

**AIRCREW PREGNANCY FREQUENTLY ASKED QUESTIONS**  
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as of 28 October 2022

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# AIRCREW PREGNANCY FREQUENTLY ASKED QUESTIONS as of 28 October 2022

## Thinking Ahead

### **1. I am aircrew and thinking about getting pregnant and am not sure if I want to fly during my pregnancy. What are my options?**

Flying during pregnancy is completely voluntary for flight duties. If you choose to request to continue to fly and are cleared to do so, you have the option to stop flying at any point during your pregnancy. See [Question 4, “I am a Ground-Based-Operator \(GBO – how does the DNIF/DOWN process work for me?”](#) and [Question 19, “Can I return to flight status?”](#)

### **2. Can I take a checkride early (planning on getting pregnant/pregnant and plan to come off of a waiver)?**

On a case-by-case basis, periodic aircrew evaluations may be scheduled before or after the eligibility period. For more information, reference AFMAN 11-202v2 para 5.8. Timing of Aircrew Qualification Evaluations. Also see AFMAN 11-202v2 para 5.5.4 Requisite Completion. You should also reference your 11-2MDSv2 for details specific to your airframe. See your local Standardization/Evaluation shop for additional local guidance and restrictions.

### **3. Can I complete my hypoxia training requirements early to keep currency?**

Aerospace Physiology regulations do not prohibit completing chamber/reduced oxygen breathing device (ROBD) requirements early as long as the aircrew member is not pregnant. However, requirements are extended during pregnancy so an expiring qualification will not prohibit you from flying. A discussion with your flying unit and/or the Aerospace Physiology unit can help you decide if completing training early is the right course of action for your specific situation. See [Question “20. What if my physiology training expires during my pregnancy?”](#) Ref: AFMAN 11-403, Aerospace Physiological Training Program, para. 3.6.3

## First Steps

### **4. I am a Ground-Based-Operator (GBO) - how does the DNIF/DOWN process work for me?**

Pregnancy in GBO is not DNIFing. However, as with all changes in your medical condition you should discuss your condition with your flight surgeon.

### **5. What are the first steps in the process for pregnant aircrew?**

You should notify your flight surgeon about any condition, including pregnancy, that may impact safety of flying and non-flying operations. If you take an at-home test and believe you are pregnant, prior to your next flight contact either Flight Medicine or Women’s Health, if available. The medical provider will order a pregnancy test for you with the laboratory section of your medical facility through a blood or urine test. Once a positive result is confirmed, Women’s

Health or your pregnancy care provider will start the process of setting up follow up appointments. Flight Medicine will officially place you in a DNIF/DOWN status within 1-duty day from positive confirmation via DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty* (exception: Ground Base Operations (GBO) aircrew) and start the USAF Aviator/Operator Pregnancy Flowchart. Public Health in coordination with your primary care provider or Women's Health provider will issue an initial AF Form 469, *Duty Limiting Condition Report*, within 5 duty days from positive pregnancy test. After that, your commander will be notified of your updated profile status which will outline duty restrictions but not a diagnosis of pregnancy. [ASIMS](#) will be updated with your pregnancy profile. Please note: those with access to ASIMS on the commander's designated notification list will have access to your new profile. These individuals are required to protect the privacy of your health information and should not share the information with anyone who does not have the need for the information in the course of their official duties. In accordance with AFI 41-200, *Health Insurance Portability and Accountability Act*, paragraph 5.1.1, disclosures of medical information of members of the Armed Forces are permitted when necessary for the Commander to make certain mission determinations, including notification of a military member's duty restrictions through a medical profile. For the protection of individual privacy, it is of extreme importance commanders minimize access to the AF Form 469, *Duty Limiting Condition Report*; AF Form 422, *Notification of Air Force Member's Qualification Status*; and DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty* to only those with an operational need to know. Commanders, civilian directors, and designees will not disclose reasons for restrictions or timelines associated with profiles unless the individual has a valid need for the information in the course of their official duties. Unauthorized disclosure of medical information may be considered a personal identifiable information (PII) breach IAW AFI 33-332, *Air Force Privacy and Civil Liberties Program*; violators will be held accountable.

## **6. I think I am pregnant and am aircrew - who do I notify first?**

As aircrew, there are two options. First, since aircrew should notify their Flight Medicine provider for any medical condition, you can notify Flight Medicine and they will order a pregnancy test for you. Another option is to contact Women's Health (if available) and let them know you need a pregnancy test. Though a military OB provider is likely to notify the flight medicine clinic of a positive pregnancy test, the aircrew member still has a duty to ensure that flight medicine is aware of any change in their health. This includes notification of pregnancy diagnosis and pregnancy care. After confirmation and notification, Flight Medicine and Women's Health (or your designated provider) will work together to form a care plan.

Since the symptoms of pregnancy can be highly varied, it is important to speak with both your Flight Medicine and your pregnancy health providers so that your decisions are medically informed. In the event your pregnancy is terminated by personal choice or due to medical complications, the aircrew must notify their Flight Medicine provider to inform them of the situation. A profile will be manually modified and adjusted to reflect updates in mobility, duty and fitness restrictions for pregnancies ending earlier than 37 weeks gestation. Additionally, your Flight Surgeon may adjust your DNIF/DOWN status if deemed applicable based on clinical judgement and safety to flight and ground operations.

