

# US Army Pregnancy Postpartum Physical Training Program

## Implementation Guide



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**U.S. Army  
Pregnancy and Postpartum  
Physical Training**

**Implementation Guide  
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U. S. Army Public Health Command (Provisional)  
Directorate Health Promotion and Wellness  
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## Table of Contents

<b>Foreword</b> .....	<b>iii</b>
<b>Chapter 1. Introduction</b>	
Section I. Purpose .....	1
Section II. Applicability .....	1
Section III. References .....	1
Section IV. Overview .....	1
a. Goals .....	2
b. Benefits .....	2
c. Standard criteria.....	3
Section V. Implementation Checklist .....	4
Section VI. Accountability .....	4
a. Local leadership accountability .....	5
b. Remote PPPT Program accountability .....	5
c. Training accountability .....	6
d. Program evaluation.....	6
Section VII. Duties and Responsibilities .....	6
a. Senior Commander (Installation Commanding General) .....	6
b. Unit Commanders .....	7
c. Medical Treatment Facility Commander or Representative .....	7
d. Community Health Promotion Officer (HPO) .....	8
e. PPPT Medical Expert (ME).....	9
f. PPPT Education Coordinator (EC) .....	10
g. PPPT Installation Program Manager (PM) .....	11
h. PPPT Program Installation Instructor Trainer (IIT) .....	12
i. PPPT Trimester Instructor Trainers (IT).....	15
j. PPPT Exercise Leaders (EL) .....	17
k. Administrative Assistant.....	18
l. PPPT Program personnel .....	19
<b>Chapter 2. Procedures for Program Implementation Operation</b>	
Section I. Maintaining PPPT Program Enrollment .....	20
a. Eligible participants .....	20
b. Enrollment .....	20
c. Special enrollment circumstances .....	21
Section II. Documenting and Reporting Attendance .....	21
a. Daily attendance roster .....	21
b. Accountability .....	22
Section III. Directing Fitness Activities .....	22
a. Pregnancy activities .....	22
b. At-home activities .....	24
c. Postpartum activities .....	25

Section IV. Reserve Component /Remote (RC/R) PPPT Program..... 28

- a. Reserve ..... 28
- b. Army National Guard (ARNG) ..... 28
- c. Reserve Component (RC) PPPT Program components..... 28
- d. Remote Soldiers..... 29
- e. RC/R Soldier materials ..... 29
- f. Healthcare provider resources ..... 30

Section V. Outside the Continental United States (OCONUS)

- Recommendations ..... 30
- a. Alaska..... 30
- b. Europe..... 30
- c. Japan..... 31
- d. Korea..... 31

**Appendices**

- Appendix A. ALARACT 168/2008 ..... 33
- Appendix B. References ..... 35
- Appendix C. ALARACT 171/2009..... 37
- Appendix D. Research: Effects of Exercise on Pregnancy/Postpartum..... 38
- Appendix E. Program Database Spreadsheet..... 40
- Appendix F. ACCESS Database Surveys ..... 41
- Appendix G. EL Unit Request Memorandum ..... 45
- Appendix H. Program Enrollment Process Flowchart..... 46
- Appendix I. Health Care Provider Enrollment Clearance Form ..... 47
- Appendix J. DA Form 4700, Supplemental Medical Data ..... 48
- Appendix K. EL Performance Evaluation Form ..... 49
- Appendix L. Education Classes ..... 50
- Appendix M. Program Policy Memorandum ..... 51
- Appendix N. PPPT Program Operations Order ..... 54
- Appendix O. PPPT Standard Operating Procedures ..... 59
- Appendix P. Communication and Gaining Command Support..... 60
- Appendix Q. Chain-Teaching on PPPT ..... 63
- Appendix R. Program Participation Agreement Memorandum ..... 69
- Appendix S. PPPT Enrollment Welcome Letter..... 70
- Appendix T. Request for Record APFT Memorandum ..... 71
- Appendix U. EL Training Certificates ..... 72
- Appendix V. Full Time Equivalent Estimates for Personnel Duties..... 73
- Appendix W. PPPT Appointment Orders..... 75
- Appendix X. Standard Program Completion Memorandums ..... 76
- Appendix Y. Delayed Program Completion Memorandums ..... 79
- Appendix Z. Sample Early Program Completion Memorandums..... 82
- Appendix AA. PPPT DVD Order Form ..... 85
- Appendix BB. R/NG/R Soldier PPPT Materials Request Form..... 86

## Local Implementation Guide

### Foreword

Few other professions require the physical fitness levels that are expected of US Army Soldiers. Being in the military service, pregnant Soldiers are expected to meet strenuous physical fitness standards when they return to their jobs after having a baby.

It is part of the job of every Soldier, including a Soldier who has recently delivered a baby, to be fit and, if necessary, ready to deploy at a moment's notice.

The purpose of the Pregnancy/Postpartum Physical Training (PPPT) Program is to assist pregnant and postpartum Soldiers in maintaining health and fitness throughout pregnancy and to be successfully integrated back into unit fitness training programs.

The PPPT Program is designed to promote —

- Better transition back to unit physical readiness training (PRT).
- Higher Army Physical Fitness Test (APFT) pass rates and scores.
- Improvement in meeting Army Regulation 600-9 height/weight standards.
- Reduction of physical discomforts and stress during pregnancy.

Successful participation in this PPPT Program will meet the unique physical fitness training needs of pregnant and postpartum Soldiers. This will enhance the Soldier's ability to meet the physical requirements for readiness after pregnancy.

An ideal compliment to this physical fitness training program is the prenatal education program which encourages a positive self-image and improved parenting skills through consistent education to Soldiers. This educational component is best accomplished through collaboration with the healthcare professionals at the Medical Treatment Facility (MTF) and other community resources.

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## Chapter 1 Introduction

### **Section I. Purpose**

To describe the procedures necessary to implement a consolidated Pregnancy/ Postpartum Physical Training (PPPT) Program on an installation as part of the US Army Physical Fitness Training Program according to ALARACT 168/2008 and [Army Regulation \(AR\) 350-1](#), Appendix G-9a. See Appendix A for ALARACT 168/2008, The Army Pregnancy Postpartum Physical Training (PPPT) Program.

### **Section II. Applicability**

This guide applies to all Soldiers in the PPPT Program and the personnel involved in the implementation of a local consolidated PPPT Program or remote PPPT Program.

### **Section III. References**

See Appendix B.

### **Section IV. Overview**

The PPPT Program is an innovative physical fitness training and education program designed to assist pregnant and postpartum Soldiers in meeting the unique needs associated with physical fitness training during pregnancy and postpartum. The program provides the senior commander on the installation with a model for a standardized and safe physical training (PT) program for pregnant and postpartum Soldiers. It is designed to promote easier transition back to unit physical readiness training (PRT), maintain mission capabilities, higher pass rates for the Army Physical Fitness Test (APFT), and improved compliance with Army Regulation (AR) 600-9 height/weight standards. Training for PPPT Program personnel and the policies and procedures for developing, managing, and conducting the PPPT Program are established in the Army Physical Fitness Training Program as set forth initially in ALARACT 168/2008, then in AR 350-1, Army Training and Leader Development. More specific guidance for the Army PPPT Program is found in [Army Physical Readiness Training Circular \(TC\) 3-22.20](#) and the U.S. Army Public Health Command (Provisional) (USAPHC (Prov)) Technical Guides (TG) 255 A-F, US Army Pregnancy Postpartum Physical Training Program Manuals.

The PPPT Program is mandatory for Active Duty pregnant Soldiers in unit PRT programs and for postpartum Soldiers in unit PRT programs upon return from convalescent leave, up to 6 months post delivery, in accordance with [AR 40-501, Standards of Medical Fitness](#), paragraphs 7-9, 10. Postpartum refers to the period of 6 months following delivery when a Soldier is allowed time to physically recondition. During this time the Soldier is exempt from APFT testing and will attend the postpartum

PT program. Although PRT during the six weeks of at-home convalescent leave is not mandatory, Soldiers are strongly encouraged to take advantage of this opportunity to exercise at their own pace. It is also highly recommended that a pregnant/postpartum Soldier that normally is allowed to do PRT on her own enroll in PPPT and be strongly encouraged to attend as her schedule will allow. The support and encouragement, as well as the specific exercise design of the PPPT Program, is beneficial even if she is unable to attend full-time. Then, when she does PT on her own, she can be knowledgeable of how to mirror what is done in class on her own time. At six-months postpartum the Soldier is deployable and consistent participation in PPPT can assist the return to physical readiness and pre-pregnant fitness levels. See Appendix C for ALARACT 171/2009, Notification of Pending Postpartum and Adoption Deferment Policy Change; and [AR 614-30](#), Overseas Service for current policy.

Soldiers having a high-risk pregnancy or Soldiers who have not been cleared by their healthcare provider will not be allowed to participate in the PPPT exercise sessions. All pregnant Soldiers in unit PRT, even if they are not cleared to participate in the PPPT exercise sessions, are required to attend the PPPT education program. Participation is also strongly encouraged for those pregnant Soldiers who are not required to attend unit PRT and do PT on their own.

#### **a. Goals**

The primary organizational goals of the PPPT Program are to—

- (1) Provide a safe and standardized PPPT Program for implementation by the senior commander.
- (2) Increase Soldier morale and retention through higher pass rates for the APFT and improved number of Soldiers meeting AR 600-9 height/weight standards.

#### **b. Benefits**

The potential individual benefits associated with participation in an exercise program are supported by the American College of Obstetricians and Gynecologists (ACOG) and scientific research studies. See Appendix D for a list of research studies documenting the effects of exercise during pregnancy and postpartum. Positive effects include:

- (1) Maintaining basic fitness levels according to the performance abilities of the pregnant and postpartum Soldier.
- (2) Promoting faster return to physical readiness and assisting in easier transition back to regular unit PRT.
- (3) Assisting in weight control and body fat management.
- (4) Reducing physical discomforts and stress during pregnancy and labor.

(5) Promoting a healthy pregnancy.

(6) Provides social support, encouragement, emotional reassurance, and positive reinforcement that are needed to meet the challenges of motherhood.

**c. Standard criteria**

(1) PPPT Program has exercise sessions for both pregnant and postpartum Soldiers from pregnancy diagnosis up to 6 months post-delivery or pregnancy termination.

(a) PPPT exercise content is consistent with USAPHC (Prov) TG 255 Manuals.

(b) At least 3 exercise sessions per week for pregnant and 4 per week for postpartum Soldiers.

(c) One weekly education class for pregnant Soldiers taught by topic subject matter expert that follows PPPT core curriculum. A special education class may be scheduled for postpartum every 4 to 6 weeks as needed.

(2) Appropriate PPPT Program leader personnel are designated and trained in pregnancy/postpartum fitness according to USAPHC (Prov) TG 255 series.

(a) Program Manager and/or Installation Instructor Trainer (IIT) provide program administrative oversight.

(b) At least one Medical Expert that has attended the PPPT Leader Course.

(c) At least one Education Coordinator to coordinate the education classes.

(d) At least one Instructor Trainer per platoon (first trimester/postpartum and second /third trimester).

(e) At least one Exercise Leader per 25 Soldiers.

(3) PPPT Program is supported with current documents signed to ensure sustainment and consistent participation.

(a) Consolidation is at the highest level to provide efficiency and sustainment of PPPT Program leaders during deployment cycles, PCS, and other mission taskings.

(b) Policy memorandum and/or Operations Order (OPORD) signed by Senior Commander.

(c) Current standing operating procedure (SOP) on file.

(d) Accountability reports are sent to the units at least weekly.

(e) A computer is available to keep track of accountability and program outcomes.

(4) Adequate installation facilities and equipment provided by Installation Management Command (IMCOM).

(a) Facilities include gym and/or aerobics room, swimming pool, track, cardio machines.

(b) Equipment includes resistance bands or tubing, light dumbbell weights, floor mats, pool buoys/ kickboards/ flotation belts/ vests or noodles, sound system for music, wireless microphone.

### **Section V. Implementation Checklist**

The following list provides the initial steps and documentation that is required to establish a local PPPT Program. The Program Manager (PM) and Installation Instructor Trainer (IIT) will work in coordination with the Installation Senior Commander to complete these steps necessary for full program implementation.

- a. Designate PPPT PM or Officer in Charge (OIC), PPPT IIT or NCOIC, Medical Expert (ME), and Education Coordinator (EC).
- b. Obtain Command-approved OPORD or policy memorandum.
- c. Conduct orientation brief with installation leadership (i.e., Senior Commander, military treatment facility (MTF), IMCOM/ US Army Garrison (USAG), tenant units).
- d. Establish Soldier enrollment and orientation process coordinating this with the profile process. ME assistance is beneficial for this.
- e. Develop plan for education program. EC coordination required.
- f. Obtain approval of SOP.
- g. Reserve required facilities and purchase needed equipment. IMCOM/ USAG coordination required.
- h. Conduct orientation brief with unit leadership (i.e., Sergeant Majors, First Sergeants, Company Commanders).
- i. Designate Instructor Trainers (IT) and conduct PPPT Train-the-Trainer Leader Course by PPPT subject matter expert from USAPHC (Prov).
- j. Designate Exercise Leaders (EL) and conduct PPPT EL Training by PPPT IIT/ME/ITs.

- k. Conduct initial pregnant and postpartum Soldier enrollment and orientation brief.
- l. Conduct PPPT exercise session and education class kick-off.

### **Section VI. Accountability**

The Soldier is ultimately responsible for maintaining her individual physical health and readiness. However, the Army has a responsibility to provide a safe and effective physical training program for her to participate in and assist her in her fitness efforts.

#### **a. Local leadership Accountability**

The senior commander has authority over and responsibility for the implementation of the PPPT Program. For efficiency and cost effectiveness, the PPPT Program is to be executed as a single consolidated installation program. The senior commander may choose to execute the PPPT Program at several locations if a large participant population size is beyond a single facility's capabilities or if the size of the installation prevents travel to one location.

The senior commander will designate a PPPT Program Manager (PM) and a PPPT Installation Instructor Trainer (IIT). Additional IITs should be trained to support the PPPT IIT and oversee the various platoons (first trimester, second trimester, third trimester, initial postpartum and advanced postpartum).

The Garrison commander will give support through the provision of adequate facilities and equipment as required for implementation of the program. Close coordination with the Family, Morale, Welfare, and Recreation (FMWR) Director is beneficial.

The MTF commanders will coordinate with the PPPT PM and IIT for program medical oversight. The MTF commander will designate a ME and an EC.

#### **b. Remote PPPT Program accountability**

If the total installation population of pregnant and postpartum Soldiers is less than 20, it is not cost effective in personnel time or resources to have a consolidated installation PPPT Program. In these cases, the Soldiers should use the Remote PPPT Program (individual guidance provided in a set of DVDs and workbook) with accountability and oversight provided to them by their unit commander. In rare cases, resource and mission restraints may also temporarily prevent an installation from organizing a consolidated PPPT Program or prevent specific Soldiers from participating in the structured exercise sessions. In these instances, the Soldiers should also use the Remote Soldier PPPT Program under the accountability of their unit to assist them in maintaining their health and fitness levels during pregnancy and improving fitness postpartum. Remote Soldiers who are co-located are encouraged to meet together to exercise for support and camaraderie. See Chapter 2, Section IV for more information about the Remote PPPT Program.

**c. Training accountability**

Training in pregnancy/postpartum fitness for PPPT Program personnel (PM, IIT, IT, ME, EC) will be provided by the MEDCOM proponent through periodic train-the trainer leader courses as set forth in the USAPHC (Prov) Technical Guides 255 A-F, US Army Pregnancy Postpartum Physical Training Program Manuals. Once trained, the PM and IIT will operate the PPPT Program. The ITs and ME will be qualified to train Exercise Leaders (ELs) to lead daily sessions of pregnancy/postpartum PT. The EC will coordinate the education portion of the program.

**d. Program evaluation**

To ensure quality control of the program for safety and effectiveness, the PM and IIT will collect statistics on the APFT and AR 600-9 pass/fail rates of program participants, and the ME will collect metrics on medically-related issues. Sample data collection tools with the recommended program metrics can be found in Appendix E, Program Database Spreadsheet, and Appendix F, ACCESS Database Surveys. The ACCESS database is available to local PPPT Programs to use as a stand-alone evaluation tool. It can be downloaded from the Army Knowledge Online (AKO) PPPT webpage.

Bi-annual data requests will be sent from the US Army Medical Command (MEDCOM) proponent to the local PPPT Program leaders in order to evaluate Army PPPT Program effectiveness and standardization status. Two evaluation surveys will be used: one for program managers and installation instructor trainers and another for medical experts and education coordinators. The data provided will be analyzed to provide Army-wide and local PPPT program evaluation reports. Links to the surveys will be directly to the local points of contact.

