MEMORANDUM FOR SEE DISTRIBUTION


1. References:
   b. Army Regulation (AR) 600-8-24 (Officer Transfers and Discharges), 12 April 2006, Including Rapid Action Revision No. 3, 13 September 2011.
   c. AR 600-20 (Army Command Policy), 6 November 2014.
   d. AR 614-30 (Overseas Service), 27 January 2015.
   e. AR 635-200 (Active Duty Enlisted Administrative Separations), 6 June 2005, Including Rapid Action Revision No. 3, 6 September 2011.

2. Extensive medical research has documented that breastfeeding has significant health, nutritional, immunologic, developmental, emotional, social, and economic benefits for both mother and child. In light of these benefits, commanders are responsible for notifying all Soldiers of this breastfeeding and lactation support policy during initial pregnancy counseling. Commanders will counsel all pregnant Soldiers as required by AR 600-8-24 or AR 635-200.

3. Soldiers who want to breastfeed upon return to duty will notify their chain of command as soon as possible. This notification allows commanders to determine how to best support the Soldier and ensure a workplace with appropriate space for expressing milk. Lactation support, including counseling and equipment, is available through military treatment facilities and TRICARE.

4. Commanders will designate a private space, other than a restroom, with locking capabilities for a Soldier to breastfeed or express milk. This space must include a place to sit, a flat surface (other than the floor) to place the pump on, an electrical outlet, and access to a safe water source within reasonable distance from the lactation space.

5. Commanders will ensure that Soldiers have adequate time to express milk but must be aware that each Soldier’s situation is unique. The time required to express breast milk varies and depends on several factors, including the age of the infant, amount of
milk produced, quality of the pump, and distance the pumping location is from the workplace, as well as how conveniently located the water source is from the pump location. For example, new mothers commonly express milk every 2 to 3 hours for 15 to 30 minutes, but this timeframe may change as the child ages. When a child is 6 months old and begins eating solid foods, the number of breaks a Soldier needs to breastfeed or express milk may decrease. Lactation support personnel at military treatment facilities or through TRICARE are available to help Soldiers develop individualized plans. Commanders will provide reasonable lactation breaks for Soldiers for at least 1 year after the child’s birth.

6. Soldiers must supply the equipment needed to pump and store their breast milk. TRICARE covers the purchase of the breast pump. Soldiers who are breastfeeding or expressing milk remain eligible for field training, mobility exercises, and deployment (after completing their postpartum deployment deferment period). During field training and mobility exercises, commanders will provide private space for Soldiers to express milk. If the Soldier (or designated personnel) cannot transport expressed milk to garrison, the Soldier’s commander will permit her the same time and space to express and discard her breast milk with the intent to maintain physiological capability for lactation. Commanders should work with the supporting medical officer to determine whether milk storage and/or transportation will be feasible during the exercise. Commanders will counsel Soldiers to discuss the potential risks of storing milk during field training and mobility exercises with their medical provider.

7. The provisions of this directive are effective immediately and apply to the Active Army, Army National Guard/Army National Guard of the United States, and U.S. Army Reserve.

8. The Deputy Chief of Staff, G-1 is the proponent for this policy and will incorporate it into the next revision of Army Regulation 600-20. This directive is rescinded upon publication of the revised regulation.

ERIC K. FANNING
Acting Secretary of the Army

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