## **7. Should I bring anything with me to my initial appointment?**

You should bring a list of any questions you have. You should also know the date of the first day of your last menstrual cycle. If you intend to pursue a waiver to fly in the first trimester, this would also be a good time to request information about the waiver process as it may take several weeks and multiple appointments to complete. You may find waiver process instructions here: <https://www.airforcemedicine.af.mil/Reproductive-Health/>.

## **8. Who in my chain of command or in my unit will be notified that I am pregnant?**

The medical team is required to put you on a duty limiting profile (the profile communicates mobility, duty, and fitness restrictions recommended by your provider), and they are required to notify commanders when a member's profile changes. Your profile will not state you are pregnant. Your commander along with those members he/she has designated access to ASIMS (normally deputy commander, first sergeant, other trusted unit personnel) will also have access to the profile. These individuals are required to protect the privacy of your health information and should not share the information with anyone who does not have the need for the information in the course of their official duties. Your profile will only outline duty restrictions to protect you and the health of the fetus. [See question 5, \*What are the first steps in the process for pregnant aircrew?\*](#), for more information.

## **9. What flight status do I immediately go into upon notification to a medical provider that I am pregnant?**

DNIF/DOWN. You are DNIF/DOWN as soon as you confirm you are pregnant. You should alert your medical provider prior to your next flight if you take an at-home test. Once the medical facility confirms the pregnancy by blood or urine test, the process will begin to formally place you in a DNIF/DOWN status. Your flight medicine provider will make an appropriate aeromedical safety assessment. In some cases, such as Ground Base Operations (GBOs), continued flight status may be appropriate. See Question 4, [“I am a Ground-Based-Operator \(GBO\) – how does the DNIF/DOWN process work for me?”](#)

### **Remaining DNIF/DOWN**

## **10. What if I choose not to fly?**

The decision to request to continue to fly while pregnant is voluntary and you are protected against unlawful discrimination on the basis of pregnancy. [See Question 79, “If I am concerned about pregnancy discrimination, what are my rights and which rules and regulations protect me?”](#)

Your unit can help you understand how long-term DNIF/DOWN can affect your flying and help you formulate a plan for when you are DNIF/DOWN and when you return to flying status (checkrides, maintaining currency in the simulator, non-flying professional broadening opportunities, etc.).



### **11. Are there any career ramifications to not flying?**

You are protected against unlawful discrimination if you choose not to fly while pregnant. USAF Equal Opportunity policies provide for equal opportunity and treatment for all members based on their race, color, sex (including pregnancy), national origin, religion, gender identity, or sexual orientation (ref: DAFI 36-2710).

The decision to request to continue to fly while pregnant is voluntary and is an important personal decision. While choosing not to fly while pregnant may change your career milestone timeline (ex: gate months, hours/experience for upgrade training), other ground-based opportunities may become more available and allow for advancement in other areas of your career.

### **12. I'm concerned about perception in the unit while pregnant--any advice?**

Pregnancy is a protected class and it is your decision to pursue a waiver to fly depending on your pregnancy, individual circumstances, and the mission of your airframe. Your commander and medical provider can both assist you with coming up with a plan that fits your needs within the unit you serve. Speak with your leadership about your family and career goals, to include if you want to seek non-standard opportunities to progress in non-flying related ways. If you experience any discrimination as a result of your pregnancy, document your experiences and speak with your chain of command and/or your local Equal Opportunity Office.

### **13. I'm concerned about my performance report during this rating period. Can I have a non-rated period?**

Non-rated periods are authorized IAW DAFI 36-2406, *Officer and Enlisted Evaluations Systems*, para. 1.4.11.

### **14. Who will know that I am pregnant and choosing not to fly?**

[See Question 8. "Who in my chain of command or in my unit will be notified that I am pregnant?"](#) Only those personnel designated, in writing, by your unit commander will be notified of your duty restrictions. Commanders have a need-to-know to make mission-related decisions.

### **15. What if I change my mind and later want to fly?**

You should start by speaking with your aeromedical provider. [See Question 19. "Can I return to flight status?"](#)

### **16. Will I be allowed to complete simulator profiles while DNIF/DOWN due to pregnancy?**

Ground duties (SIM/SOF) are generally appropriate during pregnancy (ref: Aerospace Medicine Waiver Guide). Therefore, discussion with your Flight Medicine provider should allow simulator work. It is important to note that if you are NOT medically cleared for flying with a current UP DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*. (i.e., you are

DNIF/DOWN), Flight Medicine will need to annotate your restricted DD Form 2992 with “cleared for simulator duties” in order for you to participate in simulator duties.

**17. I don’t feel comfortable training in simulators at this time. Do I have to complete simulator profiles if cleared to do so?**

You should have a discussion with your medical team as well as your leadership team if you don’t feel comfortable training in the simulator. If there is no medical contraindication to performing simulator work, your commander has the option to require your participation.

