In Light Of New Directive, How Can NCOs Better Support Breastfeeding Soldiers?

By Meghan Portillo - NCO Journal

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With the recent publication of a revised breastfeeding and lactation support policy, the Army is moving to better support breastfeeding Soldiers and encouraging installations, commanders and NCOs to take the lead.
Female Soldiers should never have to choose between breastfeeding their children and serving in the Army, said Sgt. Maj. Derek Johnson, deputy chief of staff, G1 sergeant major.

"We need female Soldiers in our Army, and this is part of taking care of Soldiers," Johnson said. "It is absolutely the right thing to do."

Army Directive 2015-43 provides specific guidelines with regard to the location that must be provided and the amount of time that must be afforded new mothers needing to pump breastmilk. Implementing these measures will lead to a stronger and more resilient Army, Johnson said.

"When I was the G1 sergeant major for U.S. Army Forces Command at Fort Bragg, (North Carolina), I had a master sergeant who was a very high performer," Johnson said. "She had just had a baby, a son, a bouncing baby boy. And that led to a time in her life when she struggled with the question, 'Should I stay in the military, or should I get out?' And I think she decided to stay because we were able to give her the time and resources she needed to pump. Having those resources available to her enabled the Army to keep not only a high performer, but an NCO with so much experience yet to share. That is what we want to do: We want to provide breastfeeding Soldiers with the resources they need and treat them – and all our Soldiers – with the same dignity and respect."

Just a few small changes will make a world of difference and create a friendlier environment for new mothers, Johnson said.

"I think we are creating a better culture within the Army," he said. "This directive is sending a positive message."

What does the directive say?

The three-page directive begins by stating that extensive medical research has documented the health, nutritional, immunologic, developmental, emotional, social and economic benefits of breastfeeding for both mother and child. The World Health Organization notes that breastfeeding is an "unequaled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers."
In light of these benefits, the directive requires commanders to notify Soldiers of the Army's breastfeeding and lactation support policy during initial pregnancy counseling, which is required by AR 600-8-24 and AR 635-200. Soldiers who want to continue breastfeeding after their return to duty are also required to notify their chain of command as soon as possible so that a plan can be made to best accommodate their needs.

Soldiers must be provided with a private space – not a restroom – with locking capabilities to breastfeed or express milk. The space must be within a reasonable distance of a safe water source and needs to have a place to sit, an electrical outlet and a flat surface other than the floor on which to place the pump and other equipment. It is a Soldier's responsibility to supply the equipment needed to pump and store expressed breastmilk.

Commanders must ensure Soldiers are given adequate time to express milk, taking into account that each Soldier’s situation is unique. The time required varies depending on the age of the infant, the quality of the pump being used and how well the Soldier responds to it, as well as the distance from the lactation room to the Soldier’s workplace. Soldiers must be given reasonable lactation breaks for at least one year after the child’s birth, and the amount of time a Soldier requires will probably change within that year.

The directive also specifies that breastfeeding Soldiers remain eligible for field training, mobility exercises and, after completing their postpartum deferment period, deployment. During field training and exercises, Soldiers must be provided with a private space to pump. Commanders should work with the supporting medical officer to determine whether milk storage or transportation to garrison would be feasible during an exercise. Even if the Soldier is not able to store or transport her milk, she must still be afforded the same amount of time to pump to maintain the physiological capability for lactation. The less a mother pumps, the less milk her body makes.

**Tailored installation policies**

Those writing the directive engaged with military medical experts, leaders and Soldiers, as well as referenced other services' breastfeeding policies, Johnson said.
Spc. Christina Shields of Headquarters and Headquarters Company, 47th Brigade Support Battalion, 2nd Brigade, 1st Armored Division, plays with her 10-month-old, John Henry Jr., at Freedom Crossing, an outdoor shopping center at Fort Bliss, Texas. (Photos by Meghan Portillo / NCO Journal)

"When we created the policy, we included specific requirements to make sure that it wasn’t in a bathroom, it was a sanitary area and that we met mandated needs of the Soldier. But we still allow leaders to be leaders,” Johnson said. “We allow the commanders and the leaders at the lower levels to fully assess the needs of the Soldiers and address those unique needs. We want to give leaders the flexibility to enhance programs on their installations without telling them exactly how to go about it.”

