



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, EIGHTH ARMY  
UNIT #15236  
APO AP 96205-5236

EACG

FEB 05 2013

MEMORANDUM FOR All Eighth Army Assigned Soldiers

SUBJECT: Eighth Army Command Policy Letter #59 - Pregnancy/Postpartum Physical Training Program

1. The authority for exceptions to implementation of this policy is the Eighth Army Commanding General. This policy will remain in effect until superseded or rescinded.

2. References:

a. Army Regulation (AR) 40-501, Standards of Medical Fitness, 14 December 2007 (\*RAR 003, 08/04/2011).

b. AR 350-1, Army Training and Leader Development, 18 December 2009 (\*RAR 001, 08/04/2011).

c. AR 600-20, Army Command Policy, 18 March 2008 (\*RAR 005, 09/20/2012).

d. AR 600-9, The Army Weight Control Program, 27 November 2006.

e. Field Manual 7-22, Army Physical Readiness Training, 26 October 2012.

f. TG 255A Pregnancy/ Postpartum Physical Training (P3T) Program Implementation Guide, June 2010.

g. ALARACT 168/2008. The Army Postpartum Pregnancy Physical Training ALARACT 171/2008. Notification of Pending Postpartum and Adoption Deferment Policy Change.

h. Eighth Army Command Policy Letter #44, 21 November 2012.

3. Purpose. To establish guidance for the implementation and execution of the Pregnancy/Postpartum Physical Training Program (P3T) for Eighth Army (8A).

4. Background. The P3T is a commanders program designed to assist pregnant and postpartum Soldiers meet their unique fitness needs through a standardized physical training (PT) and educational program. The goals of the P3T program are to maintain physical fitness during pregnancy, improve fitness postpartum for a smooth transition back to the unit PT, and promote higher Army Physical Fitness Test (APFT) scores and Army Regulation 600-9 height/weight pass rates.

5. Attendance. All pregnant and postpartum active duty (AD) Soldiers, regardless of rank or position in accordance with (IAW) Technical Guide (TG) 255A, will enroll and fully participate in the P3T program after receiving health care provider (HCP) clearance. Even if clearance isn't

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given for the physical fitness portion, Soldier will still enroll and participate in the health education portion of the program. An Exception to Policy will be made for those unable to physically participate in the local P3T program due to a remote duty location, those personnel will be provide with the P3T "At Home" program. An exception to policy memo will be required.

a. PT for pregnant AD Soldiers is conducted four times a week during PT hours IAW with Eighth Army Command Policy Letter #44 at the location designated by the OIC/NCOIC. Soldiers are expected to report to formation on time and attend each exercise session. Health education classes are held weekly at the location designated by installation OIC/NCOIC. The intent is for the health education classes to serve as the pregnant Soldiers Sergeants Time Training. All pregnant Soldiers are required to attend the health education class regardless of ability to participate in P3T.

b. PT for postpartum AD Soldiers is conducted five days per week IAW Eighth Army Command Policy letter #44, during PT hours at the designated location by the OIC/NCOIC. Soldiers are expected to report on time and attend each exercise session. During postpartum, Soldiers will participate for a minimum of 90 days and up to 180 days after day of delivery; postpartum Soldiers, are exempt from taking a record APFT test for 180 days after the termination of the pregnancy. A memorandum of release will be forwarded to the Soldier's unit commander upon postpartum PT completion or if the Soldier passes the diagnostic APFT, meets height/weight standards set forth in AR 600-9, and is approved to return to unit PT by the Health Care Provider (HCP). Exceptions to policy will be made on a case-by-case basis.

c. Although not mandatory, Soldiers are strongly encouraged during convalescent leave to exercise at their own pace using the At-Home guidance provided in the TG series 255.

## 6. Procedures.

a. Implementation. Implementation is mandatory for all of 8A including MSCs in all Areas (I-IV). Area V P3T will be a sub-component of Area III; all reports for Area V are to be forwarded to the Area III PM/ IIT and submitted to higher from there on. Area Senior Responsible Officer's (SRO's) are responsible for the implementation of the program throughout the installations in their respective areas of responsibility. Immediate oversight, reporting and control of the program can be delegated to the largest Major Subordinate Command (MSC) of the Area of Operation.

b. The P3T program will be established on all camps/posts where female Soldiers are present.

### c. Enrollment

(1) Enrollment is mandatory for all pregnant and postpartum Active Duty Soldiers regardless of rank or position; even if the Soldier has been evaluated by HCP and it was determined that the Soldier cannot participate in P3T due to medical reasons. U.S. Army reservists and National Guard may participate subject to space and resources available.

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(2) IAW AR 40-501, paragraph 7-9 and 7-10, Pregnant Soldiers must be evaluated by a HCP and medically cleared for the enrollment and participation of P3T exercise sessions. Enrollment is from the date the Soldier has been cleared for participation in P3T by a HCP and includes up to 180 days after termination of her pregnancy (includes miscarriage, abortion, and/or birth of child).