**18. Can I still earn gate months if I choose not to fly?**

Potentially. IAW the Guidance Memorandum to AFMAN 11-402, para 3.9.3.4 (Sep 2021), flight time logged in accordance with DAFMAN 11-401 and MAJCOM supplement in a certified flight simulator counts for operational flying duty accumulator requirements, aviation incentive pay entitlement, and aeronautical ratings for rated officers (including Flight Surgeons). (T-1) In order to participate, you must be cleared for simulator duties annotated on your DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*. Additionally, the Vice Chief of Staff of the Air Force (VCSAF) may waive operational flying duty accumulator requirements for rated officers who are unable to meet their flying requirements due to reasons beyond their control. Pregnancy is considered an eligible reason. For more information, or to see if your simulator is certified for operational flying duty accumulator (OFDA) credit, see AFMAN 11-402, the information below, or ask your HARM/SARM office.

**Return to Fly / Flight Requirements**

**19. Can I return to flight status?**

Returning to fly starts with a discussion with your Flight Medicine provider. Ground Base Operator (GBO) aircrew who are comfortable continuing their flying duties can fly for the duration of the pregnancy, but are still required to discuss care received from their obstetrics provider with their flight surgeon. GBO aircrew with any concerns about performing flying duties should discuss their concerns with the flight surgeon. For crewed aircraft, aircrew with uncomplicated pregnancies during weeks 12 - 28, local clearance at the base level is possible with certain occupational restrictions. If you are not eligible for local clearance or wish to perform flight duties outside the occupational restrictions, you may request a waiver.

The request to perform flying during pregnancy is voluntary. Crewed flight duties during pregnancy involve exposure to known and suspected hazards to fetal development and maternal health that require individual aircrew member education and risk acceptance. Those members who request to continue to perform flying duties during pregnancy may change their decision at any time. Given that pregnancy is inherently dynamic, regular follow-up throughout the duration of the waiver is important. Both the flight surgeon and the member must be aware of the need to reassess waiver eligibility if new symptoms arise or if any complications develop (ref: [Aerospace Medicine Waiver Guide](#)).

Further, decisions are made on a case-by-case basis by local authorities considering:

- A. General flight profile restrictions unless the waiver profile specifically allows for deviation or further mandates the following: cabin altitude will not exceed 10,000 ft, G forces will not exceed 3 Gz, and instructor pilots should not fly with Undergraduate Pilot Training (UPT) students if there is a chance that the sortie could exceed the parameters.
- B. Recommendations of the Flight Medicine provider.
- C. Commander's responsibility to execute the mission.

## **20. What are my physiology requirements? What if my physiology training expires during my pregnancy?**

Pregnancy is a medical contraindication for the hypobaric and hyperbaric chamber (ref: DAFMAN 48-123) and for any hypoxic environment. For aircrew who are medically cleared to fly during pregnancy, altitude chamber and/or Reduced Oxygen Breathing Devices (ROBD) training is waived for the duration of the pregnancy. Once medically cleared following pregnancy, aircrew will complete hypoxia exposure prior to first flight. This will reset expired aerospace physiology currency (ref: AFMAN 11-403).

## **21. I'm a qualified flyer in a Major Weapon System (MWS), can I still fly?**

Local clearance or a waiver can be requested. Please see [Question 19. "Can I return to flight status?"](#)

## **22. I'm a student at a training base, can I still fly?**

Student waiver requests may have more considerations than those of qualified flyers (ex: altitude chamber training, G force training requirements, etc.) Local clearance or a waiver may be considered. [Please see Question 19. "Can I return to flight status?"](#)

## **23. I'm in upgrade training, can I continue upgrade?**

Local clearance or a waiver may be considered to return you to fly status. The waiver limitations will have to be compared against your upgrade syllabus to determine your ability to continue training. Please see [Question 19. "Can I return to flight status?"](#)

## **24. I'm not currently qualified in my Major Weapon System (MWS), can I still fly?**

Local clearance or a waiver may be considered to return you to fly status. The waiver limitations will have to be compared against your training syllabus to determine your ability to continue training. Please see [Question 19. "Can I return to flight status?"](#)

## **25. What is the process to return to flight status?**

Ground Based Operator (GBO) aircrew can return to flight status for the duration of their pregnancy as long as the pregnancy is not considered high-risk. For high-risk/complicated pregnancies, please see the *Flight Waiver* section starting with [Question 27, "Can I be cleared to fly at my base without a waiver?"](#).

For aircrew in a crewed aircraft, return to flight status starts with a conversation with your Flight Medicine provider. If you're in the second trimester and within parameters outlined in the Medical Standards Directory, your Flight Medicine provider can return you to flight status without a waiver. Outside of those parameters, your Flight Medicine provider submits a waiver package to the waiver authority for consideration.

## **26. What is my commander's role in determining if I am eligible to fly?**

Your commander has responsibility for the aircraft, accomplishing unit training, and mission requirements. Refer to the [Aircrew Voluntary Acceptance of Risk \(AVAR\) Tab 3 Flight Profiles](#) for more information.