Data from a web-based individual Soldier evaluation questionnaire will also be utilized to measure program outcomes and determine customer satisfaction. PPPT Program participant input helps to assess how well the program is meeting participant needs and evaluate the program's impact on unit readiness. A Soldier will complete the survey at disenrollment from the PPPT Program, <http://usachppm.apgea.army.mil/Surv2/?sid=129>

**Section VII. Duties and Responsibilities****a. Senior Commander (Installation Commanding General)**

(1) Establish and execute the local PPPT Program.

(2) Resource the PPPT Program according to the needs of the installation target population. Number of ITs and ELs required is dependent upon the number of pregnant and postpartum Soldiers on a given installation.

(3) Ensure PM and IIT are designated. Provide office space and required office equipment (i.e., computer system, telephone, fax, furniture, secure file cabinet) for program execution.

(4) Coordinate with Garrison Commander, who will ensure the IMCOM Director of FMWR provides adequate fitness facilities and equipment to meet the needs of PPPT Program implementation (i.e., gym, aerobics room, swimming pool, track, cardio room).

(5) Stimulate command support for the PPPT Program, to include announcing PPPT activities in the installation's official bulletin on a routine basis.

(6) Ensure enrollment, attendance, and participation by eligible pregnant and postpartum Soldiers.

#### **b. Unit Commanders**

(1) Support implementation of consolidated installation PPPT Program according to ARs, TC 3-22.20, and TG 255 guidelines.

(2) Appoint ITs and ELs in accordance with installation policy and released operational orders (OPORDs). See Appendix G for EL Unit Request Memorandum for tasking of ELs from the units.

(3) Ensure Soldiers enroll in PPPT upon positive diagnosis of pregnancy.

(4) Ensure full participation of pregnant and postpartum Soldiers enrolled in the PPPT Program. Commanders are allowed to give special permission on a case-by-case basis for Soldiers to participate in the Remote PPPT Program if mission constraints, clinical schedules, or mandatory medical training requirements prevent their participation in the structured exercises classes. Units are responsible for ensuring Soldier accountability for the health and fitness activities of these Soldiers.

(5) Maintain Soldier's PPPT attendance record, with coordination from IIT.

(6) Report 6-month record APFT scores of postpartum Soldiers to IIT.

#### **c. Medical Treatment Facility Commander or Representative**

(1) Appoint an ME and EC to support the PPPT Program.

(2) Ensure healthcare providers follow process to provide required pregnancy/postpartum information to the unit and PPPT PM or IIT within one week of initial pregnancy diagnosis and provide updated information on pregnancy status as required.

(3) Healthcare providers will be responsible for the following:

(a) Provide profiles to the Soldier and the unit commander according to AR 40-501 that clearly states Soldier participation level in the PPPT Program with no restrictions, with specified restrictions, or for education only. See Appendix H for a Program Enrollment Process Flowchart that outlines events from profile issue to PPPT enrollment and orientation.

(b) Provide signed and completed healthcare provider PPPT enrollment form to the Soldier. See Appendix I for the healthcare provider enrollment clearance form. Appendix J is DA Form 4700 (*Supplemental Medical Data*) that may be used to determine any indications of high risk that may preclude a Soldier from participating fully in the exercise portion of PPPT.

**d. Community Health Promotion Officer (HPO)**

(1) Serve as an advocate for the PPPT Program on the community health promotion council (CHPC).

(2) Ensure Senior, Garrison, and MTF Commanders and Command Sergeant Majors know and understand their various responsibilities with regard to the PPPT Program as delineated in the USAPHC (Prov) TG 255 A-F, US Army Pregnancy Postpartum Physical Training Program Manuals and appropriate ARs as required.

(3) Stimulate command support for the PPPT Program as an operational and readiness issue.

(a) Facilitate provision of PPPT evaluation reports and metrics to the CHPC and encourage visibility on the installation score card.

(b) Liaison between CHPC and local PPPT personnel.

(c) Announce special PPPT activities on the installation official bulletin board. Include PPPT population in installation events and programs.

(4) Serve as a resource for the PPPT personnel to facilitate continuity of service and program sustainment according to USAPHC (Prov) TG Series 255 A-F.



(a) Facilitate partnerships and coordination between installation/ community stakeholders and PPPT personnel.

(b) Assist PPPT personnel with coordination of EL trainings, taskings, and annual PPPT calendar events.

(c) Liaison between new PPPT personnel and USAPHC (Prov) PPPT Program coordinator as necessary. Forward PPPT evaluation reports and metrics as needed.

#### **e. PPPT Medical Expert (ME)**

(1) Appointed by the MTF Commander or his/her representative.

(2) Successfully complete and maintain PPPT Leader Course training according to the USAPHC (Prov) Technical Guides 255 A-F, US Army Pregnancy Postpartum Physical Training Program Manuals.

(3) Serve as medical technical consultant for the local consolidated PPPT Program. The appointee should be familiar with ACOG guidelines for exercise and pregnancy, fitness principles and military duty. It would be of added benefit to have a background in obstetrics. They may be appointed from any of the following disciplines:

- Obstetric nurse.
- Nurse midwife.
- Family nurse practitioner.
- Physical therapist.
- Physician assistant.
- Registered nurse.
- Physician.

(4) Provide guidance to PPPT personnel regarding medical issues related to pregnancy and postpartum that effect military requirements and procedures.

(5) Facilitate the process between the healthcare providers and the units to provide required pregnancy/postpartum information to the unit according to AR 40-501 and to the PPPT PM within one week of initial pregnancy diagnosis and updated information on pregnancy status as required.

(6) Provide quality assurance for program medical quality/safety. This is facilitated by weekly observation and monitoring of exercise sessions for safety and quality. See Appendix K, EL Performance Evaluation Form, to provide timely feedback to the IIT.

(7) Participate in PPPT orientation for new enrollees by providing safety review, profile explanation, and answering medical questions.

(8) Collect data to determine medical outcomes for the PPPT Program in order to ensure program safety and effectiveness are tracked. The ME coordinates with the IIT for data collection upon the Soldier's return to postpartum PT and when she exits from the PPPT Program. Recommended metrics are those related to deliveries that are available through Army medical surveillance systems or in a medical record (i.e., type of delivery, complications during delivery, preterm labor) and injury profiles that occur during the six months following delivery.

(9) Assist in training of ELs by providing instruction on the medically related curriculum (Chapters 2 and 3; safety in Chapters 5 and 6).

(10) More information can be found in the US Army Pregnancy and Postpartum Physical Training Program Technical Guide 255C, Medical Expert and Education Coordinator Manual.

#### **f. PPPT Education Coordinator (EC)**

(1) Appointed by the MTF Commander or his/her representative.

(2) Successfully complete PPPT Leader Course according to the USAPHC (Prov) Technical Guides 255 A-E, US Army Pregnancy Postpartum Physical Training Program Manuals.

(3) Be familiar with ACOG guidelines for exercise and pregnancy, fitness principles and military duty. The EC can be either military or civilian and should be appointed from the following disciplines:

- Army public health nurse (APHN).
- Community health nurse (CHN).
- Health educator.
- Registered nurse.
- New Parent Support Program staff from Army Community Services (ACS).

(4) Serve as coordinator and advisor for the PPPT education program.

(a) Coordinate a calendar of education classes, including date, time, speakers, and location, for distribution to PPPT Program participants. The education class schedule must include instruction on the entire core educational curriculum with a variety of topics on maternal/child and parenting issues. It is appropriate to rotate topics in six-month cycles. See Appendix L, Education Classes, for a list of required educational topics provided in the core curriculum, as well as optional recommended topics. The education schedule should also include special quarterly events to increase morale and camaraderie among Soldiers. The core educational curriculum is available on the PPPT AKO web page or [presentations](#) can be downloaded from the USAPHC (Prov) PPPT Website.

(b) Schedule appropriate qualified subject matter experts as speakers for the education classes, from both the military and civilian communities (i.e., chaplain, social worker, Army Community Service, judge advocate office, civilian hospital staff. The presenter does not need to be a health educator or APHN/ CHN from the MTF).

(c) Education classes are to be scheduled weekly during PPPT time (on a non-PT day). A suitable, fixed location should be used for consistency for the classes. Consider all post resources (i.e., post chapel, ACS building, theater, classroom).

(d) Request a briefing and written outline of the training plan from the presenter prior to the scheduled class.

(e) Ensure teaching aids and equipment are secured as needed from the MTF or installation.

(f) Facilitate education classes' evaluations for effectiveness via after action reports, pre/post testing, and so forth. Evaluation results should be kept with the lesson plan so that recommendations can be made for future presentations.

#### **g. PPPT Installation Program Manager (PM)**

(1) Designated by the senior commander or his/her representative. A junior officer with a medical background is strongly recommended in this position and would function as a PPPT Program OIC. A Department of the Army (DA) civilian is also appropriate and would provide program continuity.

(2) Successfully complete the PPPT Leader Course according to USAPHC (Prov) PPPT TG 255 Series A-F, US Army Pregnancy Postpartum Physical Training Program Manuals.

(3) Follow all installation policies and procedures pertaining to the PPPT Program.

(4) Ensure all PPPT Program documents are kept up-to-date. Samples are available in Appendix M, Program Policy Memorandum; Appendix N, PPPT Program Operations Order; and Appendix O, PPPT Standing Operating Procedures.

(5) As the installation PPPT representative, perform liaison activities with unit commanders, Command Sergeant Majors, MTF personnel, and civilian resources. This would include coordination of tasking and training of Soldiers as ELs. See Appendix G for EL Unit Request Memorandum.

6) Perform communication functions for the PPPT Program to installation and unit leadership. See Appendix P for recommendations on communication and gaining command support. See Appendix Q, Chain Teaching on PPPT, for the program overview brief.

(a) Conduct information briefings on PPPT Program activities.

(b) Plan special participation days for unit leadership.

(c) Advertise the PPPT Program through post and local media.

#### **h. PPPT Program Installation Instructor Trainer (IIT)**

(1) Designated by the senior commander or his/her representative. Depending on the size of the installation the PPPT IIT position may be a part or full-time duty. The commander will decide the type of position required to successfully manage the PPPT Program. This position functions as a PPPT Program NCOIC. Appointees must meet the following qualifications:

(a) Senior Noncommissioned Officer (NCO) of E7 or above or DA civilian with military experience.

(b) No fitness certification is required, but a fitness background is recommended.

(c) Not pregnant or on a permanent limiting profile.

(d) Able to serve in IIT position for at least 12 months without interruption.

(e) Interested and motivated to serve.

(2) Successfully complete PPPT Leader Course according to USAPHC (Prov) PPPT TG 255 Series A-F, US Army Pregnancy Postpartum Physical Training Program Manuals.

(3) Follow all installation policies and procedures pertaining to the PPPT Program.

(4) Direct the fitness activities of the PPPT Program. Duties include the following:

(a) Collect profile data from MTF/units concerning diagnosis of pregnancy and enroll cleared participants in the PPPT Program.

(b) Conduct program orientation for new participants, including requirements of the program. See Appendix H for the Program Enrollment Flowchart of the program enrollment and orientation process.

(c) Provide each participant with the US Army Pregnancy and Postpartum Physical Training Program Technical Guide 255E, Soldier Workbook.

(d) Enroll pregnant Soldiers in the PPPT Program. Secure signed copies of medical enrollment clearance from the health care provider and program participation agreement memorandum from the Soldier and unit commander. See Appendix I for the Health Care Provider Enrollment Clearance Form. See Appendix R for Program Participation Agreement Memorandum.

(e) Provide each Soldier with written information regarding the purpose and expectations of the PPPT Program. Provide schedule of exercise and education classes. See Appendix S for a PPPT Enrollment Welcome Letter.

(f) Assign each new Soldier to an EL, and notify EL of name and start date of each new Soldier.

(g) Maintain a folder on each enrolled Soldier. Keep folders in a locked file cabinet according to Health Insurance Portability and Accountability Act (HIPAA) regulation. Obtain the following information when enrolling pregnant Soldiers in the PPPT program:

- Full name.
- Last four of Social security number.
- Current home and work phone number/addresses.
- Gestational age.
- Estimated due date.
- Pregnancy profile from healthcare provider.
- Enrollment clearance form from healthcare provider.
- Commander's authorized agreement to participate in PPPT Program.
- Supervisor's name and telephone number.

- Emergency contact information.
- Most recent APFT card.
- Height/weight/body fat.
- If intend to take a Chapter 8.
- Excuse slips/memos.
- Sick-call slips.

(h) Create and maintain a PPPT Soldier database to track military/medical status, attendance, APFT scores, and height/weight/body fat. Password protect PPPT Soldier database according to HIPAA regulation. See Appendix E for a sample Program Database Spreadsheet and Appendix F for hard copies of the ACCESS<sup>®</sup> Database Surveys. To accurately compare pre- and post-APFT scores, it is best to obtain the record APFT scores for PPPT participants from the units. See Appendix T for the Request for Record APFT Memorandum requesting program participant record APFT scores from the unit. A sample stand-alone ACCESS<sup>®</sup> Database is available on the PPPT AKO web page. (ACCESS<sup>®</sup> is a registered trademark of the Microsoft Corporation.)

(d) Report PPPT Program evaluation measures semi-annually to the senior commander or his representative, as well as the CHPC. Biannual data calls will be sent from the [MEDCOM PPPT proponent](#).

(e) Assist unit in maintaining Soldier accountability by developing attendance roster of PPPT Program Soldiers and reporting Soldier attendance to respective units on a daily or weekly basis as indicated in local program SOP.

(f) Secure required facilities and equipment from the IMCOM FMWR as appropriate for the number of participating Soldiers.

(g) Prepare and distribute a monthly PT training and activity calendar. Coordinate with EC for inclusion of education class schedule.

(h) Ensure performance of diagnostic APFTs.

(5) Train and monitor ELs in leading pregnant/postpartum Soldiers in PT according to USAPHC (Prov) TG 255 A-F, US Army Pregnancy Postpartum Physical Training Program Manuals.

(a) Provide instruction on how to monitor and encourage pregnant/postpartum Soldiers through an exercise session.

(b) Educate ELs on how to properly conduct all the required components of the exercise session: warm-up activities, muscle strengthening/ endurance, aerobic conditioning, special exercises, cool-down activities, flexibility, and relaxation/stress management activities.

(c) Educate ELs concerning orientation procedures, safety concerns, and emergency situations.

(d) Provide pregnancy fitness training written test and practical exam for EL.

(e) Ensure an adequate number of ELs are trained in order to have sufficient personnel to cover participant enrollment. In preparation for deployments, temporary duty assignments, permanent changes in station, and unforeseen absences, train extra ELs, either military or civilian, to prevent lack of leadership from affecting program continuity. The recommendation is to train twice the number of ELs actually required. Recommended EL to Soldier ratio is 1: 25. It is very beneficial to have an assistant EL to observe and correct participants while primary EL leads exercise. This is a good position for newly trained ELs to transition into the lead EL role.

(f) Maintain continuity book with EL contact list, exercise session forms and other relevant documents for continuity during EL rotations.

(6) More information can be found in the US Army Pregnancy and Postpartum Physical Training Program Technical Guide 255B, Instructor Trainer Manual.

#### **i. PPPT Trimester Instructor Trainers (IT)**

(1) Designated by the Brigade (BDE) commander or his representative. The number of ITs depends on the size of the PPPT Program and if there is a rotating schedule of responsibility. Optimally, there is one IT to oversee each trimester group functioning as platoon leaders. The minimum required is two ITs (one to oversee first trimester/postpartum platoon and another for second/third trimester platoon) with the possibility of five required (first trimester, second trimester, third trimester, initial postpartum, advanced postpartum). ITs must meet the following qualifications:

(a) Senior NCO of E6 or above; or E5 with previous experience as a PPPT EL.

(b) Fitness certification not required, but experience leading PT recommended.

(c) Not pregnant or on a permanent limiting profile.

(d) Able to serve in IT position for at least 6 months without interruption.

(e) Interested and motivated to serve.

(2) Successfully complete PPPT Leader Course according to USAPHC (Prov) PPPT TG 255 Series A-F, US Army Pregnancy Postpartum Physical Training Program Manuals.

(3) Follow all installation policies and procedures pertaining to the PPPT Program.

(4) Direct the fitness activities of the assigned platoon. Duties include the following:

(a) Assist with enrollment and orientation of participants in the PPPT Program.

