

Addressing the Pregnant Leader: *Family Planning for Female Combat Arms Officers*

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Consider this: An Infantry officer discovers that she is pregnant two months into her platoon leader time. She is highly competitive among her peers in her battalion, and she was looking forward to leading a platoon and developing her subordinate leaders. This pregnancy came at an inopportune time in her career, and she is initially very hesitant to inform her commander for fear of immediately losing her platoon. She understands, however, that she will not be able to continue physically leading her platoon from the front throughout her entire pregnancy. She is unaware of how her pregnancy will affect her physical performance, and of how her unit will respond and perceive her once they learn that she is pregnant.

Her company and battalion commanders, meanwhile, have never had a pregnant subordinate leader before. They are unsure of what measures she will need to take to guarantee her own safety and that of her baby. If this pregnant infantry platoon leader is stripped of her platoon and treated as though she no longer adds value to her organization, this will keep her from being competitive with her peers and likewise cause her to believe that becoming a mother is inherently at odds with infantry leadership. If, conversely, this officer is allowed to remain a platoon leader throughout much of her pregnancy in order to “check the box” of her critical leadership role as a lieutenant, she will take away from her unit’s lethality rather than adding to it. In addition, her peers and her Soldiers might develop negative perceptions of her as a leader because of physical restrictions that keep her from leading at full capacity. This leader faces a relatively new and puzzling dilemma: Should she relinquish her platoon and lose the experience that had drawn her to the Infantry in the first place? Or should she complete her platoon leader time during her pregnancy? With few examples and mentors of combat arms leaders who have faced this predicament, this leader is alone in her decision.

Introduction

Over the past few decades, the discussion vis-à-vis pregnancy in the Army has shifted dramatically. During 20 years of enduring conflict, pregnancy and motherhood were often seen as factors that compromised female Soldiers’ ability to deploy and their focus on performing missions overseas. In accordance with the Army’s recent announcement of a “people first” initiative, it now must navigate supporting female Soldiers as they grow their families while fully leveraging them as assets to their respective teams, despite physical constraints that may alter some aspects of their performance.¹

This is easier said than done. Army leadership does not intend to professionally penalize women on the basis of pregnancy and family planning. However, there are many challenges that inherently accompany the physical limitations that a pregnancy (and the initial postpartum period) imposes, which ultimately do temporarily compromise a pregnant woman’s readiness. Addressing these challenges will help the Army to retain serving mothers and to put its “people first” initiative into practice.

Protections in Place (the Pregnancy Profile)

The Army’s policies regarding pregnancy allow women extensive protection from conditions that might harm themselves or their children. The pregnancy profile that all pregnant Soldiers fall under prohibits them from riding in military vehicles on unimproved roads, restricts them from wearing body armor, and protects them from standing in formation for periods of more than 15 minutes. It additionally states that women who are over 28 weeks pregnant should not work more than 8 hour days, to include the time they spend at physical training (PT). The profile furthermore removes pregnant Soldiers from PT with their unit to participate in the Army’s Pregnancy and Postpartum PT (P3T) program, among more restrictions.²

While these protections are in mothers’ best interests, they also inherently limit leaders from performing many aspects of their jobs, depending on their Military Occupational Specialty (MOS). This begs the question: How can

the Army allow pregnant leaders to remain competitive within their respective fields without compromising unit readiness or violating the Army's Equal Opportunity (EO) policy regarding pregnancy discrimination?³

The Pregnancy Dilemma

In the absence of clear doctrine surrounding what positions women may or may not fill professionally, a pregnancy profile allows a woman's chain of command to have discretion over whether to assume risks based on where they place the pregnant leader. The chain of command is aware, thanks to her profile, of what a pregnant leader can or cannot do; and should she violate her profile and incur injury to herself or her baby, the chain of command assumes responsibility. However, while they are aware of restrictions to her daily duties and activities, her leaders are not equipped with any guidance of how to place this pregnant woman or help manage her career.

With the recent integration of women into combat arms roles, women may be subject to pressures to occupy key developmental (KD) positions while pregnant. Their respective chains of command, likewise, might feel uncomfortable removing them from leadership positions due to a pregnancy, especially since the Army's updated EO policy guarantees Soldiers equal opportunity regardless of sex and pregnancy.⁴ This poses problems in newly integrated combat arms branches in which a pregnancy profile directly limits a woman's ability to perform basic functions in a field environment.

Social Repercussions and Perceptions

Women who experience an unexpected pregnancy when beginning a KD assignment may fear professional repercussions of stepping down from their role or not filling a leadership role due to their physical constraints. Some might be inclined to assume a greater risk to themselves or their child than their profile allows in order to effectively perform their duty. On the contrary, women who choose to relinquish their position during a pregnancy might worry that they have compromised their professional timeline or foregone the opportunity to lead. They might further feel that they will be perceived by their male peers, chains of command, and by their Soldiers as not being assets to the unit.