### **Flight Waivers**

## **27. Can I be cleared to fly at my base without a waiver?**

Ground Based Operator (GBO) aircrew do not typically have any restriction to continued flight duty because of pregnancy. Local clearance requirements do not apply. See [Question 4, "I am a Ground-Based-Operator \(GBO\) – how does the DNIF/DOWN process work for me?"](#)

Clearance to fly without a waiver is called a local clearance. There are situations where local clearances apply (Reference: Aerospace Medicine Waiver Guide). Flight Medicine can provide information if the local clearance process applies to you. Whether requesting a local clearance or seeking a waiver, you must sign and submit an "Aircrew Voluntary Acceptance of Risk" ([AVAR](#)). The AVAR applies to local clearances and waivers.

## **28. Do I need a waiver and who is the waiver authority to return to flight status?**

Ground Based Operator (GBO) aircrew do not typically have any restriction to continued flight duty because of pregnancy. Others: The process of determining if you need a waiver begins with a discussion with Flight Medicine. Local clearance can be granted for those who meet the requirements ([see Question "27. Can I be cleared to fly at my base without a waiver?"](#)) Outside of those requirements waiver is needed. The waiver authority is at the MAJCOM/SG level. In the event the waiver is denied, the member may pursue an appeal to the Air Force Medical Readiness Agency (AFMRA).

## **29. What is considered a high-risk pregnancy?**

High-risk pregnancies include: multiple gestation; age > 35 years old at time of delivery; in-vitro fertilization (IVF); pre-existing medical conditions such as hypertension, thyroid disease, and autoimmune disease; pregnancy related conditions such as gestational hypertension, gestational diabetes, pre-eclampsia, previous or current preterm labor or history of preterm birth, or as defined by the treating obstetrician. Aircrew with high-risk pregnancies are eligible for waiver consideration.

### **30. Can I fly if my pregnancy is considered high-risk?**

Aircrew with high-risk pregnancies are eligible for waiver consideration.

### **31. What forms are involved with a waiver and approval to return to flight status and where can I find them?**

Talk to Flight Medicine about the waiver process. They will provide you the forms you need to submit. After being counseled by a flight surgeon, you must sign and submit an “Aircrew Voluntary Acceptance of Risk” ([AVAR](#)). You must also submit an “Obstetrician Pregnancy Verification” form signed by you and your obstetrician. Once signed, Flight Medicine will submit the forms along with any medical documents. You may find these forms here: <https://www.airforcemedicine.af.mil/Reproductive-Health/>

Your Flight Medicine provider electronically generates the DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*, which is available via [myIMR](#).

Completed waivers are found in your Electronic Health Record.

### **32. Who submits my waiver request?**

Your Flight Medicine provider.

### **33. How long will my waiver take?**

Time for waiver processing will vary. Similar to other aeromedical waivers, each case requires thoughtful consideration to generate an appropriate aeromedical summary that identifies the risks and mitigations. Other factors to consider are: amount of waivers awaiting processing at the base and waiver authority level, provider availability, and complexity of the case. You can check the status of your waiver by asking your Flight Surgeon or Flight Medicine team at least weekly. Your Flight and Operational Medicine team review all aircrew waivers on a weekly basis, so you can obtain a status update weekly at minimum.

### **34. Who approves my waiver request?**

The MAJCOM/SG level is the initial waiver approval authority. Escalation of the waiver to the Air Force Medical Readiness Agency (AFMRA) may be requested by the member through their base level flight surgeon. You may obtain the status of your waiver through your Medical Treatment Facility Chief of Aerospace Medicine.

### **35. I have not heard anything in a few days, who should I contact?**

Flight Medicine should be able to give you a status on your waiver. If you don't hear anything within the estimated time frame, follow-up with your Flight Surgeon or Flight Medicine team at least weekly, as all waivers are discussed weekly to determine status. [See question 33, How long will my waiver take?](#), for more information.

**36. If my waiver is approved, who returns me to flight status?**

Your Flight Medicine provider will return you to flight/UP status. A DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*, will be electronically generated and provided to you via myIMR or locally established procedures.

**37. Where will my waiver be uploaded?**

The electronic health record.

**38. Who can deny my waiver?**

The waiver authority rests with the MAJCOM/SG level. In order to submit the waiver, both Flight Medicine and your obstetrics provider must provide input on your waiver submission.

**39. What are my options if my waiver is denied?**

Acceptance of the decision or appeal request to the next higher waiver authority. DAFMAN 48-123, *Medical Examinations and Standards*, para 1.7.2.5 outlines the process for appeal as referenced below. Your local flight surgeon and Military Treatment Facility Chief of Aerospace Medicine can assist.

The service member may appeal a waiver disposition. Member should present their appeal in writing to the waiver authority. Appeals typically involve consideration of information not previously considered. Waiver authority should consult the next higher waiver authority in consideration of denial of appeals. Example: MAJCOM denials are elevated to AF level (AFMRA).

**40. If my waiver is approved, do I have to fly or can I turn down flights if I don't feel well?**

You should not fly if you feel unwell whether or not you have a flight waiver for pregnancy. If you feel unwell, you should self-DNIF/DOWN until you are further evaluated by Flight Medicine and/or your obstetrics provider.