(b) Assist PPPT IIT with maintenance of PPPT Soldier database to track military/medical status, attendance, APFT scores, and height/weight/body fat.

(c) Assist unit in maintaining accountability by ensuring accurate annotation of Soldier attendance on daily roster and providing to IIT for reporting to respective units.

(d) Direct performance of diagnostic APFTs if assigned with postpartum.

(5) Assist with training and monitoring of ELs in leading pregnant/postpartum Soldiers in PT according to USAPHC (Prov) TG 255 A-F, US Army Pregnancy Postpartum Physical Training Program Manuals.

(a) Provide instruction on how to monitor for safety and appropriate exercise intensity performance and encourage pregnant/postpartum Soldiers through an exercise session.

(b) Educate ELs on how to properly conduct all the required components of the exercise session: warm-up activities, muscle strengthening/ endurance, aerobic conditioning, special exercises, cool-down activities, flexibility, and relaxation/stress management activities.

(c) Monitor PT sessions daily to ensure exercise sessions meet standard. Use EL Performance Evaluation Form to provide feedback, Appendix K.

(d) Ensure an adequate number of ELs are trained in order to have sufficient personnel to cover participant enrollment. In preparation for deployments, temporary duty assignments, permanent changes in station, and unforeseen absences, train extra ELs, either military or civilian, to prevent lack of leadership from affecting program continuity. The recommendation is to train two times the number of ELs actually required. Recommended EL to Soldier ratio is 1: 25. It is very beneficial to have an assistant EL to observe and correct participants while primary EL leads exercise. This is a good position for newly trained ELs to transition into the lead EL role.

(e) Maintain continuity book with platoon EL contact list, exercise session forms, and other relevant documents for continuity during EL rotations.

(6) More information can be found in the US Army Pregnancy and Postpartum Physical Training Program Technical Guide 255B, Instructor Trainer Manual.



**j. PPPT Exercise Leader (EL)**

(1) Designated by the unit commander according to OPORD instructions. Function as a squad leader. The EL to Soldier ratio should be *1EL to no more than 25 Soldiers*. ELs must meet the following qualifications:

- (a) An NCO of E5 or above.
- (b) No fitness certification is required, but a fitness background is recommended.
- (c) Not pregnant or on a permanent limiting profile.
- (d) Able to serve in EL position for at least 6 months without interruption.
- (e) Soldiers that are interested and motivated to serve are preferred.

(2) Successfully complete the EL training according to USAPHC (Prov) PPPT TG 255 series A-F. See Appendix U for EL Training Certificates. The training includes:

- (a) Full participation in the training workshop.
- (b) Pass the EL written exam with a score of  $\geq 80$  percent.
- (c) Pass the practical exam.
- (d) Develop exercise sessions, and have these reviewed and approved by IT.

(3) Record participant attendance.

(a) Monitor attendance. When Soldiers arrive for exercise sessions and educational classes, have them initial the attendance roster. It is recommended that sign-in take place at both the start and end of class to ensure full participation. Soldiers may sign in only for themselves and only on the day of class.

- (b) Provide attendance data to IT.

(4) Lead and monitor Soldiers in PT sessions.

(a) Divide the Soldiers into platoons according to trimesters. If there are not enough Soldiers for four separate platoons, then combine 1<sup>st</sup> trimester with postpartum and combine 2<sup>nd</sup> trimester with 3<sup>rd</sup> trimester.

(b) Assure PT activities are safe and appropriate. EL guidelines—

- Be prepared.
- Use approved exercise routine.
- Start on time.
- Be enthusiastic and encouraging.
- Observe the Soldiers.
- Be vocal.
- Remember -- safety first.

(c) Conduct exercises within the ACOG guidelines and the guidelines set forth in the USAPHC (PROV) PPPT TG 255 series.

(d) Be familiar with Target Heart Rate (THR) measurement and be able teach Soldiers to determine their appropriate exercise intensity. The THR guidance is found in Chapter 4 of the USAPHC (PROV) PPPT TG 255D, Exercise Leader Manual.

(e) Assist IT with monthly weigh-ins and postpartum diagnostic APFT.

(5) Respond to medical emergencies/complaints appropriately. If the Soldier:

(a) Has a sudden watery/bloody vaginal discharge accompanied by abdominal cramping or pelvic pressure or complains of signs related to premature labor, the EL should consider these events a medical emergency and dial 911 or follow the emergency procedures for the installation.

(b) Complains of symptoms related to common discomforts of pregnancy, have the Soldier contact her healthcare provider for consultation.

(6) Report to IT for guidance and clarification of exercise sessions.

(7) More information can be found in the USAPHC (Prov) PPPT TG 255D, Exercise Leader Manual.

#### **k. Administrative Assistant**

In many locations, this position may not be available. However, when possible, some of the administrative duties of the PM, IIT, ME, and EC can be handled by an administrative assistant. Recommended duties are listed below.

(1) Maintain attendance database by transferring attendance data, sick call, appointment slip, leave, and convalescent leave data to the database.

(2) Provide unit commanders, 1<sup>st</sup> SGTs, and PPPT IIT with daily report of attendance, unexcused absences, and tardiness.

(3) Create weekly attendance rosters of enrolled participants.

(4) Maintain and keep updated PPPT Program participant record files, to include participant's current unit and contact information, authorized excuses, enrollment/disenrollment forms, delivery information, pre-pregnancy APFT record, diagnostic and postpartum record APFT scores and status (i.e., ETS, PCS, Chapter 8, medical profile).

(5) Maintain continuity book that contains EL contact list, exercise session forms and other relevant documents for continuity during EL rotations.

(6) Assist in securing locations for exercises sessions and education classes.

(7) Assist in scheduling of appropriate qualified speakers for education classes.

(8) Assist in preparation and distribution of monthly training and educational calendar.

#### **I. PPPT Program personnel**

(1) The amount of time that each of these PPPT Program personnel is required to spend fulfilling their respective duties will vary. It will be influenced by the size of the units, number of participants, experience of the PPPT personnel, and how much support is obtained from the command and units.

(2) Since these positions are assigned additional duties, an attempt has been made to divide the individual responsibilities into smaller, more manageable portions. See Appendix V, Full Time Equivalent Estimates for Personnel Duties, for the percentage of a full-time equivalent of each position, and a description of the personnel duties with approximated time assigned to each task.

(3) It is highly recommended that the PPPT IIT, ITs, and ELs be put on appointment orders for the duration of their assignment. The length of time a person serves in their position will vary, but should be no less than 6 months and no more than 3 years. Continuity of leadership is key to having a successfully sustained program. See Appendix W for PPPT Appointment Orders.

## Chapter 2

### Procedures for Program Implementation Operation

#### Section I. Maintaining PPPT Program Enrollment

##### **a. Eligible participants**

(1) Mandatory for any pregnant or postpartum Soldier in unit PRT program upon healthcare provider approval to participate.

(2) With commander's approval, U.S. Army Reservists and National Guard may participate in the consolidated PPPT Program, contingent upon space and resource availability.

##### **b. Enrollment**

(1) Soldiers are to be enrolled from confirmation of pregnancy by receiving a profile from a healthcare provider until 180 days after termination of pregnancy.

(2) Pregnant Soldier will be enrolled at the program orientation and receive the U.S. Army Pregnancy and Postpartum Physical Training Program Technical Guide 255E, Soldier Workbook. The Soldier will provide the following:

(a) Medical profile from the healthcare provider stating the Soldier is cleared for participation in the PPPT Program.

(b) Enrollment form that contains personal demographic information, such as full name, last four of social security number, unit, supervisor's name, unit/supervisor's telephone number, week of pregnancy and estimated due date.

(c) Completed medical clearance forms. See Appendix I for the Healthcare Provider Enrollment Clearance Form and Appendix J, DA Form 7400 (*Supplemental Medical Data*).

(d) A signed memorandum from the first line supervisor releasing the Soldier from unit PRT and enrolling the Soldier into the PPPT Program. See Appendix R for Program Participation Agreement Memorandum.

(e) A copy of the Soldier's last DA Form 705. If the Soldier was on the overweight program, that form should be submitted as well for the database.

(3) The above information will be entered into the PPPT Program database. See Appendix E for Program Database Spreadsheet or Appendix F for ACCESS<sup>®</sup> Database Surveys. A sample stand-alone ACCESS<sup>®</sup> Database is available on the PPPT AKO web page.

(4) The IIT will maintain the profile and PPPT enrollment status of Soldiers enrolled in the PPPT Program by entering the following Web Data Entry fields for PPPT Program Screen of Medical Protection System (MEDPROS).

(a) Personnel Data: Name, Rank, Last four, UIC, Unit Name, Compo (displayed from MEDPROS data when enter Soldier SSN, not updateable)

(b) PPPT Start Date: YYYYMMDD - Date Pregnant Soldier enrolled in PPPT

(c) PPPT End Date: YYYYMMDD - Date Soldier previously enrolled in PPPT is dis-enrolled (and goes back to regular unit PRT); cannot enter disenrollment date if enrollment date is not populated. Entry in "PPPT End Date" field should automatically change Status field to DE (disenrolled)

(d) Pregnancy Status: Yes/No - status imported into PPPT Module from MEDPROS/MWDE. If No, field can be updated by user and entry will update entry in MEDPROS.

(e) Status (dropdown):

- Not Enrolled (NE) Default for all new records only. Soldier cannot be changed from any Enrolled Status to Not Enrolled.
- Enrolled, Active Participant (EAP).
- Enrolled, High Risk non-participant (HRN).
- Enrolled, Remote Program (ERP).
- Enrolled, Commander Exempt (ECE).
- Disenrolled (DE) Choosing DE status requires "PPPT End Date" field to be populated before entry can be saved (error message will be given).

### **c. Special Enrollment Circumstances**

If the pregnant Soldier is disapproved for all physical fitness activities, unit commanders will require the Soldier to attend PPPT formation and the PPPT education classes.

## **Section II. Documenting and Reporting Attendance**

### **a. Daily attendance rosters**

The units will receive daily or weekly attendance rosters from the IIT for unit participants according to local PPPT program SOP requirements. A sample attendance roster with key is available on the PPPT AKO web page.

**b. Accountability**

Through coordination with the IIT, the unit will ensure accountability of pregnant/postpartum participants at the PPPT formation—

(1) Soldiers may be excused from PT (such as for alerts, CQ, command urinalysis, and so forth) with a memorandum signed by the unit commander.

(2) Without a signed memorandum, the Soldier will receive an unexcused absence, and the attendance roster will be annotated—

(a) As in unit PRT, priority is given to participation. As such, there should be limited interference with the program from other taskings, such as routine details or administrative duty.

(b) Once enrolled in the PPPT Program, the Soldier's place of duty during PRT time will be at the designated PPPT site.

(c) If the Soldier is absent on a frequent basis, the Soldier's commander will be notified, and the Soldier may be subject to administrative action. An ACCESS<sup>®</sup> Database notification program is available on the PPPT AKO web page and may be used to notify units of Soldier absences.

**Section III. Directing Fitness Activities****a. Pregnancy activities**

(1) All exercises will be conducted within ACOG guidelines. Exercise session formats and exercise performance guidance is provided in USAPHC (PROV) PPPT TG 255D, Exercise Leader Manual.

(a) Exercise sessions will occur 3-4 times a week during unit PRT time.

(b) Soldiers will avoid exercise in the supine (on the back) position after the first trimester (i.e., no leg lifts, butterfly kicks, bicycles or full sit-ups).

(c) Prolonged periods of motionless standing must be avoided.

(d) Because of decreased oxygen available for aerobic exercise, the intensity of the work out should be monitored by the participant. Participants should exercise at the highest level at which they are comfortable but not exercise to fatigue. To ensure that exercise intensity is within the desired range, first trimester Soldiers should measure exercise intensity according to their target heart rate (THR). The THR method of measuring heart rate is described in the US Army Pregnancy and Postpartum Physical Training Program Technical Guide 255D, Exercise Leader.

(e) Soldiers in the second and third trimester Soldiers must only use the rate of perceived exertion method to measure their exercise intensity. The perceived exertion method of measuring heart rate is described in the USAPHC (Prov) TG 255D, Exercise Leader.

(f) The Soldier will not continue with exercise activities when fatigued or demonstrating signs of overexertion such as:

- Difficulty breathing.
- Nausea.
- Vomiting.
- Dizziness.
- Irregular heartbeat.
- Faintness.
- Excessive muscle soreness or pain.
- Persistent lethargy.
- Sudden sharp pain.

(g) Any type of exercise involving the potential for even mild abdominal trauma is to be avoided (i.e., basketball, soccer).

(h) Exercises that require the Soldier to bend her knees and bear down should be avoided since these exercises put undesirable strain on the rectum and cervix (i.e., full squats, calisthenics, weight lifting).

(i) To facilitate the dissipation of heat, especially during the first trimester, adequate hydration and appropriate cool clothing are necessary, and well-ventilated environmental surroundings are highly recommended.

(j) Extremes in joint motion are to be avoided because of the relaxation of body ligaments that occurs during pregnancy and during the early weeks of postpartum. Avoid activities that require rapid changes in direction (i.e., quick side-to-side dance movements).

(k) Ballistic movements (i.e., jerky, bouncy motions) are to be avoided; examples would be high-impact aerobics, jumping rope, and certain calisthenics like the mule kick or high jumper.

(l) Activities are to be conducted on a wooden floor, tightly carpeted surface, or grass to reduce impact and provide sure footing.

(m) Liquids are to be taken liberally before and after exercise to prevent dehydration, fatigue, and premature contractions. Activity may be interrupted as the Soldier deems necessary to drink fluids.

(2) The basic pregnancy fitness session should incorporate a combination of the following:

(a) A 10-15 minute warm up segment, which should include centering, slow movements, and dynamic stretching.

(b) A 10-20 minute muscular strength/endurance segment that incorporates free weights and resistance bands and special exercises/ individual focus exercises. Muscular strength/ endurance should be conducted using high repetitions (10-15) and low weights (5-10 lbs).

(c) A 20-45 minute cardio-respiratory segment that may include low-impact aerobics, use of cardio machines, water aerobics and walk/jog groups. Running is permitted during pregnancy, if allowed in the Soldier's profile, but is not recommended after the second trimester. Competitive activities that may lead to overexertion are not permitted.

(d) A 10-minute cool-down segment, which includes a slowing down of the aerobic activity followed by gentle stationary stretching, relaxation exercises, and centering. All Soldiers' heart rates should be at or below 100 beats per minute (bpm) before leaving the area.

(e) Because of the risk of injury due to the relaxation of body ligaments that support the joints, Soldiers should exercise caution during the muscle stretching routine to prevent an injury. Soldiers should be careful not to stretch their muscles beyond the initial "tugging" or "pulling" sensation.

(f) ELs should take care to make the pregnant Soldier rise gradually from the floor to prevent Soldiers from losing their balance or becoming dizzy.

(g) The program structure is to include activities to encourage teamwork and camaraderie.

(3) Pregnant Soldiers are to wear the improved physical fitness uniform (IPFU) until it becomes too small and/or uncomfortable. They can then wear a larger size IPFU or civilian equivalent workout attire; however, leaders cannot require Soldiers to buy larger size IPFUs.

#### **b. At-home activities**

Many of the physiological changes of pregnancy continue for 4 to 6 weeks postpartum. Soldiers are strongly encouraged to utilize the at-home exercise program while on



convalescent leave. See the Soldier Workbook for the recommended At-Home Postpartum Exercise Chart. Videotape 3 of the PPPT training materials, Fundamental Concepts of Postpartum Exercise, is to be viewed by Soldiers by Week 34 in order to assist them in following the recommended at-home postpartum program. The IIT may make this video available for Soldiers to check out while on convalescent leave.

### c. Postpartum activities

(1) After the baby is born, fetal safety is no longer an issue, but potential injuries for Soldiers continue due to persistent musculoskeletal and cardiovascular changes.

(2) When the Soldier returns to duty after convalescent leave, she must provide the unit with a postpartum PT profile from her healthcare provider prior to reentering the PPPT Program. The unit is responsible for sending the Soldier to PPPT.

(3) Soldiers are required to participate in postpartum PRT for up to 6 months after delivery. The postpartum Soldier may return to unit PRT earlier than 6 months after delivery, but *only with the approval of the unit commander and healthcare provider*, after they have successfully passed a diagnostic APFT and met AR 600-9 height/weight standards.