Ultimately, units and particularly leaders have a duty to be ready to "fight tonight." A leader who is on profile and non-deployable due to a broken leg, for example, is unfit to occupy a leadership position, since he/she is unable to perform his/her job and is inherently less effective than and competitive with his/her peers as a result of this injury. The pregnant leader falls into a very similar predicament; her position demands that she maneuver in kit, lead live fires, and accomplish a myriad of tasks that are at odds with her medical profile. Her temporary inability to lead in these situations compromises her effectiveness, both real and perceived, as a fighting leader.

The Way Forward: Protecting Opportunities for Future Mothers

Army policy grants women access to a wide range of protections and options to help them through their pregnant and postpartum periods. As it stands now, pregnant leaders and their chains of command have little guidance and are left to their own devices to determine appropriate positional decisions. Many commanders in branches that integrated recently oversee pregnant combat arms Soldiers for the first time in their careers, and they might not understand how their expectations of those Soldiers might need to be altered as a result of a pregnancy. What is missing are examples of family planning along certain trajectories and specific guidelines outlining what roles can or cannot be performed under a pregnancy profile.

This would be particularly helpful in combat arms branches, in which commanders are leading pregnant subordinate leaders for the first time and are not equipped with any guidelines or training that enable them to understand these Soldiers beyond their profiles. Recommendations on the optimal time frames or assignments around which to plan families could benefit women who want to synchronize family planning with their career trajectories, as well as their respective chains of command who can be equipped with a better understanding of what roles pregnant Soldiers can and should occupy that will be minimally limited by their profiles. Branches should identify which points in one's career are the most conducive to pregnancy — this would prevent the spread of the impression that pregnant women cannot be assets or leaders. It would furthermore potentially help retention by making women feel as though they are not only sanctioned to but supported in their pursuit of growing their families while continuing to lead and serve, particularly in more physically demanding branches.

Women would benefit from a guarantee that their pregnancy will not detract from the quality of their KD time, rather than the mere assurance that they can complete these assignments. It is both unwise and unfair to allow a pregnant woman to lead while she cannot safely perform the tasks expected of her Soldiers. It is equally unfair to rob an expecting mother of opportunities to lead rather than simply deferring them until she has recovered from pregnancy and childbirth. Thus, women who face a pregnancy prior to platoon leadership or command, for example, should be able to trust that they can defer these roles until after they are pregnant. Such a guarantee would ensure that they can fully lead in every capacity once they are no longer pregnant. It would be helpful should the Army implement a policy that would allow pregnant women to enter into the year group behind them if necessary in order to accommodate those key experiences after carrying their baby to term and recovering.

Let's return to our hypothetical Infantry officer discussed in the beginning. Key to helping her and maintaining the unit's lethality is for her leaders to be aware of the range of options that they should present to her. Her leaders know that the best outcome for this leader is for her to temporarily relinquish her platoon and take it over after recovery from delivery. If her timeline demands that she be moved to the following year group in order to accommodate this leadership experience, then the Human Resources Command (HRC) should implement a system that makes this course of action feasible so that mothers are not penalized for growing their families.

Conclusion

We do both women and their Soldiers a disservice if we allow women to lead in KD roles, such as those of platoon leader or company commander, when they are under an extremely restrictive profile that keeps them from performing a range of activities in addition to being in a deployable status. Combat arms branches do not have the luxury of losing female leadership to these circumstances, and likewise, expecting mothers deserve quality experience in leadership roles that their peers receive. By integrating women into combat arms branches, the Army messages that women are assets to these branches and increase their lethality. The logical next step to help female retention within these branches is to ensure that family planning for those who choose to be mothers is professionally feasible and does not make them less competitive with their male counterparts who do not pay a physical toll when growing their families. The Army has protections in place to safeguard pregnant women and their babies; what combat arms leaders are missing are guarantees that their leadership opportunities will work around their pregnancies, should that be necessary. Such a measure would force leaders to learn how to accommodate pregnant combat arms leaders, and it would assure these women that motherhood will not compromise their career progression and their aspirations to lead Soldiers in challenging training and operational environments.

Notes

¹ Transcript, "Army Senior Leaders Update Reporters on Army Operations," 13 October 2020, accessed from <https://www.defense.gov/Newsroom/Transcripts/Transcript/Article/2381563/army-senior-leaders-update-reporters-on-army-operations/>.

² Department of the Army (DA) Pamphlet (PAM) 40-502, *Medical Readiness Procedures*, 27 June 2019, accessed from https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/ARN8672_P40_502_FINAL.pdf.

³ Department of Defense (DoD) Instruction 1350.02, *DoD Military Equal Opportunity Program*, 4 September 2020, accessed from <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/135002p.pdf?ver=2020-09-04-124116-607>.

⁴ Ibid.

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