**41. If I turn down a flight, do I need to reroute a waiver?**

You are not required to continue to fly while pregnant and may voluntarily suspend your participation in aerial flights at any time. You can take yourself off the schedule at any time for any reason, including temporary conditions like fatigue, without requiring medical re-examination, the same as any other crew member. If at any time during the pregnancy, a complication or situation arises, making the pregnancy potentially higher risk, you must notify your obstetrician and flight surgeon for determination if continued flight status is appropriate. If you are uncertain if you should reroute a waiver, speak with your flight surgeon.

#### **42. If I PCS, do I need to reroute a waiver?**

If the flight duties and aircraft assignment remain the same, then you do not need to reroute a waiver. If the aircraft or duty changes, and the waiver was a restricted waiver, then the aircraft or duty changes may require a new waiver. The pregnant members should discuss their waiver and desire to continue flying with their medical team prior to their PCS.

#### **Approved Waiver Considerations**

#### **43. My request to return to flight status is approved. Are there any limitations to flight profiles?**

Any flight profile limitations will be outlined in your DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty* and/or AF Form 469, *Duty Limiting Condition Report*. General flight profile restrictions are as follows and will be maintained unless the waiver profile or your commander specifically allows for deviation or further restrictions: cabin altitude will not exceed 10,000 ft, G forces will not exceed 3 Gs, and instructor pilots should not fly with Undergraduate Pilot Training students if there is a chance that the sortie could exceed the parameters above. Refer to the [Aircrew Voluntary Acceptance of Risk \(AVAR\) Tab 3 Flight Profiles](#) for more information.

#### **44. Do I need to get prescriptions approved to fly based on certain medication prescribed by the Obstetrician-Gynecologist (OB)?**

Aircrew are only allowed to take medications which have been approved and are on the Official Air Force Aerospace Medicine Approved Medications or aeromedical waiver.

#### **45. Am I allowed to deploy?**

Generally, no. All pregnant service members are mobility restricted. Medical clearance for deployment of pregnant women shall only be granted after consultation with the appropriate Combatant Command surgeon. He/she can determine if adequate treatment facilities and specialist support is available at the duty station. The geographic CCDR is the final approval or disapproval authority. (Ref: DoDI 3020.41)

#### **46. Are there any restrictions to missions the member can accept while pregnant?**

Refer to the [Aircrew Voluntary Acceptance of Risk \(AVAR\) Tab 3 Flight Profiles](#), consult your unit commander and local flight surgeon for any specific restrictions on your local flying missions. Additionally, flight profiles cannot contradict limitations in your profile (AF Form 469, *Duty Limiting Condition Report*). See [Question 43. "My request to return to flight status is approved. Are there any limitations to flight profiles?"](#)

**47. Can I fly with unqualified or student pilots/members in my crew position?**

You should consult your waiver criteria and ensure all crewmembers who have access to flight controls understand the limitations of your profile. [See Question 43. “My request to return to flight status is approved. Are there any limitations to flight profiles?”](#)

**48. Can I complete a checkride?**

Yes, provided your checkride does not require any maneuvers contradictory to your profile. [See Question 43. “My request to return to flight status is approved. Are there any limitations to flight profiles?”](#) You may be able to complete a checkride with a restriction noted. For more information, contact your Standardization/Evaluation shop, Flight Medicine, and your commander.

**49. Can I be no-noticed for a checkride?**

Yes. For more information, contact your Standardization/Evaluation shop. Maneuvers outside of what is allowed in your medical profile are not allowed.

**50. Are there any recurring exams, such as getting my eyes examined, which are required?**

Yes, your Flight Medicine provider and obstetrician will develop a plan for you. Generally, this will include a visit to Flight Medicine every four weeks, ideally timed right after each OB visit. These appointments may check vision, vitals, and ability to wear safety equipment and emergency egress. They may confirm your desire to fly and ensure that you have not developed any pregnancy complications that may affect your ability to continue flying.

**Location / Off-Station Considerations**

**51. Are there any limitations with going TDY to include Professional Military Education (PME)?**

For information regarding pregnancy and PME, reference AFI 36-2670. For information regarding pregnancy and flight training TDYs, reference [Education Training Course Announcements](#) and your local training shops. For TDYs associated with an operational mission, reference your AF Form 469, *Duty Limiting Condition Report*, and waiver for any mobility restrictions.

**52. Are there any OCONUS restrictions?**

Any mobility restrictions will be outlined in an AF Form 469, *Duty Limiting Condition Report*.

Pregnancy waivers outside of second trimester will annotate dates where additional restrictions may apply if flying into or out of international airports operating under International Civil Aviation Organization (ICAO) agreements.



**53. I'm stationed at a CONUS base; can I take a mission that will take me overseas?**

[See Question 52. "Are there any OCONUS restrictions?"](#)

**54. Are there any special considerations I should consider such as go-bags or medical paperwork I should bring with me on flights in case we divert, or I am off station when an issue occurs?**

A copy of your flight waiver and a copy of your latest obstetrics medical note may be helpful in the event you have to see a medical provider. Your medical team can advise you of other documents that would be helpful to your specific case.