(4) Postpartum Soldiers are exempt from the APFT for 180 days following termination of pregnancy. After convalescent leave (usually 45 days), the Soldier will be given at least 138 days to recondition before taking a record APFT. After receiving clearance from their physician to resume PT, postpartum Soldiers are expected to use this time to prepare for return to their unit capable of performing the physical demands of their military occupation specialties (MOS) and passing the record APFT. The above guidance will only be modified if, upon evaluation of a physician, it is determined that the postpartum Soldier requires a more restrictive or longer profile because of complicated or unusual medical problems. The Soldier's healthcare provider and unit commander will make exceptions from the PPPT Program participation on a case-by-case basis.

(5) During the postpartum reconditioning phase, the Soldier will participate in monthly weigh-ins and diagnostic APFTs to track progress. Diagnostic APFTs should only be given once the Soldier no longer has a diastasis of two or more fingers in breadth. Diastasis is the separation in the abdominal muscles that can occur as the abdomen enlarges during pregnancy. Soldiers should not participate in a diagnostic APFT until they have attended postpartum PT for 4 complete weeks.

(6) To track Soldier progress, the IT will record the Soldier's diagnostic APFT scores and monthly weight in the PPPT Program database. See Appendix I for a sample record APFT request memorandum to obtain 6-month APFT data from the unit.

(7) A memorandum will be forwarded to the Soldier's commander by the IIT when the Soldier has completed the allotted time for enrollment in the postpartum PT program or passes the diagnostic APFT and meets AR 600-9 height/weight standards. All Soldiers are expected to meet their APFT requirements and AR 600-9 height/weight standards before returning to regular unit PRT at 6 months. See Appendix X for memorandums to the Soldier and commander recommending standard out-processing from Postpartum PT to unit PRT upon program completion.

(a) In some circumstances (i.e., complicated or unusual medical problems either during pregnancy or postpartum), the Soldier may continue in the program for additional days if agreed upon by her commander, healthcare provider, and the IIT. See Appendix Y for memorandums to the Soldier and commander recommending delayed out-processing from the Postpartum PRT program.

(b) For Soldiers who meet their APFT and AR 600-9 requirements before the 6-month postpartum deadline, the Soldier may return to regular unit PRT with the approval of the commander and the healthcare provider. However, they may also stay in the postpartum group a while longer, providing they continue to show improvement. See Appendix Z for memorandums to the Soldier and commander recommending early out-processing from Postpartum PT to unit PRT.

(8) Postpartum exercises are designed to regain pre-pregnancy fitness levels, meet mission requirements, pass the APFT, and meet the height/weight standards of AR-600-9—

(a) Exercise sessions will occur four to five times a week.

(b) Exercise activities are to stop when the individual is fatigued; signs of overexertion include the following:

- Difficulty breathing.
- Nausea.
- Vomiting.
- Dizziness.
- Irregular heartbeat
- Faintness.
- Excessive muscle soreness or pain.

- Persistent lethargy.
- Sudden sharp pain.

(c) Because of the risk of injury due to the continued relaxation of body ligaments, extremes in joint motion are to be avoided for the first 8 to 10 weeks postpartum. To reduce the risk of joint injury, activities that require rapid changes in direction are to be avoided. It is not necessary to stretch a muscle beyond the initial “tugging” or “pulling” sensation, especially during the first month upon returning to PT.

(d) Liquids are to be taken liberally before and after exercise to prevent dehydration, overheating, and fatigue. Activity may be interrupted as the Soldier deems necessary to drink fluids.

(e) Target heart rate is to be measured for postpartum Soldiers throughout the activity to ensure that exercise intensity is within the desired THR range. Methods for measuring THR and heart rate guidelines for postpartum exercise are discussed in the USAPHC (Prov) TG 255D, Exercise Leader Manual.

(9) The basic postpartum fitness session should consist of the following:

(a) A 10-15 minute warm up segment, which includes slow movements, dynamic stretching, and slow cadence calisthenics (Preparation Drill).

(b) A 10-20 minute muscular conditioning segment that may incorporate callisthenic drills, strength/endurance exercises with free weights or resistance bands, sit-ups, and pushups. The focus now is to prepare the Soldier to pass the sit-up and pushup portions of the APFT.

(c) A 20-45 minute cardio-respiratory segment that may include low-impact aerobics, speed and agility drills, cardio machines, circuit training, and walk/jog/run groups. The postpartum Soldier is encouraged to gradually begin running, increasing the frequency so that after the first two weeks of returning to PPPT, the Soldier is jogging/running three times a week.

(d) A 10-minute cool-down segment, which may include a slowing down of the aerobic activity followed by gentle stationary stretching. All Soldiers' heart rates must be at or below 100 beats per minute (bpm) before leaving the area.

#### **Section IV. Reserve Component and Remote (RC/R) PPPT Program**

The PPPT Program addresses the requirements of individualized PT, as well as those of Soldiers participating in a structured PPPT Program. The RC/R PPPT Program provides the resources necessary to allow the individual Soldier to maintain operational readiness through pregnancy and postpartum.

**a. Reserve**

The Reserve Soldier materials have been distributed to Regional Readiness Command (RRC) Surgeons and upon request to individual Reserve units. If you are unable to obtain PPPT materials from your Reserve unit or RRC Surgeon's office, contact the [MEDCOM PPPT proponent](#).

**b. Army National Guard (ARNG)**

The ARNG Soldier materials have been distributed through the ARNG State Surgeons and upon request to individual state ARNG units or the state Adjutant General offices. If you are unable to obtain PPPT materials from your ARNG unit or State Surgeon's office, contact the [MEDCOM PPPT proponent](#).

**c. Reserve Component (RC) PPPT Program components**

(1) Exercise is performed on an individual basis except when pregnant/postpartum Soldiers are able to meet together on duty weekends. Units may designate an EL to lead PPPT during these sessions.

(2) Unit responsibilities are for PPPT enrollment, PPPT RC Soldier Orientation, and to ensure access to PPPT Program materials. Units will order and provide PPPT RC materials from the [MEDCOM PPPT proponent](#). Accountability for consistent participation and tracking of outcomes is overseen by the unit PPPT POC. Pregnancy Counseling according to AR 635-200 is to be given by the unit company commander.

(3) PPPT is to be conducted at least 4-5 times per week with Pregnancy PT participation up to delivery at the Soldier's own pace and best ability. The At-Home Postpartum PT program is conducted during the 6-week convalescent leave. Postpartum PT participation is for up to 6 months following delivery.

(4) Coordinate with local MTF or individual Soldier's healthcare provider to provide medical consultation, pregnancy profile, and healthcare provider enrollment clearance.

(5) Pregnancy-related education presentations are available for download from the [USAPHC \(PROV\) PPPT Website](#). The curriculum includes a variety of topics to provide awareness, knowledge, and skills training (i.e. anatomical, physiological, psychological changes during pregnancy, healthy nutrition, parenting skills, pregnancy policies, career guidance).

**d. Remote Soldiers**

(1) Individual Soldiers assigned in remote locations that are unable to attend a structured PPPT Program at an installation or who cannot be overseen by a Reserve or ARNG unit may receive the Remote PPPT materials upon special request. Soldiers are encouraged to interact with their healthcare providers about their pregnancy and request clearance to participate in the PPPT Program.

(2) The Remote Soldier PPPT materials can only be released after a Soldier has received a pregnancy profile and clearance to exercise from her healthcare provider.

(3) To place an order, the required documentation listed in section e(2) below must be completed and forwarded to the [MEDCOM PPPT proponent](#) Indicate 'Remote PPPT Request' in the subject line.

(4) The components of the Remote PPPT Program are similar to those of a RC PPPT Program with the only difference that PT is conducted without accountability and on the Soldier's self-determined schedule on most days of the week. This requires more personal resolve and self-discipline on the part of the individual to remain consistent with the exercise program.

#### **e. RC/R Soldier materials**

(1) The USAPHC (Prov) TG 255F, RC/R Soldier Workbook, RC/R DVD set, and at-home postpartum physical training resources have been developed for Soldiers not in a structured installation PPPT Program. These materials can only be released to the Soldier after she has received a pregnancy profile and clearance to exercise from her healthcare provider. The USAPHC (Prov) TG 255F, RC/R Soldier Workbook and the postpartum training resources will be provided in electronic format only and may be printed by the unit or the individual Soldier.

(2) The following documentation is required to place an order for the RC/R Soldier materials:

- (a) PPPT DVD order form (See Appendix AA).
- (b) DA Form 3349 (*Medical Profile*).
- (c) Healthcare Provider Enrollment Clearance Form (see Appendix I).
- (d) Program Participation Agreement Memorandum (see Appendix R).
- (e) PPPT RC/R Request Materials (see Appendix BB).

#### **f. Healthcare provider resources**

Providers may wish to assist pregnant and postpartum Soldiers in their physical fitness goals. A PPPT Orientation presentation is available for download from the PPPT website that can be used by healthcare providers and unit PPPT POCs when working with pregnant Soldiers, [Remote Soldier Pregnancy Exercise Orientation](#)

## **Section V. Outside the Continental United States (OCONUS) Recommendations**

The variety in organizational structure, mission requirements, distances between locations, and frequently heightened operational tempo (OPTEMPO) of OCONUS installations and garrisons requires that PPPT Programs be executed in a more flexible manner. The following provides information and recommendations for specific OCONUS locations:

### **a. Alaska**

In Alaska, local PPPT programs are executed at Fort Richardson and Fort Wainwright with the Brigades overseeing implementation. Soldiers that are assigned at other more isolated locations (i.e. Fort Greely) should use the Remote Soldier PPPT Program.

### **b. Europe**

In Europe, the primary PPPT Program point of contact for implementation issues and training of personnel is at Health Promotion and Wellness, Public Health Command Region (PHCR)-Europe. The local PPPT programs are executed as consolidated garrison programs with the Community Health Promotion Coordinators assigned at each Brigade Support Battalion or Area Support Group overseeing implementation. The following additional recommendations are made for OCONUS Europe PPPT Implementation:

(1) OCONUS sites are most likely not near a MTF with obstetric (OB) services, so pregnant Soldiers have to be referred on the “economy” for treatment and follow-up. Therefore, the ME cannot be designated from the MTF obstetrics department and there must be more deliberate coordination for medical oversight and profile changes when healthcare is not provided at a DA facility. Options for the PPPT ME are listed in Chapter 1e (3). Options for the PPPT EC are listed in Chapter 1f (3).

(2) Due to unpredictable schedules and deployments at short notice, it is recommended that twice as many ELs be trained as needed. In addition, continuity of Garrison support and tactical buy-in need to be synchronized within the SOP.

(3) A PPPT working group should be created to conduct stakeholder analysis/audit, identify Soldier process, coordinate program process with tactical units/facilities/EL training, and oversee IT development and training.

(4) The Garrison Directorate of Training, Plans, Mobilization, and Security (DPTMS or S-3) should be delegated program management responsibilities beyond simply sending out the OPORD (i.e., maintaining training schedules, updating contact rosters, coordination of ELs).

(5) Enrollment and disenrollment may take place at the unit level by the unit program managers.

(6) Organizing PPPT Programs at some OCONUS Garrisons is particularly difficult due to their geographical layout. At times, a Garrison may spread across the entire city and reach to other towns in the area. In such cases, coordinating one location for PPPT is not feasible and when there are less than 20 pregnant and postpartum Soldiers at one location, it then becomes a Remote Soldier PPPT Program. Unfortunately, the Remote Soldier PPPT Program often lacks the enthusiasm, numbers of ELs, and support of one fully functional, supported effort at a central Garrison location.

(7) A garrison is made up of over 20 “itty bitty units”. When one of the major units deploys, the trained ELs and ITs go with them and the program struggles. Additional training of Rear-Detachment Soldiers as ITs and ELS is required. In some cases, the Remote Soldier PPPT Program is a possibility, but it is not the ideal solution.

### **c. Japan**

In Japan, the PPPT Program POC for implementation issues is in Health Promotion and Wellness, PHCR-Pacific at Camp Zama. The local PPPT Program’s implementation method depends upon the location and number of Soldiers participating. Soldiers that are assigned at more isolated locations require that the Remote Soldier PPPT Program be utilized.

### **d. Korea**

In Korea, the local PPPT Programs are executed as Area programs with the 2ID Commanding General designating the Division Surgeon to ensure all pregnant and postpartum Soldiers are enrolled. The Area Chief Nurse, 2ID Nurse Liaison and Head Nurses from the Area TMCs receive PPPT training as MEs. The roles would be as follows to ensure the PPPT Programs continue to run smoothly when one of these individuals has a permanent change of station (PCS):

- Area Chief Nurse (ACN) is the PPPT PM to ensure PPPT Program coordination, and submit reports to higher commands for Korea.
  
- Area Head Nurse is the PPPT Medical Expert to provide quality oversight for the ITs and submit accountability and evaluation reports to the PPPT PM. The ME should be a credentialed provider that can write temporary pregnancy profiles.
  
- 2ID Nurse Liaison coordinates all 2ID Soldier participation in the program.
  
- APHN is the Education Coordinator for all education class schedules.

Due to unpredictable schedules and frequent turnover of personnel, it is recommended that twice as many ITs and ELs be trained as needed. These should not be TMC medical personnel but report to the PPPT ME. The recommendation is for 6 ITs per Area appointed by the 2ID CG and 18 ELs per Area designated by unit commanders. Enrollment process would be as follows:

- Lab section reports all positive pregnant tests in the Area to the TMC NCOICs.
- TMCs NCOICs report to PPPT MEs all pregnant soldiers in the Area.
- PPPT ME reports to PPPT PM all pregnant Soldiers in the Area.
- The TMC NCOICs PAD section notifies units to enroll Soldier in the Area PPPT Program. The Unit Commanders have 72 business hours from the time of notification to enroll pregnant Soldiers.
  - If Soldiers are not enrolled within the required time, the PAD section notifies 168th Medical Commander, the 2ID Division Surgeon, and Brigade Commanders in the Area of the unit's noncompliances.
  - Commanding General is notified of PPPT enrollment and participation status in monthly status report.



**Appendix A**  
**ALARACT 168/2008**

R 102051Z JUL 08  
FM PTC WASHINGTON DC//ALARACT//TO ALARACT  
ZEN/RMY/OU=ORGANIZATIONS/OU=ADDRESS LISTS/CN=AL  
ALARACT(UC) BT UNCLAS QQQQ  
SUBJ: ALARACT 168/2008  
UNCLASSIFIED//

THIS MESSAGE HAS BEEN SENT BY THE PENTAGON TELECOMMUNICATIONS  
CENTER ON BEHALF OF DA WASHINGTON DC//DAMO-TR//

SUBJECT: THE ARMY PREGNANCY POSTPARTUM PHYSICAL TRAINING (PPPT)  
PROGRAM

1. REFERENCES.

- A. AR 5-22, THE ARMY PROPONENT SYSTEM, 3 OCTOBER 1986.
- B. AR 40-501, STANDARDS OF MEDICAL FITNESS, 14 DECEMBER 2007.
- C. AR 350-1, ARMY TRAINING AND LEADER DEVELOPMENT, 18 DECEMBER 2009.
- D. AR 600-9, THE ARMY WEIGHT CONTROL PROGRAM, 27 NOVEMBER 2006.
- E. AR 600-20, ARMY COMMAND POLICY, 18 MARCH 2008.

2. PURPOSE OF THIS MESSAGE IS TO LAY OUT RESPONSIBILITIES IN  
EXECUTING THE ARMY PREGNANCY POSTPARTUM PHYSICAL TRAINING (PPPT)  
PROGRAM.

3. THE ARMY PPPT PROGRAM IS DESIGNED TO MAINTAIN HEALTH AND  
FITNESS LEVELS OF PREGNANT SOLDIERS AND SUCCESSFULLY INTEGRATE  
THEM BACK INTO UNIT FITNESS TRAINING PROGRAMS. EMPHASIS WILL BE  
PLACED ON ACHIEVING THE APFT STANDARDS IN ACCORDANCE WITH THE  
ARMY PHYSICAL FITNESS TRAINING PROGRAM, AND MEETING HEIGHT/  
WEIGHT STANDARDS. MAINTAINING FITNESS DURING PREGNANCY  
CONTRIBUTES TO A MORE RAPID RETURN TO ARMY PHYSICAL FITNESS AND  
WEIGHT STANDARDS AFTER PREGNANCY.