(3) Once HCP approval is received, the pregnant Soldier must attend an orientation and registration brief at a location determined by the installation P3T OIC/ NCOIC. Soldiers will need to bring a copy of their pregnancy profile. At that time the Soldier will receive all mandatory documents for enrollment into the P3T program, including a monthly P3T calendar as well as a DA Form 4856 that her commander must sign acknowledging that she is enrolled in P3T for the duration of her pregnancy and up to 180 after termination of pregnancy.

d. Accountability

(1) Once enrolled in P3T, the Soldier's place of duty during PT time will be at the P3T location unless medically exempt. First formation for Soldier's enrolled in the program will be at the P3T site. The P3T exercise leader will collect and provide attendance rosters to the P3T NCOIC. Units will receive weekly attendance rosters to ensure accountability of their personnel at P3T.

(2) Soldier will only be excused from P3T if they have a valid memorandum signed by their commander or a valid appointment slip. If the Soldier has frequent unexcused absences, she may be subject to administrative action from her chain of command. Participation is a priority; therefore commanders are encouraged to limit interference from taskings, routine details, and administrative duties.

(3) A P3T database will be maintained by the P3T coordinator that will include but is not limited to, enrollment, APFT scores, and profile and pregnancy data IAW specification set forth in TG 255A Implementation Guide.

7. Uniform. Pregnant Soldiers wear the IPFU uniform until it becomes restrictive and then may wear civilian equivalent exercise attire. Civilian exercise attire will be free from tears, holes, offensive material, soiling and will be worn in good taste. Soldiers are not required to purchase larger IPFU uniforms. Postpartum Soldiers will wear the IPFU; if their IPFU does not fit them, they are not required to purchase a larger size. There will be no mixing of civilian attire with the IPFU while conducting organized P3T on the installation. When Soldiers conduct water aerobics, it is recommended that the IPFU be worn. Postpartum Soldiers that conduct water aerobics will wear the IPFU with spandex. All Soldiers will bring a water source to every P3T session.

8. Responsibilities.

a. Headquarters (HQ), Eighth Army.

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(1) Provide policy, guidelines, and follow through specific to Korea for the implementation of P3T throughout the 8A Areas of operations.

(2) Provide bi-annual P3T Instructor-Trainer courses.

b. Senior Responsible Officer's (SRO's).

(1) Identify post/camps where P3T program is to be implemented.

(2) Delegate oversight, reporting and control of the program to the largest Major Subordinate Command (MSC) of the Area of Operation.

(3) Provide funding for the implementation and sustainment of Area P3T program.

c. 65<sup>th</sup> Medical Brigade.

(1) Appoint one Medical Expert (ME), one Education Coordinator (EC), and one Community Health Promotion Officer (HPO) in support of P3T. ME will serve as medical consultant to unit commanders, P3T staff, and Garrison and/or Installation Commanders'. Additionally, the ME will be the concluding authority on IT, EL and Pregnancy health education. The EC will construct a calendar of weekly educational pregnancy classes; ensure teaching and training aids are readily available; schedule appropriate qualified subject matter experts as speakers, or trainer's and conduct medical classes if needed IAW the TG 255A core curriculum. HPO will serve as an advocate and liaison for the P3T program on the Community Health Promotion Council (CHPC), to the MSCs, Garrison/Installation leadership, and to the P3T staff.

(2) Provide pregnancy/postpartum information to the units within one week of pregnancy diagnosis and provide updated information status as required. HCP's will write pregnancy/postpartum profiles IAW AR 40-50, up load profiles into E-profile, and specify if the Soldier is cleared to participate in P3T along with restriction if any.

(3) ME, EC and HPO will aid in the development of the local SOP.

d. Garrison Command's: will ensure the availability of equipment, fitness and non-fitness facilities is a priority for the Installation P3T program. Additionally, the Garrison Command will aid in the development of the local SOP.

e. Major Subordinate Command's (MSC's).

(1) Largest MSC in each area will assume overall command and control and execute the area P3T program IAW Army Regulations, TG 255 series, and published policy. Additionally, the MSC will develop the local area P3T SOP.

(2) Provide personnel for the training of IT's (minimum of two per Battalion), as needed per 8A HQ guidance when course becomes available.

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(3) Ensure full participation and enrollment of pregnant and postpartum Soldier within the area of operation.

(4) Appoint P3T Installation Program Manager (PM); appoint P3T Installation Instructor Trainer (IIT); appoint Administrative Assistant (AA) as needed for sub-subordinate camps/posts; appoint Trimester Instructor Trainer's (IT's) one per-trimester and one each for initial and advanced postpartum. Appoint P3T Exercise Leader's (EL's), EL to Soldier ratio is: 1:25. All positions IAW TG 255A dated June 2010.

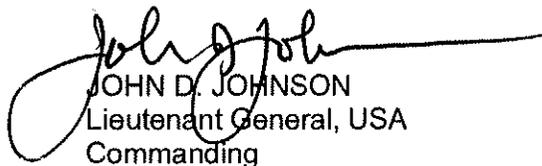
(5) Appoint IT's to conduct Exercise Leaders (EL) training courses as needed.

(6) Produce and maintain rolling DA 6 of IT's and EL's.

(7) Report P3T enrollment and participation statistics IAW TG 255A to the Area HPO, Community Health Promotion Council (CHPC) and 8A Surgeon. Reports will be submitted on a monthly basis.

(8) Ensure full participation and enrollment of pregnant and postpartum Soldier's of all units under within the Area of Operation.

9. Point of contact for this memorandum is SSG Almazan, Iris, 8A Surgeon OPS NCO, 723-4663, [iris.g.almazan.mil@mail.mil](mailto:iris.g.almazan.mil@mail.mil).

  
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