**55. What if I go into labor while I'm off station?**

You should go to the nearest hospital that provides labor and delivery care.

**Flying Risks**

**56. What are the known risks and unknown risks?**

There are very few studies of human pregnancy in the flight environment. This means there is very little direct measurement of possible adverse effects of many of the aviation-related occupational exposures such as noise, vibration, jet fuel exposure, exposure to fumes, shift work, long hours, heavy lifting, hypoxia, G-force, and altitude exposure. This lack of evidence is especially apparent in military flying, and it would be unethical to do research studies on pregnant individuals to assess harm to the pregnancy or fetus. Despite lack of evidence, risks must be individually assessed, addressed, and monitored to assure a risk-appropriate flying decision. The Aircrew Voluntary Acceptance of Risk (AVAR) document provided by your flight doctor goes more in-depth on these risks. Your Flight Medicine team can provide this to you. You should discuss these risks with your Flight Medicine team and your pregnancy care provider before deciding whether or not to request to continue to fly. Refer to the most current AVAR Tab 2 - Medical Risks for more information. You may source the AVAR here:  
<https://www.airforcemedicine.af.mil/Reproductive-Health/>

**57. What physiological differences should I be aware of during this time?**

Pregnancy is associated with physiological changes, pregnancy-specific conditions, effects on pre-existing medical conditions, and effects on medications, all of which individually and in combination may be aeromedically significant. The physiological changes vary within and across pregnancies. These novel physiological states can be quite different from the flyer's baseline physiological state experienced during initial flight training and during typical non-pregnancy flying experiences. As such, these often unperceived changes have the potential to result in unexpected, subtle, or profound physical responses to create aeromedical risks. Pregnancy related changes may cause aeromedically-significant changes to the state of pre-existing diseases, or its treatment, requiring reassessment. Pregnancy-specific diseases and conditions arising at various points in the pregnancy create their own aeromedical risks and conditions that are often incompatible with flying. Additionally, the physical changes of pregnancy can create

occupational limitations for the flyer. Finally, the flying environment may create environmental exposure risks to the fetus. Therefore, prior to returning to the flight environment, it is essential that flyers and their medical care team are aware of these circumstances and the potential effect on flying performance and safety. It is essential to establish awareness, an accurate assessment, and appropriate monitoring methods to mitigate these risks. You should discuss these physiological changes with your Flight Medicine team and your pregnancy care provider before deciding whether or not to request to continue to fly.

**58. Do different platforms have different known and unknown risk data?**

Yes. Different platforms create different environments that affect risk in different ways. Some things to consider may be G-forces, noise, radar, and mission systems that may or may not have been studied during pregnancy. Your health care provider in conjunction with Flight Medicine may be able to answer questions related to your specific aircraft environment.

**59. Are there any maneuvers I should not do while pregnant?**

Your Flight Medicine provider and DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty* and/or AF Form 469, *Duty Limiting Condition Report* can provide more information for your specific case. Refer to the [Aircrew Voluntary Acceptance of Risk \(AVAR\) Tab 3 Flight Profiles](#) and [Question 26, “What is my commander’s role in determining if I am eligible to fly?”](#) for more information.

**60. What happens if someone else controlling the aircraft puts the aircraft into a maneuver I am not supposed to be in?**

You should advise them to cease immediately, and if they refuse, report to the commander and unit safety officer. Prior to stepping to a mission, ensure all members who are at the controls of the aircraft understand your situation and any restrictions you have on your profile. Any deviation from appropriate mission profile should be evaluated to see if a safety investigation is warranted.

**Maternity Flight-Suits**

**61. I’m cleared to fly (any trimester) but have nothing to wear that is flight approved or Fire Retardant, what are my options?**

Flight approved uniforms are required in order to participate in flight duties. You can check with your unit to see if they have maternity uniforms available. If not, you can size up (be careful not to create hazards with an oversized uniform) or see [Question 62, “Are there maternity flight suits? How do I get one?”](#) for information regarding obtaining a maternity flight suit. Maternity flight suits should be provided and paid for by the unit.

**62. Are there maternity flight suits? How do I get one?**

Yes. To obtain a maternity flight suit, you should first reach out to your unit to check if they have a process in place. The shop responsible for flight suits and/or your unit Resource Advisor

may be able to assist. To order, you or your unit should contact your MAJCOM representative. For their contact information as well as sizing information, visit the AF Portal and search for [Maternity FDU Ordering](#) info. Maternity flight suits should be provided and paid for by the unit.

### **63. Is my squadron required to provide me a maternity flight suit?**

If you intend to fly during your pregnancy, your squadron is required to provide you with a serviceable Flight Duty Uniform that allows you to perform all of your in-flight duties. Maternity flight suits should be provided and paid for by the unit.