4. RESPONSIBILITIES:

A. THE U.S. ARMY MEDICAL COMMAND (MEDCOM).

1) SERVE AS THE SPECIFIED PROPONENT FOR THE ARMY PPPT PROGRAM  
AND ENSURE THAT THE U. S. ARMY PUBLIC HEALTH COMMAND (PROVISIONAL)  
(USAPHC (PROV)) TECHNICAL GUIDE SERIES 255A-E, AND ARMY PREGNANCY  
POSTPARTUM PHYSICAL TRAINING PROGRAM (TGS 255) MANUALS ARE  
CURRENT AND AVAILABLE ON A WEB-BASED FORMAT AT [HTTP://CHPPM-  
WWW.APGEA.ARMY.MIL/DHPW/READINESS/PPPT.ASPX](http://CHPPM-<br/>WWW.APGEA.ARMY.MIL/DHPW/READINESS/PPPT.ASPX)

2) ENSURE THAT MEDICAL TREATMENT FACILITY (MTF) COMMANDERS  
PROVIDE MEDICAL CONSULTATIVE SUPPORT AND CONDUCT HEALTH-  
RELATED INSTRUCTION FOR THE LOCAL ARMY PPPT PROGRAM  
INSTRUCTORS AND HEALTH CARE EXPERTS THAT IS CONSISTENT WITH THE  
CONTENT, STANDARDS, POLICIES, PROCEDURES, AND RESPONSIBILITIES SET  
FORTH IN THE USAPHC (PROV) TGS 255 MANUALS.

B. SENIOR COMMANDERS ON THE INSTALLATION.

1) SERVE AS FUNCTIONAL PROPONENT FOR THE ARMY PPPT PROGRAM TO ENSURE ALL ELIGIBLE SOLDIERS PARTICIPATE IN THE INSTALLATION LEVEL PPPT PROGRAM.

2) CONDUCT THE PHYSICAL TRAINING PORTION OF THE ARMY PPPT PROGRAM IN A MANNER THAT IS CONSISTENT WITH THE CONTENT, STANDARDS, POLICIES, PROCEDURES, AND RESPONSIBILITIES SET FORTH IN THE USAPHC (PROV) TGS 255 MANUALS.

C. GARRISON COMMANDERS WILL ENSURE ADEQUATE AND APPROPRIATE FACILITIES AND EQUIPMENT ARE PROVIDED FOR ARMY PPPT PROGRAM EXECUTION.

5. RESERVE COMPONENT SOLDIERS NOT ON ACTIVE DUTY, GEOGRAPHICALLY REMOTE SOLDIERS, AND THOSE ASSIGNED TO INSTALLATIONS WITH A NEGLIGIBLE PREGNANT SOLDIER POPULATION MAY UTILIZE THE SPECIFICALLY DESIGNED GEOGRAPHICALLY REMOTE SOLDIER ARMY PPPT PROGRAM MATERIALS AVAILABLE FROM THE USAPHC (PROV) WEBSITE AT [HTTP://CHPPM-WWW.APGEA.ARMY.MIL/DHPW/READINESS/PPPT.ASPX](http://CHPPM-WWW.APGEA.ARMY.MIL/DHPW/READINESS/PPPT.ASPX)

6. AR 350-1, AR 600-9, AND FM 3-22.20 WILL BE UPDATED TO INCLUDE DELINEATION OF RESPONSIBILITIES FOR THE EXECUTION OF THIS PROGRAM.

7. POC FOR G-3 IS MSG BRENDA GRAVES, 703-692-8404, EMAIL:

[BRENDA.GRAVES@HQDA.ARMY.MIL](mailto:BRENDA.GRAVES@HQDA.ARMY.MIL) ; FOR G-1 IS LTC KAREN WHITMAN, 703-

604-0669, EMAIL: [KAREN.WHITMAN@HQDA.ARMY.MIL](mailto:KAREN.WHITMAN@HQDA.ARMY.MIL) ; FOR USAPHC (PROV) IS MS. LISA YOUNG, 410-436-7844, EMAIL: [LISA.J.YOUNG@US.ARMY.MIL](mailto:LISA.J.YOUNG@US.ARMY.MIL) .

8. THIS MESSAGE WILL EXPIRE ON 30 SEPTEMBER 2010

## Appendix B References

AR 40-3, *Medical, Dental, and Veterinary Care*, 22 February 2008, (Rapid Action Review (RAR), 12 March 2010).

AR 40-400, *Patient Administration*, 27 January 2010.

AR 40-501, *Standards of Medical Fitness*, 14 December 2007 (RAR 001, 10 September 2008).

AR 350-1, *Army Training and Leader Development*, 18 December 2009.

AR 600-8-10, *Leaves and Passes*, 15 February 2006.

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

AR 600-8-24, *Officer Transfers and Discharges*, 12 April 2006 (RAR 002, 27 April 2010).

AR 600-20, *Army Command Policy*, 18 March 2008 (RAR 001, 11 February 2009).

AR 614-30, *Overseas Service*, 30 March 2010.

AR 635-200, *Active Duty Enlisted Administrative Separations*, 6 June 2005 (RAR 002, 27 April 2010).

AR 670-1, *Wear and Appearance of Army Uniforms and Insignia*, 3 February 2005.

FM 21-20, *Army Physical Fitness Training*, 30 September 1992

Committee Opinion 267, January 2002, American College of Obstetrics & Gynecologists (ACOG), *Exercise During Pregnancy and the Postpartum Period*.

USAPHC (PROV) Pregnancy/Postpartum Physical Training Certification Videos (set of six)

- Pin # 711497/TVT 8-421, Video 1 *Fundamental Concepts of Pregnancy and Exercise*, October 2001.
- Pin # 711501/TVT 8-425, Video 2A, *Pregnancy Fitness Program Development*, October 2001.
- Pin # 711502/TVT 8-426, Video2B, *Pregnancy Fitness Program Development*, October 2001.
- Pin # 711498/TVT 8-422, Video 3, *Fundamental Concepts of Postpartum Exercise*, October 2001.

- Pin # 711499/TVT 8-423, Video 4, *Postpartum Fitness Program Development*, October 2001.
- Pin # 711500/TVT 8-424, Video 5, *Prenatal and Postpartum Cardiovascular Workout*, October 2001.

USAPHC (Prov) Technical Guides Series, U.S. Army Pregnancy and Postpartum Physical Training Program—

- TG 255B, *Instructor Trainer*.
- TG 255C, *Medical Expert*.
- TG 255D, *Exercise Leader*.
- TG 255E, *Soldier Workbook*.
- TG 255F, *Reserve/National Guard Workbook*.

**Forms**

DA Form 705, *Army Physical Fitness Test Scorecard*, November 1999.

DA Form 5501, *Body Fat Content Worksheet (Female)*, August 2006.

**Appendix C**  
**ALARACT 171/2008**

R 151521Z JUL 08  
FM PTC WASHINGTON DC//ALARACT//  
TO ALARACT  
ZEN/RMY/OU=ORGANIZATIONS/OU=ADDRESS LISTS/CN=AL  
ALARACT (UC) BT  
UNCLAS QQQQ  
SUBJ: ALARACT 171/2008 (CORRECTED COPY)  
UNCLASSIFIED//

THIS MESSAGE HAS BEEN SENT BY THE PENTAGON TELECOMMUNICATIONS  
CENTER ON BEHALF OF DA WASHINGTON DC//DAPE-MPE//

SUBJ: NOTIFICATION OF PENDING POSTPARTUM AND ADOPTION DEFERMENT  
POLICY CHANGE

REF AR 614-30 (OVERSEAS SERVICE), 11 APRIL 2007.

1. THE SECRETARY OF THE ARMY HAS APPROVED A CHANGE TO THE DEFERMENT POLICY FOR SOLDIERS WHO ARE MOTHERS OF NEW BORN OR ELIGIBLE PARENTS OF AN ADOPTED CHILD. THE CURRENT FOUR MONTH OVERSEAS ASSIGNMENT/DEPLOYMENT DEFERMENT PERIOD WILL BE LENGTHED TO SIX MONTHS. THIS MESSAGE GIVES COMMANDERS AND SOLDIERS AN ADVANCE NOTICE TO PLAN FOR IMPLEMENTATION.
2. THE EFFECTIVE DATE OF THIS CHANGE SHALL BE 1 AUGUST 2008 TO COINCIDE WITH THE ARMY'S RETURN TO A TWELVE MONTH BOOTS ON THE GROUND (BOG) POLICY.
3. ON 1 AUGUST 2008, SOLDIERS WHO ARE SERVING A DEFERMENT PERIOD OF FOUR MONTHS WILL HAVE THEIR DEFERMENT EXTENDED TO SIX MONTHS UNLESS WAIVED BY THE INDIVIDUAL SOLDIER CONCERNED. SOLDIERS WITH DEFERMENTS ENDING PRIOR TO 1 AUGUST 2008 WILL COMPLETE THEIR CURRENT FOUR MONTH DEFERMENTS. COMMANDERS ARE ENCOURAGED TO GRANT 6 MONTH DEFERMENTS PRIOR TO THE OFFICIAL IMPLEMENTATION DATE OF THE NEW POLICY IF OPERATIONALLY FEASIBLE.
4. THE CHANGES WILL BE PUBLISHED IN AR 614-30, TABLE 3-1, RULES 32 AND 33, AND PARAGRAPH 3-8A (5). SPECIFICALLY, IN TABLE 3-1, RULE 32, THIRD COLUMN, FOUR MONTHS WILL CHANGE TO SIX MONTHS. RULE 33, THIRD COLUMN, FOUR MONTHS WILL CHANGE TO SIX MONTHS. RULE 33, FOURTH COLUMN WILL CHANGE TO: SOLDIER WAIVES DEFERMENT OR COMMANDER, IF AUTHORIZED, EXTENDS THE TIME PERIOD OF THE DEFERMENT. CHANGES WILL ALSO BE PUBLISHED IN ADDITIONAL PUBLICATIONS AS APPROPRIATE.
5. POC FOR REGULATORY CHANGES IS MR. WELLS, DAPE-MPE-DR, DSN: 225-7917, E-MAIL [DAPE-MPE@HQDA.ARMY.MIL](mailto:DAPE-MPE@HQDA.ARMY.MIL) .
6. EXPIRATION DATE OF THIS MESSAGE IS 1 AUGUST 2009.

## Appendix D

### Effects of Exercise on Pregnancy/Postpartum

Effect on Maternal Performance	Article
Women are encouraged to exercise most days of the week during a normal pregnancy and soon after delivery. Women can perform cardiovascular, muscular strength and endurance, and flexibility activities.	Pivarnik, J.M., Mudd, L. Oh Baby! Exercise during pregnancy and the postpartum period. <i>American College of Sports Medicine Health and Fitness Journal</i> 2009; Vol. 13/ No. 3: 8-12.
Women who continue weight-bearing exercise during pregnancy maintain their long-term fitness and have a low cardiovascular risk profile in the perimenopausal period.	Clapp, J.F. Long-term outcome after exercising throughout pregnancy: fitness and cardiovascular risk. <i>Am J ObstetGynecol</i> 2008;199/5:489.1-489.6
Studies focused on the safety of physical activity during pregnancy have shown few negative effects, but rather, to be beneficial to the maternal-fetal unit. Begun to consider the role of maternal physical activity on chronic disease risk.	Pivarnik, J.M., Chambliss, H.O., Clapp, J.F., Impact of physical activity during pregnancy and postpartum on chronic disease risk. <i>Med Sci Sports Exerc.</i> 2006: 38:989-1006.
Exercise during pregnancy continues to demonstrate marked benefits for mother and fetus. The type, intensity, frequency, and duration of the exercise seem to be important determinants of its beneficial effects. Maternal benefits include improved cardiovascular function, limited weight gain and fat retention, improved attitude and mental state, easier and less complicated labor, quick recovery, and improved fitness. Fetal benefits include decreased growth of the fat organ, improved stress tolerance, and advanced neurobehavioral maturation	Clapp, J.F. Exercise during pregnancy. A clinical update. <i>Clinical Sports Med.</i> 2000 Apr; 19(2): 273-86
Postpartum women who were active before and after pregnancy retained less weight; Remained socially active; More able to adapt to challenges of motherhood	Sampselle C.M., Seng J., Yeo S., Killion C., Oakley D. Physical activity and postpartum well-being. <i>J OBGyn Neonatal Nurs</i> 1999; 28: 41-49.
Improved VO <sub>2</sub> max (or maximal oxygen uptake) at 6 months postpartum Recovered more rapidly from birth process Fewer physical complaints during pregnancy	Clapp J.F. The effect of continuing regular endurance exercise on the physiologic adaptations to pregnancy and pregnancy outcome. (Third IOC World Congress on Sports Sciences) <i>Am J Sport Med</i> 1996; 24: S28 – 30.
Fewer discomforts during pregnancy Promotes well-being	Horns P.N., Ratcliffe L.P., Leggett J.C., Swanson M.S. Pregnancy outcomes among active and sedentary primiparous women. <i>J Obstet Gynecol Neonat Nurs</i> 1996; 25: 49-54. & Wallace A.M., Boyer D.B., Dan A., Holm K. Aerobic exercise, maternal self-esteem, and physical discomforts during pregnancy. <i>J of Nurse-Midwifery</i> 1986; 32:277-90.
Significant improvement in aerobic fitness	Marquez-Sterling S., Perry A.C., Kaplan T.A., Halberstein R.A., Signorile J.F. Physical and psychological changes with vigorous exercise in sedentary primigravidae. <i>Med Sci Sport Exerc</i> 2000; 32: 58-62.

Effect on Maternal Performance	Article
Exercise emphasizes physical adaptations to pregnancy and enhances the response to protect the fetus	Clapp J.F., Little K.D. The interaction between regular exercise and selected aspects of women's health. <i>Am J ObstetGynecol</i> 1995;173:2-9.
Improved VO <sub>2</sub> max in postpartum women Improved maternal fitness	Clapp J.F., Capeless E.L. The VO <sub>2</sub> max of recreational athletes before and after pregnancy. <i>Med Sci Sports Exerc</i> 1991; 23:1128-33.
Increased VO <sub>2</sub> max	Collings, CA, Curet, LB, & Mullin, JP. Maternal and fetal responses to a maternal aerobic exercise program. <i>Am J Obstet Gynecol</i> 1983; 145: 702-06.
Increased performance aerobically if continue to exercise	Clapp, JF. Oxygen consumption during treadmill exercise before, during, and after pregnancy. <i>AM J Obstet gynecol</i> 1989; 161: 1458-64.
Less medical interventions Reduced operative deliveries Shorter active labor	Clapp J.F. The course of labor after endurance exercise during pregnancy. <i>Am J Obstet Gynecol</i> 1990;163: 1799-805.
More likely to have vaginal delivery	Beckman C.R.B., Beckman C.A. Effect of a structured antepartum exercise program on pregnancy and labor outcome in primiparas. <i>J of Reprod Med</i> 1990; 35:704-9.
Less likely to deliver prematurely	Berkowitz G.S., Kelsey J.L., Holford T.R., Berkowitz R.L. Physical activity and the risk of spontaneous preterm delivery. <i>J Reprod Med</i> 1983; 28:581-588.
Reduced cesareans Shorter hospital stays Decreased discomforts Relieved tension Improved self-image	Hall D.C., Kaufmann D.A. Effects of aerobic and strength conditioning on pregnancy outcomes. <i>Am J Obstet Gynecol</i> 1987; 157:1199-1203.
Exercise exposed fetuses have lower heart rates suggesting a prenatal programming effect on the fetal cardiac and autonomic nervous system from maternal physiological events during gestation.	May, L.E., Gustafson, K.F., Popescu, A., Popescu, M. and Drake, W.B. Effects of maternal exercise on the fetal heart. <i>Federation of American Societies for Experimental Biology Journal</i> . 2008;22:1175.3
Exercise offspring performed significantly better on the Wechsler scales (general intelligence) and test for oral language skills Weight, skin fold and % body fat(in arm) were 10% less on exercising offspring	Clapp, JF. Morphometric and neurodevelopmental outcome at age 5 years of the offspring of women who continued to exercise regularly throughout pregnancy. <i>J Pediatrics</i> , 1996;129: 856-63.

