**DEPARTMENT OF THE ARMY**
**OFFICE OF THE SURGEON GENERAL**
**5109 LEESBURG PIKE**
**FALLS CHURCH VA 22041-3258**

REPLY TO
ATTENTION OF

DASG-ZA

0 3 JUN 2005

MEMORANDUM THRU LTG Franklin L. Hagenbeck, Deputy Chief of Staff, G1, Room 2E460, 300 Army Pentagon, Washington, DC 20310-0300

FOR LTG James J. Lovelace, Deputy Chief of Staff, G-3-5-7, 400 Army Pentagon, Washington, DC 20310-0400

SUBJECT: Army Pregnancy/Postpartum Physical Training (PPPT) Program

1. References:

a. DoD Instruction 1308.3, Physical Fitness and Body Fat Programs Procedures, Physical Fitness, paragraphs 6.1.2.2 and 6.2.3.6, 5 November 2002.

b. AR 350-1, Army Training and Education, Chapter 4, paragraph 4-9a (9), 9 Apr 03.

c. AR 40-501, Standards of Medical Fitness, Chapter 7, paragraphs 7-9 and 7-10, 12 Apr 04.

d. ALARACT Message, Postpartum Soldiers and the Physical Fitness and Weight Control Program, 251912Z MAR 96.

e. American College of Obstetricians and Gynecologists (ACOG) Committee Opinion #267, Jan 02, subject: Exercise During Pregnancy and the Postpartum Period.

2. I provide my endorsement of the Army PPPT Program with Army Deputy Chief of Staff, G-3 as the proponent (enclosed). The program is comprised of a standardized local commander's program and training for program leaders in pregnancy and postpartum physical training, as described in the enclosure.

3. My point of contact for the PPPT Program is Ms. Lisa Young, Health Educator and Project Leader, US Army Center for Health Promotion and Preventive Medicine, Directorate of Health Promotion and Wellness. She can be reached at lisa.young@amedd.army.mil, DSN 584-7844 or commercial (410) 436-7844.

Encl

KEVIN C. KILEY, M.D.
Lieutenant General
The Surgeon General

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Pregnancy/Postpartum Physical Training (PPPT) Program

1. Purpose. The PPPT Program is an Army-wide standardized program implemented at the installation level by the senior mission commander or his/her designee. The Program provides educational materials to train program leaders in PPPT at the installation level.

2. Facts.

a. In 2002, approximately 8.2 percent of female active duty Soldiers delivered a child (Data Source: Standard Inpatient Data Record and Health Care Service Record - Institutional, M2, June 2003).

b. The American College of Obstetrics and Gynecology (ACOG) encourages healthy women to exercise moderately for 30 minutes most days of the week throughout pregnancy and postpartum within ACOG guidelines and under the advice of their obstetrician (reference 1e). Exercise during pregnancy and postpartum promotes a faster return to physical fitness levels and prevents excessive body fat gain.

3. Background.

a. Currently, a standardized Army-wide program for pregnancy/postpartum physical training does not exist, and participation in physical training during pregnancy is voluntary.

b. Most training personnel at the unit level are not familiar with appropriate exercises for pregnant/postpartum Soldiers, nor are they familiar with the ACOG guidelines. Because of this, numerous Soldiers are left to train on their own or do not train at all. This is a readiness and morale issue for the Soldier and the unit.

c. In 2002, DCS, Army G-1 Human Resources became the lead for the Army Family Action Plan (AFAP) Issue #532, "Standardized Army-wide Pregnancy Program for Soldiers." The U.S. Army Center for Health Promotion and Preventive Medicine (U.S.ACHPPM) has developed a PPPT Program that meets the recommendations of the AFAP Issue (Tab 1).

d. The intent of the Army PPPT Program is to improve force readiness by providing a safe, effective, standardized program led by personnel trained in pregnancy and postpartum fitness. The program is designed to maintain fitness levels of pregnant Soldiers, and successfully integrate postpartum Soldiers back into unit physical training programs having met their physical fitness and height/weight standards.