## **Insurance / TRICARE**

### **64. What are some services provided by TRICARE?**

TRICARE covers medically-necessary pregnancy care which includes (limits apply):

- Prenatal care
- Labor and delivery
- Post-partum care
- Treatment of any complications

The Pregnancy Care page of the TRICARE webpage provides more information such as coverage limitations, care included in each stage of pregnancy, where to get coverage, and information regarding your specific TRICARE plan. You can also search in the search box for specific topics. The web address is: <https://www.tricare.mil/LifeEvents/Baby/PregnancyCare>

### **65. Does TRICARE cover breast-feeding supplies?**

TRICARE covers breast pumps, breast pump supplies, and breastfeeding counseling at no cost for new mothers, including mothers who adopt an infant and plan to breastfeed. For a full list, please visit <https://www.tricare.mil/CoveredServices/IsItCovered/BreastPumpsSupplies> or use the search box on TRICARE's website. It is important to note that covered services sometimes have limitations or exceptions and that TRICARE will cover all medically necessary and considered proven care.

The New Parent Support Program (NPSP) helps military parents, including expectant parents, transition successfully into parenthood, to include obtaining breast feeding support. Contact the Family Advocacy Program or the Military and Family Readiness Center for more information. To learn more about the NPSP visit [Military One Source](#).

## **Pregnancy Loss/Miscarriage**

### **66. How does a pregnancy loss/miscarriage affect my flight status?**

Each case is unique and should be discussed with your provider. If you were DNIF/DOWN at the time of miscarriage, your provider may leave you in a DNIF/DOWN status until you are physically and psychologically recovered and able to fly. Just like with any other family loss, a

discussion with your commander may be helpful in determining when to put you back on the fly schedule (regardless of when you are returned to fly status).

**67. What resources are available to me?**

Women’s Health providers, behavioral health providers including Mental Health Clinic, Military One-source, Military Family Life Counselor (MFLC), Little Wings organization (littlewingsorganization@gmail.com), Airman’s Angel Support Group, local groups for families experiencing perinatal loss and the chaplain (regardless of faith) are all available to help following a loss. Your medical providers (Flight Medicine, Women’s Health, etc.) are all equipped with information on where to go if you need more assistance. Your leadership team, including your first sergeant, should also be ready to support you.

**68. Who is notified following a pregnancy loss/miscarriage?**

Following a pregnancy loss/miscarriage, your medical providers will work with you to provide a care plan. This will eventually result in a change in your duty profile (AF Form 469, *Duty Limiting Condition Report*). Changes in your duty profile are communicated in the same way following a loss as they are following a positive pregnancy test. A discussion with your commander may be helpful to ensure you are provided with the support you need (emotional, physical, time off work, etc.) while paperwork moves through official channels.

**69. Am I entitled to any leave following a pregnancy loss/miscarriage?**

AFMAN 41-210 provides a guide regarding convalescent leave. These recommendations shall also be guided by best clinical judgment and are recommended minimums.

<b>Gestation</b>	<b>Recommended minimum convalescent leave</b>
Less than or equal to 12 weeks and 0 days	7 days
12 weeks 1 day to 16 weeks 0 days	14 days
16 weeks 1 day to 19 weeks 6 days	21 days
20 weeks onwards	42 days

**70. Am I entitled to any physical training test deferments following a pregnancy loss/miscarriage?**

AFMAN 41-210 provides a guide regarding physical fitness testing. These recommendations shall also be guided by best clinical judgment and are recommended minimums.

<b>Gestation</b>	<b>Recommended Profile</b>
Less than or equal to 12 weeks and 0 days	60 days no Physical Fitness Testing
12 weeks 1 day to 19 weeks 6 days	180 days no Physical Fitness Testing
20 weeks onwards	365 days no Physical Fitness Testing

**71. Am I entitled to any insurance coverage following a pregnancy loss/miscarriage?**

Family SGLI (FSGLI) dependent child coverage is the set amount of \$10,000 for each dependent child. A dependent child includes a stillborn child whose death occurs before expulsion, extraction, or delivery, and not for the purposes of abortion, and whose fetal weight is 350 grams or more or if the fetal weight is unknown, whose duration in utero was 20 or more completed weeks of gestation, calculated from the date the last normal menstrual period began to the date of expulsion, extraction, or delivery.

TRICARE covers a wide range of support options such as counseling and lactation consultants.

**Postpartum**

**72. I gave birth. How long until I can return to flight status?**

This will depend on your individual situation. Generally, six weeks after an uncomplicated vaginal delivery, your body should be expected to return to normal physiology.

**73. How long until I'm allowed to go TDY?**

This will be outlined in your profile. You are eligible to defer TDYs during the 12-month period after the birth of a child (ref DAFI 36-2110, *Total Force Assignments*). The Airman or Guardian may request to waive the 12-month deferment period by each TDY occurrence.

**74. I went on one TDY, do I have to now go on others?**

No. You may waive their TDY deferment on an individual basis during the 12-month period after the birth.

**75. What maternity and parental leave am I entitled to?**

Refer to the most current DAFI 36-3003, *Military Leave Program*.

**76. What if I expire for a checkride or physiology training while I'm postpartum?**

Your unit training will create a re-qual training plan to bring you back to a qualified status. More information for your specific Major Weapon System (MWS) can be found in your 11-2MWS vol 1.