## Appendix E Program Database Spreadsheet

### DEMOGRAPHICS

name/rank	Last 4 of SSN	email	phone	address	If taking Chapter 8
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### UNIT INFORMATION

unit	unit phone	supervisor's name	supervisor 's email	supervisor's telephone	emergency info
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### DOCUMENTATION

pregnancy profile	healthcare provider clearance form	authorized memo of agreement	APFT Card	Use of At-Home PPPT	Delivery location
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### APFT/AR 600-9

Pre Preg APFT score	Date of Pre Preg APFT	First Diag APFT Score	Date of Diag APFT	Final PP APFT Score	Date of Final APFT	Ht/wt/ body fat first trim	Ht/wt/ body fat at delivery	Ht/wt/ body fat at 6 week PP	Ht/wt/ body fat 6-mth PP
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### DELIVERY

gestational age	est. due date	delivery date	type of delivery	delivery complications	labor length	Labor meds
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### INJURIES

injury	Length of profile	date	type of injury
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## Appendix F ACCESS Database Surveys

**Participant Enrollment Questionnaire - Soldier fills out during enrollment in the PPPT Program. Please circle or check your response or fill in the blank.**

1. Soldier ID #: \_\_\_\_\_  
(Soldier first and last initials followed by date of birth and year, i.e. LY1081)
2. Enrollment date (mm/dd/yyyy): \_\_\_\_\_
3. Age = \_\_\_\_\_.
4. Due date (mm/dd/yyyy): \_\_\_\_\_
5. Work phone number: \_\_\_\_\_
6. Work e-mail: \_\_\_\_\_
7. Unit and work address: \_\_\_\_\_
8. Are you currently on a profile for something other than pregnancy?    Yes    No  
If **yes**, is the profile Permanent or Temporary?            Permanent    Temporary  
This profile prevents you from participating in which of the following: (*check all that apply*)
 

<input type="checkbox"/> a. Run	<input type="checkbox"/> d. Swimming	<input type="checkbox"/> g. Aerobics
<input type="checkbox"/> b. Walk	<input type="checkbox"/> e. Push-ups	<input type="checkbox"/> h. Stretching exercises
<input type="checkbox"/> c. Resistance training	<input type="checkbox"/> f. Abdominal exercises	
9. Last APFT score **before** you became pregnant:
 

Total score:	_____
Number of sit-ups:	_____
Number of push-ups:	_____
Run time (min:sec):	_____
APFT pass or fail?	Pass    Fail
Date of this APFT test (mm/yyyy):	_____
10. Weight (pre-pregnancy): \_\_\_\_\_
 

Taped?	Yes            No
Height:	_____
AR 600-9 standards?	Pass            Fail
11. Taking a Chapter 8: \_\_\_\_\_ YES \_\_\_\_\_ NO

**Participant Delivery Questionnaire. Soldier fills out after 6-week convalescent leave when return to postpartum PRT. Circle your response or fill in the blank.**

1. Soldier ID #: \_\_\_\_\_  
 (same as on original survey; Soldier first / last initials followed by DOB and year, i.e. LY1081)

2. Today's date (mm/dd/yyyy): \_\_\_\_\_

3. Delivery date (mm/dd/yyyy): \_\_\_\_\_

4. Delivery type:    vaginal    cesarean

5. Weight (in pounds) on or near your delivery date: \_\_\_\_\_

6. Were there any delivery complications?                                  Yes                  No  
*(for example: episiotomy, abnormal position of the fetus, premature delivery, and so forth.)*

7. Where did you deliver the baby?                  MTF    Civilian hospital                  Non-medical location

8. Did your participation in the PPPT program help to decrease the frequency or severity of any of the following conditions for you, as related to pregnancy? *(Circle most appropriate response for each symptom.)*

a. headaches/lightheadedness	Yes	No	Unsure
b. nausea/vomiting	Yes	No	Unsure
c. frequent urination	Yes	No	Unsure
d. swelling	Yes	No	Unsure
e. problems sleeping	Yes	No	Unsure
f. leg cramps	Yes	No	Unsure
g. fatigue	Yes	No	Unsure
h. shortness of breath	Yes	No	Unsure
i. heartburn	Yes	No	Unsure
j. constipation	Yes	No	Unsure

**Participant 6-week Postpartum Questionnaire. Soldier fills out after 6-week convalescent leave when return to postpartum PRT. Circle your response or fill in the blank.**

1. Soldier ID #: \_\_\_\_\_  
 (same as on original survey; Soldier first / last initials followed by DOB and year, i.e. LY1081)

2. Today's date (mm/dd/yyyy): \_\_\_\_\_

3. Did you exercise using the At-Home Exercise Program after the baby was born (during convalescent leave before you returned to the PRT Program)? Yes No

4. Are you currently on a profile for something other than pregnancy? Yes No  
 If **yes**, is the profile Permanent or Temporary? Permanent Temporary

This profile prevents you from participating in which of the following: (*circle all that apply*)

- a. Run
- b. Walk
- c. Resistance training
- d. Swimming
- e. Push-ups
- f. Abdominal exercises
- g. Aerobics
- h. Stretching exercises

5. How often did you actively participate in the pregnancy PT program BEFORE delivery?

- a. Actively participated in exercise class 6 or more times per month
- b. Actively participated in exercise class 1 to 5 times per month
- c. Did not participate in exercise class

6. Initial fitness 1-1-1 score:  
 Number of sit-ups: \_\_\_\_\_  
 Number of push-ups: \_\_\_\_\_  
 1-mile run time (min:sec): \_\_\_\_\_  
 Date of this 1-1-1 fitness test (mm/yyyy): \_\_\_\_\_  
 Ability Group: \_\_\_\_\_

7. Six-week Postpartum Weight: \_\_\_\_\_  
 Taped? Yes No  
 Height: \_\_\_\_\_  
 AR 600-9 standards? Pass Fail

**Final PPPT Program Questionnaire. Soldier completes when released to return to regular unit PRT. PPPT Program Staff may fill out if Soldier leaves the program without official disenrollment. Please circle or check your response or fill in the blank.**

1. Soldier ID #: \_\_\_\_\_  
 (same as on original survey; Soldier first / last initials followed by DOB and year, i.e. LY1081)

2. Today's date (mm/dd/yyyy): \_\_\_\_\_

3. Why did the Soldier stop coming to the program? (*check one response*)

- a. CH8
- b. ETS
- c. PCS
- d. injury/profile
- e. returned early to the unit (sooner than 6 months postpartum)
- f. completed the program (through 6 months postpartum)
- g. deployed
- h. termination of pregnancy
- i. high-risk pregnancy
- j. reentered the pregnancy PRT program

4. Did the Soldier receive a profile related to participation in PPPT? Yes No

5. APFT score at 6 months postpartum (last diagnostic if RECORD scores not available):

Total score: \_\_\_\_\_

Number of sit-ups: \_\_\_\_\_

Number of push-ups: \_\_\_\_\_

Run time (min:sec): \_\_\_\_\_

APFT standards? Pass Fail

Date of this APFT (circle if last diagnostic or RECORD) (mm/yyyy): \_\_\_\_\_

6. Postpartum Diagnostic Weight: \_\_\_\_\_

Taped? Yes No

Height: \_\_\_\_\_

AR600-9 standards? Pass Fail

7. How often did the Soldier attend the postpartum PT program after returning from convalescent leave?

- a. Attended exercise class 8 or more times per month
- b. Attended exercise class 1 to 7 times per month
- c. Did not attend exercise class

## Appendix G EL Unit Request Memorandum

[PUT ON COMMAND LETTERHEAD]

OFFICE SYMBOL

DATE

MEMORANDUM FOR Commander, [UNIT AND OFFICIAL MILITARY ADDRESS]

SUBJECT: Request for Exercise Leaders for Pregnancy Postpartum Physical Training Program (PPPT)

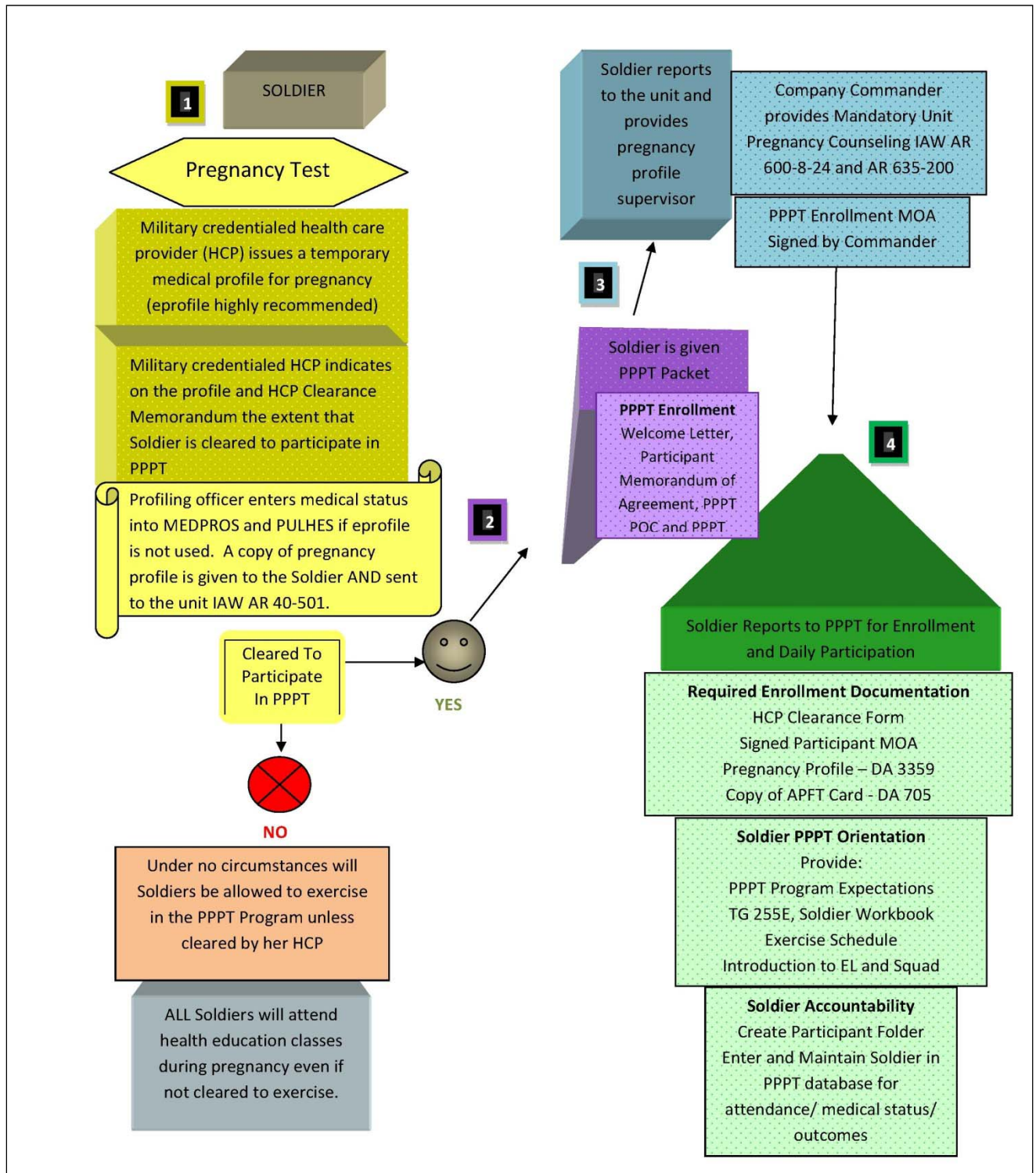
1. Background. [Senior Commander or representative] has briefed and formally solicited comments from unit commanders on the program and the instructor requirement. Units were supportive of the PPPT Program and the requirements.
2. Request the following units be tasked to provide exercise leaders to serve as daily instructors for the PPPT Program from [beginning date needed to ending date of requirement] from [time of day of training] hours four days per week.

[LIST EACH UNIT and THE NUMBER OF EXERCISE LEADERS REQUIRED]  
Number of requested Exercise Leaders (ELs) is based upon the number of pregnant and postpartum Soldiers on the installation. One EL per 25 Soldiers is recommended.

3. The following are requirements for choosing ELs for the PPPT Program.
  - a. E-5 or above (or equivalent civilian), committed to participate continuously for at least 6 months.
  - b. No limiting physical profiles.
  - c. Experience leading PT preferred, but not required. If civilian, a fitness certification required.
4. All instructors will contact [*point of contact (POC) for PPPT Program*], [*POC's phone number*], no later than [*date required to schedule training*] for further instructions and exercise leader training.
5. POC for this is [*supervisor of POC*] at [*phone*].

[SUPERVISOR'S NAME AND SIGNATURE  
BLOCK]

## Appendix H PPPT Program Enrollment Process Flowchart



### Appendix I Healthcare Provider Enrollment Clearance Form

Soldier's Name & Rank: \_\_\_\_\_

Unit: \_\_\_\_\_

Gestational Age: \_\_\_\_\_

Estimated Due Date: \_\_\_\_\_

Weight at Pregnancy Diagnosis: \_\_\_\_\_

#### **Medical Clearance**

This Soldier has been cleared to fully participate in PPPT at own pace. \_\_\_\_\_

This Soldier may only participate in the following activities:

- |                            |                                |
|----------------------------|--------------------------------|
| _____ Walking              | _____ Swimming                 |
| _____ Low impact aerobics  | _____ Cycling                  |
| _____ Running              | _____ Cardio exercise machine* |
| _____ Jogging              | _____ Endurance training       |
| _____ Calisthenic drills   | _____ Stretching               |
| _____ Relaxation exercises | _____ Education                |

\*elliptical or cross-trainer machine, treadmill, recumbent bicycle

This Soldier may participate in the education portion only. \_\_\_\_\_

\_\_\_\_\_  
Health Care Provider's Signature/ Stamp

\_\_\_\_\_  
Date

## Appendix J DA 4700, Supplemental Medical Data

<b>MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA</b> <small>For use of this form, see AR 40-86; the proponent agency is the Office of The Surgeon General.</small>	
<b>REPORT TITLE</b> PREGNANCY POSTPARTUM PHYSICAL TRAINING ENROLLMENT SCREENING FORM	<b>OTSG APPROVED (Date)</b> (YYYYMMDD) _____
Swimming ability: _____ fear of deep water _____ non-swimmer _____ paddler _____ average _____ proficient  Have you seen OB Provider? Y / N _____ Date of OB appt? _____  Do you have any of the following?  Y / N hypertension Y / N thyroid disease Y / N palpitations or irregular heart rhythm Y / N extreme underweight Y / N excessive obesity Y / N multiple gestation (twins, triplets) Y / N anemia or blood disorder Y / N other medical condition or complication Y / N heart disease Y / N placenta previa (indicated on ultrasound) Y / N incompetent cervix Y / N bleeding  Do you have a history of any of the following?  Y / N premature labor Y / N multiple miscarriages Y / N PROM (premature rupture of membranes) Y / N bleeding during pregnancy Y / N intrauterine growth retardation Y / N extreme sedentary lifestyle  If yes to any of the above, contact the PPPT ME or OBGYN for consultation before participation in exercise. Y / N / NA	
Date given PPPT orientation (exercise overview, how to measure exercise intensity, safety and injury prevention): _____  Date participant to begin exercise: _____  Participant initials that has received orientation and PPPT materials: _____  Additional comments: _____  <div style="text-align: right;"><small>(Continue on reverse)</small></div>	
<b>PREPARED BY (Signature &amp; Title)</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <div style="margin-left: 10px; text-align: center;">  Click to Approve                             </div> </div>	<b>DEPARTMENT/SERVICE/CLINIC</b> _____
<b>PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, grade, date, hospital or medical facility)</b>  <b>NAME:</b> _____  <b>RANK:</b> _____	<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> FLOW CHART <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT
<b>DA FORM 4700, FEB 2003</b> EDITION OF MAY 78 IS OBSOLETE.      APD PE v1.0	



## Appendix K EL Performance Evaluation Form

<b>Exercise Leader Name:</b>	<b>Assigned Program:</b> ( ) Antepartum ( ) Postpartum				
<b>Evaluator Name:</b>					
<b>Date of Evaluation:</b>	<b>Evaluation Period: From</b> _____		<b>To</b> _____		
<b>Commendable</b> - Performance consistently meets standards for the duties of an Exercise Leader. Occasionally exceeds standards. Work reflects strong knowledge of EL responsibilities.					
<b>Satisfactory</b> - Performance consistently meets standards set for the duties of an Exercise Leader. Performance is fully acceptable.					
<b>Fair</b> - Performance does not consistently meet the standard set for the duties of an Exercise Leader. Improvement is needed to perform specific tasks.					
<b>Poor</b> - Performance clearly does not meet set standards in fulfilling EL responsibilities. Performance is consistently below expectations; Immediate improvement in multiple areas is required.					
					Superior Commendable Satisfactory Fair Poor
<b>EVALUATION CRITERIA</b>					
<b>Attendance</b>					
* Present for duty at appointed date and time without undue unexcused absences or tardiness					
* Begin and end class on time					
Comments:					
<b>Competence</b>					
* Demonstrates and performs exercises correctly (strength, flexibility, cardio, special exerc.)					
* Physical Training routinely contains core elements (centering, strength, cardio, stretching, relaxation, special pregnancy exercises)					
* Elements are executed in the appropriate order, adequate sets and repetitions					
Comments:					
<b>Presentation</b>					
* Physical Appearance - proper uniform, neatly dressed					
* Military bearing - respect, tact, observing military customs and courtesy					
* Voice delivery - volume, clarity					
Comments:					
<b>Safety/Support</b>					
* Takes appropriate action to assure participant safety					
* Incorporates activities and verbal messages that are motivating and supportive					
Comments:					
<b>Narrative:</b>					
<b>Signature Exercise Leader:</b>					<b>Date:</b>