Encl

e. The U.S. Army Medical Command (MEDCOM) through U.S.ACHPPM has collaborated with DCS, G-1 Human Resources, the U.S Army Physical Fitness School, Army Reserve Surgeon, and Army National Guard Surgeon to develop a PPPT Program to meet the specific readiness needs of this population for the Total Army. Approvals received for the program concept and concurrences for the educational materials are at Tab 2.

f. The Business Case Analysis (Tab 3) describes the development process and components of the PPPT Program. It also addresses the resource requirements for Army-wide implementation. Enclosures to the Business Case Analysis include reports on Army pregnancy studies and a review of academic studies that support the PPPT Program. PPPT Program elements have been tested at several sites and found to provide the following benefits: improved Army Physical Fitness Test event scores, increased weight loss postpartum, and reduced cesarean section rates for participants.

g. The Army PPPT Program implementation plan is located at Tab 4.

h. The field-tested educational tools developed to train local installation personnel (medical expert, instructor trainer, exercise leader, Soldier) and to support participation by pregnant/postpartum Reserve/National Guard/Remote Soldiers are available at Tab 5. Master and initial training copies of these materials will be provided by USACHPPM to the U.S. Army Physical Fitness Training Program specified proponent (U.S. Army Physical Fitness School).

4. The Office of The Surgeon General (OTSG) endorses the PPPT Program and Army-wide implementation through the following actions:

a. Update AR 40-501, Standards of Medical Fitness, with guidance on participation in PPPT consistent with AR 350-1, Army Training and Education, Chapter 1, paragraph 1-21, Army Physical Fitness Training Program. Proposed wording is provided in Tab 6.

b. Provide MEDCOM health care professionals to continue support of the PPPT program through medical expert consultation and quality assurance oversight.

5. The Surgeon General requests DCS, Army G-1 facilitate Army-wide implementation of the PPPT Program by:

a. Approving the Army PPPT Program and establishing policies to implement standardized PPPT Programs throughout the Army in accordance with PPPT Program standards found within U.S.ACHPPM Technical Guides 255 A-E.

b. Updating AR 600-9, Army Weight Control Program, Section 3, Proper Weight Control and AR 600-63, Army Health Promotion, Chapter 2, Health Promotion Policies, paragraph 2-3, Physical Fitness, to be consistent with AR 350-1, Army Training and Education, Chapter 1, paragraph 1-21, Army Physical Fitness Training Program. Proposed wording is provided in Tab 6.

c. Coordinating with The Surgeon General to request DCS, Army G-3 endorsement of the approved Army PPPT program through the following actions:

(1) DCS, Army G-3 accepts proponency of the Army PPPT program, IAW AR 350-1, Army Training and Education.

(2) DCS, Army G-3 designate and resource the U.S. Army Physical Fitness Training Program specified proponent (U.S. Army Physical Fitness School) with appropriate fitness professionals to implement and sustain Army-wide standardized PPPT as a recognized component of the U.S. Army Physical Fitness Training Program.

(3) Update AR 350-1, Army Training and Education, Chapter 4, paragraph 4-9a(9), Army physical fitness training in units, to be consistent with AR 350-1, Army Training and Education, Chapter 1, paragraph 1-21; and update the Field Manual on Army Physical Fitness Training to include guidance on pregnancy/ postpartum physical training. Proposed wording is provided in Tab 6.

d. Coordinating with The Surgeon General to request Installation Management Agency (IMA) to endorse the approved PPPT program through provision of adequate and appropriate facilities, equipment, and personnel to meet requirements for implementation of PPPT as a recognized component of the U.S. Army Physical Fitness Training Program.

6. Impact.

a. Funding Impact. For expected program implementation in fiscal years FY 06-12, the estimated program costs are $12,316,294; estimated program benefits are $105,920,865. DCS, Army G-3, the proponent for the Army PPPT program, can expect a break-even point at the end of year one.

b. Personnel Impact. Personnel resources for the U.S. Army Physical Fitness Training Program specified proponent will be provided by the Army proponent. Senior mission commanders will assign or hire fitness personnel to administer/conduct the local PPPT Programs. Current MEDCOM assets will provide medical expert consultation support. Unit commanders will continue to be tasked to support the Army Physical Fitness Training Program, to include the PPPT Program.

6 Tabs
1. Army Family Action Plan Issue #532
2. Concurrences/approvals
3. PPPT Business Case Analysis
4. Implementation plan
5. Educational materials
6. Proposed Army regulation updates