Once medically cleared following pregnancy, aircrew will complete hypoxia exposure prior to first flight which will reset expired Aerospace Physiology currency (ref AFMAN 11-403)

**77. Can I use a Bluetooth breast pump in a secure area/SAP-F?**

Several MAJCOMS have signed memos approving wearable breast pumps as personal medical devices and allowing them into those secure areas with minimal coordination with your Special Security Officer (SSO). Check with your local SSO if your MAJCOM has approved blanket approval. The Bluetooth option must be disabled inside the secure area. Speak with your SSO to fill out the required paperwork for approval and guidance. If your MAJCOM does not have blanket approval, you may route a request through your local SSO.

**78. I'm TDY, will the Air Force pay to ship my breastmilk back?**

Yes. the Joint Travel Regulation addresses this in Table 2-24 item 18.

**Other**

**79. If I am concerned about pregnancy discrimination, what are my rights and which rules and regulations protect me?**

You are protected against unlawful discrimination, including discrimination on the basis of pregnancy. DAF Equal Opportunity policies provide for equal opportunity and treatment for all members based on sex (including pregnancy). Concerns about discrimination should be directed to the Equal Opportunity Office in accordance with DAFI 36-2710, Equal Opportunity Program.

**80. Can I request that information regarding my pregnancy (or any medical condition) be removed from my medical record if I am no longer pregnant (or the condition has resolved)?**

Your medical records are protected health information. If documentation of the encounter with your medical provider(s) was factual and accurate, it cannot be removed from your medical record. This holds true for any diagnosis, to include a pregnancy even if the pregnancy was lost due to medical complications or terminated. Your medical information will remain in your chart for a historical account and is viewable by medical professionals. However, if medical information was placed in your medical chart in error, as discovered by the Service member or medical providers, the Service member can request for information to be corrected or redacted from medical documentation accordingly. Your patient advocate or provider can assist in this process.

**81. Do the recommendations of civilian doctors and military doctors carry the same weight? What if they disagree about my ability to fly?**

Military doctors have responsibility to make military medical readiness decisions. The military provider understands operational or occupational environment impacts to the health of pregnancy which may not be fully understood by a civilian doctor. The military doctor will review and consider the civilian doctors' recommendations. Flight surgeons have responsibility to make

aeromedical dispositions after every encounter (to include off base visits). Should the opinion of the civilian or military OB provider and your flight surgeon differ, your flight surgeon's opinion is determinative.

**82. How does the new pregnancy masking in readiness reporting and profiles apply to my records? Who exactly will know that I'm pregnant and who will just see my limitations?**

The words "pregnancy," "due date," and the check box labeled "pregnancy restrictions" were removed and no longer display personnel codes that are linked to pregnancy on the profile. Commanders and their designees will not see identifying terms linked to pregnancy, but will see common mobility, duty and fitness restrictions as deemed necessary. Your health records at the MTF are protected by both the Health Insurance Portability and Accountability Act and the Privacy Act. Medical information held by your command must be protected in accordance with the Privacy Act.

**Relevant DAFIs / Resources**  
**Most found on: <https://www.e-publishing.af.mil/>**

- [Aircrew Voluntary Acceptance of Risk Tabs 1-3](#)
- AFI 48-133, *Duty Limiting Conditions*, 07 Aug 2020
- DAFMAN 36-2905, *Department of the Air Force Physical Fitness Program*, 21 Apr 22
- AFMAN 11-402, *Aviation and Parachutist Service*, 13 Sep 2021
- +MAJCOM SUPS
  - Flying Operations (Ch3 Att 4)
  - Gate Months & OFDA, see 3.9.3.3.; S codes and if you're before your gate
  - see also, impact to qualified rated vs student status
- DAFI 36-2110, *Total Force Assignments*, 02 Aug 2021
- AFI10-403, *Deployment Planning and Execution*, 17 Apr 2020
- DAFMAN 48-123, *Medical Examinations and Standards*, 08 Dec 2020
- AFMAN 48-146, *Occupational and Environment Health Program Management* ,15 Oct 2018
- DAFI 36-3003, *Military Leave Program*, 20 Sep 22
- AFI 44-102, *Medical Care Management*, 21 Apr 2020, AFGM2022-01, 13 Jul 2022
- AFI 36-2654, *Combat Arms Program*, 16 Apr 2020
- AFI 48-127, *Occupational Noise and Hearing Conservation Program*, 15 Sep 2022
- DAFI 36-2406, *Officer and Enlisted Evaluations Systems*, 14 Nov 2019, DAFGM2022-01, 28 Jun 2022
- DAFI 36-3013, *Lactation Rooms and Breastmilk Storage for Nursing mothers*, 5 Aug 2021
- DAFI 36-2903, *Dress and Personal Appearance of United States Air Force and United States Space Force Personnel*, 12 Apr 2022
- [Medical Standards Directory and Aircrew Flying Waiver Guide](#)
- DAFI 36-3211, *Military Separations*, 24 Jun 22
- DODI1342.19\_AFI 36-2908, *Family Care Plan*, 23 Jan 2019
- AFMAN 11-403, *Aerospace Physiological Training Program*, 13 Apr 2022
- DAFI 36-2710, *Equal Opportunity Program* 30 Sep 2022
- [Joint Travel Regulations \(JTR\)](#)