Johnson said he is confident installations will take the initiative to create their own breastfeeding and lactation support policies tailored to their needs and mission requirements.

“I know some commands are reaching laterally across the board from command to command in order to say, ‘Hey, what measures are working on your installation? What are the pros and cons? Maybe we need to adopt those as well,’” Johnson said.

Breastfeeding in Combat Boots, a nonprofit organization committed to advocating, informing and supporting all active-duty, Guard and Reserve personnel who are breastfeeding while serving in the military, has highlighted one installation’s policy in particular. The policy at Fort Bliss, Texas, is praised for being comprehensive and clearly outlining the responsibilities of everyone from the garrison commander to the breastfeeding Soldier. The 22-page document even includes guidelines for creating a lactation room, as well as sample schedules for breastfeeding mothers to use when requesting accommodations.
Staff Sgt. Amanda Marion was the 1st Armored Division Medical NCO and the Pregnancy and Postpartum Physical Training (P3T) Program NCOIC when she wrote the Fort Bliss policy, even before there was an Army Directive. Marion, currently the Patient-Care Representative in the Department of Women’s Health at William Beaumont Army Medical Center, said she is glad to see other installations creating policies.

“The Army directive is very broad, allowing commanders to establish their own guidelines,” Marion said. “That’s why Bliss’ policy is being labeled a model policy, because we cover everything, including our civilian workforce. I’m always happy to provide other installations with a copy of our policy because it helps out all the other 74,000 females in the Army.”

**What can NCOs do?**

Marion said she hopes NCOs leading pregnant or postpartum Soldiers will take the time to read over the Army directive and ask questions about things they don’t understand.

“They should look up the federal, state and local laws and try to just be there for their Soldiers, because that is one of our jobs as an NCO – taking care of our Soldiers and putting their needs above our own,” she said.

NCOs, especially male NCOs with no children, may feel uncomfortable talking about breastfeeding, but they need to be the bigger person, Marion said.

“Sit down with them in a one-on-one counseling and say, ‘I don’t know anything about pregnancy. I don’t know anything about breastfeeding, but I would like to be able to help you when you return. Whatever you need, please educate me on it, so that when you come back we can get you right back into the fight and still allow you to do what you need to do to provide for your baby,’” Marion said. “And if NCOs are too embarrassed to ask about something in particular, Breastfeeding in Combat Boots is an outstanding resource, covering all branches of service.”

It’s not just about the logistics, Marion noted. Supporting a breastfeeding Soldier means establishing a positive environment, one where
she feels comfortable. A postpartum Soldier will be more motivated to excel in her work, Marion said, if she knows her NCO has her back.

“NCOs need to be very open-minded and aware of how their facial expressions, their body language and the tone in their voice affects a Soldier who is postpartum,” Marion said. “Soldiers need to feel comfortable enough with that NCO to let them know, ‘Hey, this is what is going on with me, and I need a little bit more time than that 30 minutes to pump.’”

Communication is important, Marion said, because if that Soldier is not given the time to pump, or if she begins to skip pumping sessions because of embarrassment or other roadblocks, her milk supply will diminish and she may experience medical complications including painful lumps in her breasts, called clogged ducts, or even mastitis, an infection requiring emergency medical care.

“You may have a female Soldier with a great milk supply,” Marion said. “She is able to pump a lot of milk for her baby, but then she is not afforded that time to pump because her unit is getting ready for deployment or getting ready to go to the field. The mission is taking precedence, and the Soldier may say, ‘It’s OK; I can hold off one more hour.’ Meanwhile, she can feel her breasts becoming engorged, but she isn’t doing anything about it. All of a sudden, the Soldier becomes really sick. Now you have to take the Soldier completely out of the fight because she is in the hospital or put on quarters. In the worst possible case, if mastitis isn’t resolved, the Soldier could go into septic shock and die. It’s very, very painful, and it can all be avoided if she is simply given the time and resources she needs to pump. She may have been in a critical MOS that you needed, and now she has been taken out of the fight because she was not following her established pump schedule. Now you have to try to replace her, if you can.

“It really will affect unit readiness. Putting a few simple measures in place to support these Soldiers will make for more resilient, motivated Soldiers, and a stronger Army overall.”

Stay tuned for an article taking a closer look at the Fort Bliss breastfeeding policy.

Resources:
- Breastfeeding in Combat Boots (http://breastfeedingincombatboots.com/)