## Appendix L

<b>CORE CURRICULUM</b>	<b>ADDITIONAL TOPICS</b>
<b>Prenatal</b>	<b>Prenatal</b>
PPPT Orientation/ Special Exercises	Common Issues in Pregnancy
Nutrition While Pregnant	Complications of Pregnancy
Fetal Development	What to Expect of Mother / Baby
Physiological Changes During Pregnancy	What to Expect from Special Care Nursery
Back Pain/Body Mechanics	Natural Childbirth
Drugs, Alcohol, Smoking & Medications	Pros/Cons of Circumcision
Signs and Stages of Labor	<b>Postpartum</b>
Anesthesia During Labor/Cesarean Section	Postpartum Issues
What to Expect in Labor & Delivery	Bonding Issues
Bottle vs. Breast Feed	Boot Camp for Dad
Breast Health	Sleep - for You and Your Infant
HIV/ Sexually Transmitted Diseases	Domestic Violence/ Abuse
Reproductive Hazardous Exposures	<b>Parenting Issues</b>
<b>Postpartum</b>	Stress Management/Relaxation
Pregnancy Prevention/Contraception	Time Management
Breast Feeding your Newborn	Coping Skills for the Family
Weight Management	Sibling Issues and Rivalry
Postpartum Depression	Child Rearing Principles
<b>Parenting Issues</b>	Reading to Your Child
Pregnancy and Parenthood & Styles of Parenting	Pets and Your Child
Stress Management	<b>Military Issues</b>
Single Parenting	Military and Motherhood
<b>Military Issues</b>	Female Readiness
Family Care Plan	Military Profiles
Legal Issues	<b>Infant Issues</b>
Financial Planning	Infant Care/Massage
Career Options/Chapter 8	Child Abuse
<b>Infant Issues</b>	Child/Infant CPR Review
Infant Dental Care	Sudden Infant Death Syndrome
Household Hazards	Caring For an Ill Child
Infant Immunizations	Newborn Psychology
Infant Safety	<b>Social Services</b>
Child Development	Occupational Health
Car Seat Safety	TRICARE/DEERS
<b>Social Services</b>	Military Housing Issues
Women, Infants and Children	<b>Spiritual Issues</b>
New Parent Support Program	Spirituality and Health
Family Advocacy	Chaplain Services
Social Work Services	<b>SPECIAL EVENTS</b>
Child Care Services	Breakfast Day-Out
Community Resources/Army Community Service	Spouse/ Partner Visitation
Budgeting & Cutting Costs	Swap Meet
Child Youth Services	Trivia Game Day

**Appendix M**  
**Program Policy Memorandum**

**DEPARTMENT OF THE ARMY**  
[Command]

[Command address]

[Office symbol]

[Date]

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Pregnancy/ Postpartum Physical Training Program - Policy Memorandum No.[X]

1. PURPOSE: To establish guidance for the implementation of the Pregnancy/ Postpartum Physical Training Program (PPPT) at [location].
2. SCOPE: Civilian and military personnel participating in or serving with the PPPT Program.
3. REFERENCES:
  - a. AR 40-501, Standards of Medical Fitness, 14 December 2007.
  - b. AR 350-1, Army Training and Leader Development, 18 December 2009.
  - c. TC 3-22.20, Army Physical Readiness Training, 1 March 2010.
  - d. DOD Directive 1308.1 DOD Physical Fitness and Body Fat Program, 30 June 2004.
  - e. USAPHC (Prov) Technical Guide (TG) 255 Series. U.S. Army Pregnancy/Postpartum Physical Training Program, 2004.
  - f. Pregnancy/ Postpartum Physical Training Program Standard Operating Procedures, [date].
4. GENERAL: PPPT is a commander's program designed to assist pregnant and postpartum Soldiers in meeting their unique fitness needs through a standardized physical training and education program. The goals of the PPPT Program are to maintain physical fitness during pregnancy, improve fitness postpartum for a smooth transition to unit PRT, maintain mission capabilities, and promote higher Army Physical Fitness Test (APFT) scores and Army Regulation 600-9 height/weight pass rates.

5. ATTENDANCE: PPPT at [location] requires enrollment and attendance for all Active Duty Soldiers in unit PRT programs during pregnancy and postpartum, after receiving healthcare provider clearance to participate in PPPT exercise. During postpartum, the Soldier is exempt from APFT testing for 180 days after delivery and attends postpartum PT up to 6 months post delivery. Soldiers are strongly encouraged during convalescent leave to exercise at their own pace using the At-Home guidance provided in TG Series 255. PPPT is strongly recommended for AD Soldiers not required to participate in unit PRT.

6. PROGRAM COMPONENTS:

a. PT for prenatal AD Soldiers meets [#] of days a week on [days of the week that have PRT] at [time of day] at [location of PT]. Soldiers are expected to report to formation on time and attend each exercise session. Health education classes meet on [day of week] at [time of day] at [location of HE classes]. All pregnant Soldiers including those not cleared for exercise must attend these health education classes.

b. PT for postpartum AD Soldiers meets [#] of days a week on [days of the week that have PRT] at [time of day] at [location of PT]. Soldiers are expected to report to formation on time and attend each exercise session. During postpartum, the Soldier will participate for a minimum of 90 days and up to 180 days after delivery. 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 and meets AR 600-9 height/weight standards and is approved to return to unit PRT by the healthcare provider and PPPT Program coordinator(s). Exceptions to Soldier participation will be made on a case-by-case basis.

7. PROCEDURES:

a. Enrollment.

(1) Mandatory for pregnant and postpartum AD Soldiers in unit PRT programs. U.S. Army Reservists and National Guard may participate contingent upon space and resource availability.

(2) Enrollment begins at confirmation of pregnancy and extends up to 180 days after pregnancy termination. The pregnant Soldier must be evaluated by a healthcare provider and medically cleared to participate in PPPT exercise sessions. All Soldiers including those not cleared for exercise must attend the health education classes.

(3) Once healthcare provider approval is received, the pregnant Soldier must attend an orientation session scheduled on [day, time, and location] and provide all required documentation.

b. Accountability.

(1) Once enrolled in PPPT, the Soldier's place of duty during PRT time will be at the PPPT site. Units will receive attendance rosters to ensure accountability of

(2) Soldiers may be excused from PPPT with a memorandum signed by the unit commander. Without a signed memorandum, the Soldier will receive an unexcused absence. Participation is priority, limiting interference from taskings, routine details, and admin duty.

(3) A PPPT database will be maintained that should include but is not limited to enrollment, APFT, and pregnancy data according to specifications in USAPHC (Prov) TG 255 implementation guide.

c. Uniform. Pregnant Soldiers wear the IPFU until it becomes restrictive, and then wear civilian equivalent exercise attire. Soldiers are not required to buy larger IPFUs.

## 8. RESPONSIBILITIES:

### a. Senior Commander [state name of Command at the installation]

(1) Maintain command and control of overall execution and funding for PPPT according to Army Regulations, USAPHC (Prov) TG 255 Series, and published local policy memorandum and SOP.

(2) Appoint PM and IIT to direct the administrative and fitness activities of PPPT, following all local PPPT policies.

### b. Unit Commanders [list units by BDE]

(1) Identify unit ITs to direct fitness activities and assist PPPT IIT. Monitor unit enrollment and participation in PPPT. Take appropriate action for unexcused absences.

(2) Task ELs as required to monitor daily attendance, lead, and oversee PPPT sessions in groups of up to 25 pregnant Soldiers according to USAPHC (Prov) TG 255 EL Manual.

(3) Send pregnant Soldiers to enroll in PPPT upon positive diagnosis of pregnancy.

c. Military Treatment Facility [state name]

(1) Provide pregnancy/postpartum information to the unit within 1 week of pregnancy diagnosis and provide updated information on pregnancy status as required. Healthcare providers provide profiles to the Soldier according to AR 40-501 that state whether a Soldier is cleared to participate in PPPT and indicating if participation is with no restrictions, specified restrictions, or education only.

(2) Appoint ME to serve as medical consultant to unit commanders, PPPT staff, and ensure safety and quality control of PPPT Program.

(3) Appoint EC to ensure coordination of PPPT Health Education. The EC will follow all local PPPT policies and oversee scheduling of experts to facilitate classes using the PPPT core curriculum as a guide.

d. Morale, Welfare, and Recreation/ Fitness Facility. Provide facilities according to needs of PPPT Program, to include gymnasium, aerobics room, exercise rooms, swimming pool, track, and equipment.

9. Point of contact is the [office of PPPT Program Manager/Program IIT and phone number].

[NAME OF CG]  
[Rank]  
[Position]

## Appendix N PPPT Program Operations Order (OPORD)

[PUT ON COMMAND LETTERHEAD]

Copy\_\_of\_\_Copies  
[Unit]  
[Installation, State]  
[Date]

**OPERATION ORDER # XXXX, PREGNANCY/POSTPARTUM PHYSICAL TRAINING PROGRAM (PPPT) ORIENTATION BRIEFING, LEADER TRAIN THE TRAINER COURSE, AND PPPT POSITION TASKING**

### References

- a. AR 40-501, Standards of Medical Fitness, 14 December 2007.
- b. AR 350-1, Army Training and Leader Development, 18 December 2009.
- c. AR 600-9, The Army Weight Control Program, 27 November 2006.
- d. TC 3-22.20, Army Physical Readiness Training, 1 March 2010.
- e. USAPHC (Prov) Technical Guide (TG) 255 Series.

### Task Organization:

[List of all units to receive OPORD]

### 1. SITUATION.

**General:** The Army Pregnancy/Postpartum Physical Training Program (PPPT) is a senior commander's program designed to assist pregnant and postpartum Soldiers in meeting their unique fitness needs through a standardized physical training (PT) and educational program. The goals of the PPPT program are to maintain physical fitness during pregnancy, improve fitness postpartum for a smooth transition to unit PRT, and promote higher Army Physical Fitness Test (APFT) scores and Army Regulation 600-9 height/weight pass rates.

- (1) Enemy Forces: N/A
- (2) Friendly Forces: G-3 TD, [Installation] service support elements.
- (3) Attachments and Detachments: None

**2. MISSION.** [Installation command] will conduct a PPPT orientation briefing to all [installation] prenatal and postpartum Soldiers and to all [installation] trained PPPT trainers on [date/ddtimemmyy]. [Installation] will also conduct a PPPT Leader Train the Trainer course from [dates], in order to certify PPPT Program personnel (program manager, installation instructor trainer, trimester instructor trainers, education coordinator, medical expert) to monitor daily attendance, oversee PPPT sessions for pregnant or postpartum Soldiers, and train exercise leaders to lead daily PPPT.

### 3. EXECUTION

#### Commander's Intent:

(1) Purpose – The goal is to have enough certified instructor trainers and trained exercise leaders per major [installation] command to supervise and conduct an efficient PPPT program. All prenatal and postpartum Soldiers assigned to [installation] will also attend the PPPT orientation briefing to become familiar with this mandatory PPPT program. In addition, all previously trained [installation] PPPT instructor trainers and exercise leaders identified below will also attend the orientation briefing.

#### (2) Key Tasks:

a) Manage and track the percentage of pregnant and postpartum Soldiers to be enrolled in the PPPT program at the major [installation] command level.

b) Identify and select PPPT program manager, installation instructor trainer, and trimester instructor trainers, who have at least one (1) year longevity, to attend the PPPT Leader Train the Trainer course and be put on appointment order to serve as PPPT Program leaders.

c) Allocate slots per unit based on the total population of permanent party Soldiers.

d) Identify all prenatal Soldiers within your commands.

e) Identify all postpartum Soldiers that have not passed an APFT or met height/weight standards within your commands.

f) Direct all previously trained PPPT instructor trainers listed below to attend the orientation briefing.

g) Identify one (1) personnel within the MTF to serve as Educational Coordinator (EC) to coordinate conduct weekly prenatal educational classes.

h) Identify one (1) personnel within the MTF to serve as the Medical Expert (ME) to provide support to the [installation] PPPT program.

i) Identify and select PPPT exercise leaders, who have at least six months longevity, to attend the PPPT Exercise Leader class (date TBD) and be put on appointment order to serve as PPPT Program Exercise Leaders (EL).

(3) End State – Certify an appropriate amount of PPPT instructor trainers, medical experts, and exercise leaders to oversee, conduct and maintain an efficient PPPT program.



**a. Concept of Operation.** All identified personnel (prenatal, postpartum, previously trained PPPT instructor trainers and exercise leaders, individuals identified to attend next PPPT Leader Course, medical expert, education coordinator) will attend an orientation course [ddtimemmyy] at the [exact location]. All newly identified PPPT instructor trainers and exercise leaders will attend the 5-day training on [dates] at the [exact location]. All eligible prenatal and postpartum Soldiers assigned to [installation] will subsequently participate in the [installation] PPPT program once the PPPT Leader Course has concluded o/a [date]. After completion of the PPPT Leader Course, PPPT leaders will be put on appointment orders to serve in their respective positions between six months and one year.

**b. Tasks to Subordinate Units:**

(1) [Unit responsible for coordinating Installation PPPT Program and training courses]

a) Provide a classroom/training area and required equipment to accommodate and facilitate the PPPT Train the Trainer Leader Course and orientation briefing.

b) Maintain an accurate roster of personnel from each unit that are scheduled to attend the PPPT Train the Trainer Leader Course.

(2) MTF

a) Provide a classroom and one (1) staff member to serve as the Education Coordinator to coordinate weekly education to all Prenatal Soldiers enrolled in PPPT.

b) Identify one (1) staff member to serve as the Medical Expert to provide ongoing, daily consultation and support to the [installation] PPPT Program.

**c. Timeline & Allocations for the training period:**

Date	[unit a]	[unit b]	[unit c]	[unit d]	[unit e]	[unit f]	[unit g]
[dates]	#	#	#	#	#	#	#

**d. Coordinating Instructions:**

(1) Each command will nominate Soldiers to attend the PPPT Train the Trainer Leader Course based on the allocations listed above. The minimum number of allocated training slots may be exceeded based on available training slots. Prior coordination with the [POC from unit responsible for PPPT Train the Trainer Leader Course] will ensure availability.

(2) Provide Soldier’s standard name line and contact information to the [Unit and position of POC for PPPT Course] NLT [ddtimemmyy], POC[rank/ name/ phone/ email].

(3) Soldiers selected to attend the 5 Day PPPT Leader Train the Trainer Leader Course will report to the [exact location] on [ddtimemmyy].

(4) The uniform for the duration of training will be seasonal IPFU, unless otherwise directed by the instructor. Students will receive a course syllabus on the first day of training.

(5) Prerequisite for attending the [installation] PPPT Leader Train the Trainer Leader Course is mandatory attendance to the orientation briefing to be held on [ddtimemmyy] at the [exact location].

(6) All personnel identified to become PPPT instructor trainers must meet the following criteria:

- a) One year retainability to [installation].
- b) Able to work with little to no supervision (E6 and above).
- c) Not pregnant or on a profile that prevents participating in PPPT sessions.
- d) Able to show up and support the PPPT program at least [number of days required to lead PPPT per week].
- e) Able to collect data and report to [POC for unit responsible for PPPT Program] on a weekly basis.
- f) Able to conduct future training classes to train exercise leaders that are selected from the units (date TBD).

(7) All personnel identified to become PPPT exercise leaders must meet the following criteria:

- a) Six months retainability to [installation].
- b) Able to work with little supervision (E5 and above).
- c) Not pregnant or on a profile that prevents participating in PPPT sessions.
- d) Able to show up and support the PPPT program at least [number of days required to lead PPPT per week].
- e) Able to report to [POC for unit responsible for PPPT Program] on a weekly basis.
- f) Able to attend a future training class to train exercise leaders (date TBD).

(8) All prenatal Soldiers and postpartum Soldiers that have not passed an APFT or met height/weight standards are required to attend the orientation briefing on

[ddtimemmyy]. Provide your names to the [unit and POC responsible for Installation PPPT Program and Leader Course] NLT [ddtimemmyy], POC [rank/name/phone/email].

(9) The following Soldiers have been identified as [installation] trained PPPT instructor trainers or exercise leaders. They are required to attend the orientation briefing on [ddtimemmyy] at the [exact location]:

Name: Unit:

**4. SERVICE AND SUPPORT.**

(1) Units are responsible for coordinating transportation to and from the PPPT Leader Course for their Soldiers and equipment.

