization, and reduced risk for both ovarian and breast cancer. Nursing also may save mothers \$1,000 the first year from the expenses of infant formula supplies. For commanders, supporting their soldiers' efforts to nurse infants reduces lost duty days for care of ill children, and reduces military healthcare costs. In addition, trained and qualified soldiers who previously would have considered a Chapter 8 discharge from the Army in order to ensure the ability to nurse their baby may now opt to remain on active duty, thus boosting Army retention rates.

AFZH-MD

SUBJECT: Breast-feeding Policy

5. Responsibilities.

a. **Soldiers:** All soldiers are responsible for meeting the mission requirements of their units at all times, to include months spent nursing. Proper time management is key to ensuring a rewarding experience for both soldier and baby and to fulfill one's responsibilities as a soldier. Soldiers should organize their time to nurse their baby around the normal duty day. A reasonable schedule may be prior to Physical Training, a mid-morning break, during lunchtime, and a mid-afternoon break. Especially important is arranging the early morning schedule to allow the soldier to fully participate in unit Physical Training. It is the soldier's responsibility to plan ahead for separations, to include training in the local area and overnight duties, by pre-stocking breast milk for the child.

b. **Commanders** should be sensitive to the requirements of soldiers who are nursing their infant children, and accommodate their needs, when possible. Field duty poses significant problems for nursing mothers and babies during the early months following birth. Soldiers are non-deployable overseas for 4 months following delivery, and commanders should consider not deploying these soldiers to the field during this same time period, when mission permits. This policy does not preclude soldiers from performing the duties of their military occupational specialty (MOS) or from going to the field. Commanders have final decision authority for deployability.

6. This policy statement will be posted on all official bulletin boards.



JAMES T. HILL  
Lieutenant General, USA  
Commanding

DISTRIBUTION:  
A, B, C, D, G