**5. COMMAND AND SIGNAL.**

(1) Action Officer at G3: [name, phone, email, unit position]

(2) [unit responsible for Installation PPPT Program] project officer: name, phone, email]

[signature of Senior Commander]  
[signature block of Senior Commander]

[LAST NAME of OPORD preparer]  
G-3

DISTRIBUTION:  
[list of units for distribution]

**Appendix O**  
**PPPT STANDING OPERATING PROCEDURE (SOP)**  
 Complete PPPT SOP available on PPPT AKO webpage

**[Insert Installation]**

**TABLE OF CONTENTS**

1. PURPOSE.....pg 1
2. APPLICABILITY.....pg 1
  - a. ACTIVE DUTY PREGNANT SOLDIERS
  - b. RESERVE AND NATIONAL GUARD SOLDIERS
  - c. HIGH RISK PREGNANCY SOLDIERS
3. REFERENCES.....pgs 1-2
4. MISSION.....pgs 2-3
5. ACCOUNTABILITY.....pgs 3-4
  - a. DOCUMENTATION
  - b. CHAIN OF COMMAND
  - c. SOLDIER ATTENDANCE
6. DUTIES AND RESPONSIBILITIES.....pgs 4-13
  - a. SENIOR COMMANDER.....pg 4
  - b. MEDICAL TREATMENT FACILITY.....pg 5
  - c. MEDICAL EXPERT AND EDUCATION COORDINATOR.....pg 6
  - d. PROGRAM MANAGER, INSTALLATION INSTRUCTOR TRAINER.....pg 7
  - e. TRIMESTER INSTRUCTOR TRAINERS.....pg 8
  - f. EXERCISE LEADER.....pg 9
  - g. ADMINISTRATIVE ASSISTANT.....pg 10
  - h. THE UNITS.....pg 11
  - i. MORALE, WELFARE, AND RECREATION.....pg 12
  - j. ACTIVE DUTY PREGNANT/POSTPARTUM SOLDIERS.....pg 12
7. PROGRAM IMPLEMENTATION OPERATION.....13-15
  - a. PPPT PROGRAM DATABASE
  - b. COORDINATING WITH INSTALLATION OFFICES AND FACILITIES
  - c. PROGRAM INFORMATION DISSEMINATION
  - d. OBSTETRIC APPROVAL SYSTEM
  - e. ATTENDANCE
  - f. PROGRAM EVALUATION
8. FITNESS ACTIVITIES.....15-19
  - a. PREGNANCY .....pg 15
  - b. AT HOME.....pg 17
  - c. POSTPARTUM.....pg 18
9. MEDICAL COMPLAINTS/EMERGENCY.....pg 19
10. EDUCATION PROGRAM.....pg 20

## Appendix P Communication and Gaining Command Support

One of the core responsibilities of the Program Manager and CHPC HPO is to gain support of the installation and unit leadership for the PPPT Program. In order to do this successfully, there needs to be frequent and clear communication to the target population, education for all stakeholders, and special participation days for leadership. Keep in mind that consistent communication must continue even after the program is launched in order to maintain leadership support and ensure consistent Soldier participation. The following are some recommendations.

- a. Establish a name for the local program for local recognition. Some samples are—
  - (1) Ft. 'X' Pregnancy Postpartum Physical Training Program (PPPT)
  - (2) Pregnant Soldier Wellness Program (PSWP)
  - (3) Mothers on the Move (M.O.M.)
  - 4) Healthy Beginnings
  - (5) Soldiers, Training, Ability, Readiness, Spirit (STARS)
  - (6) Mother Wellness/ Soldier Fitness (MWSF)
  
- b. Use the standardized PPPT Program logo to provide easy program recognition and branding. It is available in color and black and white versions. The block title page graphic is also available and its use encouraged.



- c. Educate and gain support from installation leadership through briefs to—
  - (1) Senior Commander
  - (2) Garrison Commander
  - (3) Installation Command Sergeant Major and Brigade Sergeant Majors
  - (4) Tenant commanders
  
- d. Educate and gain support from medical leadership through briefs to—
  - (1) Division, Brigade, Battalion Surgeons
  - (2) MTF and TMC commanders
  - (3) MTF Deputy Chief Administration and Deputy Chief Clinical Services
  - (4) Obstetrical/gynecological providers and staff
  - (5) Family practice providers and staff

- e. Educate and gain support from unit leadership—
  - (1) Brief Division, Brigade, Battalion and Company commanders, SGM, First Sergeant (1SGT)
  - (2) Hold company commander and 1SGT special participation days (attendance at exercise and health education sessions)
  - (3) Attend 1SGT meetings to provide updates on program
  - (4) Attend noncommissioned officer (NCO) professional development and brief NCOs
  
- f. Educate and gain support from post community support organizations—
  - (1) Morale, Welfare, and Recreation
  - (2) Army Community Service
  - (3) Women, Infants and Children
  - (4) Chaplain
  - (5) Occupational Health
  - (6) New Parent Support Group
  - (7) Family Readiness Groups
  
- g. Educate and gain support from target population (Active Duty female Soldiers)—
  - (1) Brief Soldiers at mandatory unit training sessions
  - (2) Distribute brochures and information packets at hospital, clinics, childcare center, ACS, MWR, and units
  - (3) Use posters to increase awareness (may download from PPPT AKO website)
  - (4) The use of incentives is often a popular tool used to increase population interest, attendance, and continued participation. They can also be used to show appreciation for the participant's efforts and relate value to their accomplishments. Incentives can be very successful if used appropriately and within legal guidelines. Be sure to check with the Staff Judge Advocate at your installation for current policies and approved procedures. In general, incentives that are educational in nature and donated without solicitation may be distributed.
  
- h. Advertise program to post and local community through the media—
  - (1) Advertisements/articles in post and local newspapers
  - (2) Radio spots in post radio
  - (3) TV spots on post TV channel
  - (4) Banner on post web page
  - (5) Quarterly updates to unit leadership
  - (6) Posters and flyers posted at the MTF, TMC, fitness facilities, childcare center, and unit

## i. Suggested information to include in communication briefs—

- (1) Why there is a need for the program (Appendix H)
- (2) How program helps to sustain readiness and Soldier productivity (Appendix H)
- (3) Readiness outcomes from previously-run programs (APFT and AR 600-9 scores from pilot and HPPI replication sites on USAPHC (PROV) PPPT web page, <http://chppm-www.apgea.army.mil/dhpw/Readiness/PPPT.aspx>)
- (4) Clinical outcomes from previously-run programs (type of delivery, pregnancy discomforts, length of gestation from pilot and HPPI replication sites on PPPT web page, <http://chppm-www.apgea.army.mil/dhpw/Readiness/PPPT.aspx>)
- (5) Results of studies in the academic literature supporting the benefits of exercise during pregnancy and postpartum (Appendix B)
- (6) American College of Obstetrics and Gynecology and American College of Sports Medicine's official opinions on exercise during pregnancy ([www.acog.com](http://www.acog.com) and [www.acsm.org](http://www.acsm.org))
- (7) Participating Soldier's feedback (personal stories)
- (8) Clips from certification videos (USAPHC (PROV) PPPT Video Series 1-5)
- (9) Excerpts from certification manuals (USAPHC (PROV) Tech Guides 255 B, C, D)

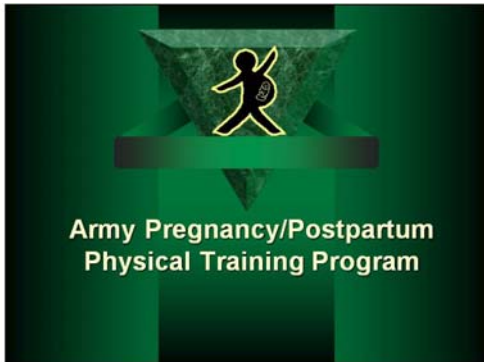
## j. Ideas for special participation days

- (1) Commanders Day – invite First SGTs and Company Commanders to attend and participate with the Soldiers in the exercise session. If you have an empathy belly, it is fun to let them see what it is like to exercise with it on.
- (2) Baby Day – allow postpartum Soldiers to bring in their babies and have special exercises planned that you can do with your infant.
- (3) Pregnancy PT Share and Wear Day – invite any mom to donate baby clothes, infant supplies, maternity clothes, and useful pregnancy items to share with another Soldier-mom.
- (4) Special Friend Day – invite husbands, boyfriends, significant others, birthing partners to attend and participate with Soldiers in a special session that incorporates exercises that can be done with a partner. This can be lots of fun but requires particular sensitivity to the status of your population – if a large percentage are single without partners or have husbands that are deployed it may not be a wise activity.

## Appendix Q Chain Teaching on PPPT

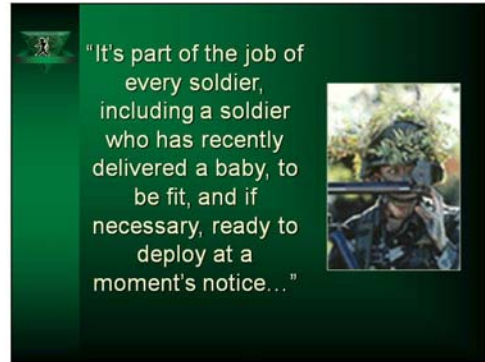
**Copies of presentation slides and notes pages are inserted here.  
To download the most recent presentation go to the USAPHC (Prov) PPPT  
webpage or the PPPT AKO website.**

1



The briefing is intended to explain the Army Pregnancy/Postpartum Physical Training program and its local implementation.

2



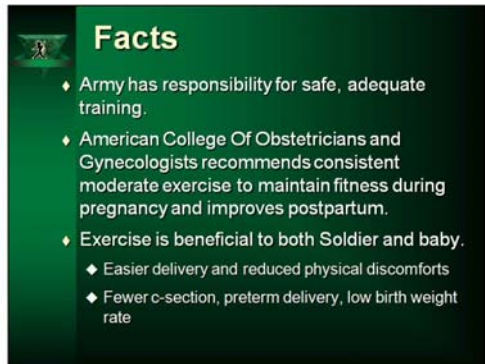
This anonymous quote sums up why this program is so important for the success of our Army female soldiers.

3



These slides cover the Army PPPT Program background, development, key points, implementation requirements, and challenges currently taking place.

4



These are the facts concerning the physical issues related to pregnancy and exercise.

The Army has set fitness standards for all Soldiers to meet, therefore there needs to be appropriate programs and guidance for Soldiers to do so. As a leader you can make sure the females in your unit have the knowledge, tools, and skills to help them succeed as Soldiers even through the challenges of pregnancy and motherhood.

According to American College of Obstetricians and Gynecologists (ACOG), exercise during pregnancy helps to maintain cardio-respiratory and muscular fitness throughout the pregnancy and the postpartum period. ACOG Jan 2002 Committee Opinion states that in the absence of either medical or obstetric complications, pregnant women can accumulate 30 minutes or more of moderate level physical activity most, if not all, days of the week to maintain health and well-being.



5

### Current Situation

- ◆ Females make up 15% of the Army AD Force.
- ◆ Thousands of Soldiers deliver a baby annually.
- ◆ Most unit PT personnel are not familiar with conducting exercises for pregnant soldiers
- ◆ Lack of program standardization results in reduced readiness, poor morale, and lower retention.
- ◆ Optimal physical fitness performance maximized by standardized program.

Pregnancy continues to impact Army readiness and retention levels by its sheer numbers and medical costs.

In response to a 1996 DA policy message on postpartum soldiers and the physical fitness and weight control program, many major Army installations established PPPT programs. However, many pregnant soldiers are still left to train on their own or allowed not to train at all. Physiologically, pregnancy without exercise makes the return to physical readiness levels more difficult.

The health and safety of the Soldier and her baby can be maximized by following an approved standardized program. An Army study (Madigan AMC) indicated that without a structured intervention there is increased incidence of injury/illness and reduced fitness upon return to unit PT. The Army PPPT programs can now be standardized with trained leadership to ensure the quality and safety of the program.

6

### Development

- ◆ PPPT Program
  - ◆ Developed at USACHPPM IAW ACOG guidelines and MEDCOM standards and policies
  - ◆ Evaluated with positive outcomes
  - ◆ Ready for implementation
- ◆ Staffing coordination between G-1, G-3/5/7, OTSG, IMCOM, and USACHPPM completed
- ◆ ALARACT 168/2008 delineates prouncy and local organizational responsibilities

•Army Family Action Plan took on the standardization of PPPT as an issue in Nov 2002 - all issues are followed up by VCSA and DAS

Scope: Only a limited number of installations offered educational and physical fitness training programs for pregnant and postpartum Soldiers, and participation was not mandatory. These Soldiers were not receiving necessary education and physical training. Unavailability and lack of participation in these programs results in unsatisfactory Army Physical Fitness Test (APFT) scores and weight standards, impacting readiness and the well being of the service member.

Recommendation: Develop and implement a standardized, mandatory, Army-wide program for pregnant Soldiers that includes command emphasis on:

- a. pregnancy, postpartum and related educational information and physical fitness training;
- b. training for a safe, effective return to physical fitness and weight standards.

• HQDA G-1, OTSG consultants, G-3, and APFS coordinated efforts with USACHPPM/DHPW as the lead in development of program content  
Solution is standardization of a PPPT program across the Army as a component of the Army's physical fitness program

- senior commander's program
- mandatory enrollment and attendance with HCP approval for participation (for Soldiers required to go to unit PT)
- Meets ACOG and MEDCOM approved standards

Accomplished through G3 mandate approving standardized PPPT Program as a component of US Army Physical Fitness Program with senior commanders as the functional proponents and MEDCOM as the specified proponent

This solution is consistent with program evaluations to test for content safety and effectiveness, provides a positive ROI, and supports AR 350-1, AR 40-501, and has TSG endorsement

7

### Combat Multipliers

- ◆ Improve Soldier and unit readiness and morale
- ◆ Increase Soldier retention by:
  - ◆ Pass APFT and height/weight standards
  - ◆ Maintain fitness levels for easier labor and delivery
  - ◆ Improve fitness levels for a smoother transition to unit PT
- ◆ Provide education related to pregnancy issues



You want outcomes that translate to benefits important to commanders and reduce the impact of pregnancy on individual soldier fitness and unit readiness.

Listed are the most prominent benefits found when Soldiers consistently participate in moderate exercise throughout the pregnancy.

- increasing unit and individual morale
- maintaining basic physical fitness levels of pregnant soldiers;
- improving fitness levels of postpartum soldiers;
- decreasing APFT failures;
- reducing unwanted weight and body fat gain;
- reducing injury rates of the postpartum soldier by having them fully ready for integration back into unit physical training.
- lessening physical discomforts during pregnancy, labor, and delivery;
- providing education related to pregnancy and parenting issues

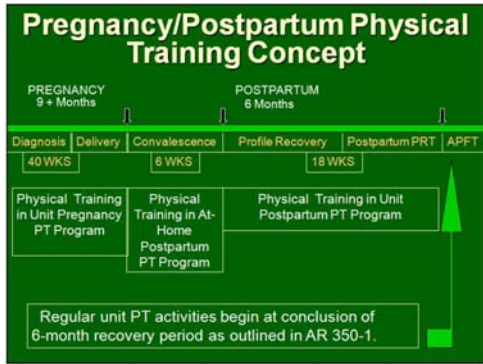
8

### Policy

- ◆ ALARACT 168\_2008  
Establishes an Army-wide PPPT program IAW MEDCOM standards with coordination between Senior commander, MTF, IMCOM, and units.
- ◆ AR 40-501, para 7-9  
Mandates participation in PPPT Program once receive HCP clearance.
- ◆ USACHPPM Technical Guide 255 A- E Series  
Provides detailed guidance on implementation and performance
- ◆ AR 350-1 and FM 21-20 (FM 3-22.20)  
Consistent guidance has been submitted for inclusion in revisions that are currently in progress.

These are the policies that govern the Army PPPT Program

9



This is an overview of the program implementation design. It provides a standardized consolidated installation program that is owned by the commander. It is comprehensive over the entire pregnancy and postpartum period. A Soldier will:

- Join Pregnancy PT upon receipt of a medical profile and clearance to participate from the profiling officer. She will remain in pregnancy PT until delivery unless medically prohibited from participating
  - Follow At-Home Postpartum PT exercises on her own during convalescent leave – the content contains a detailed schedule to follow with a video and Soldier workbook. Although physical training during the six weeks of at-home convalescent leave cannot be mandatory, soldiers are strongly encouraged to take advantage of this opportunity to exercise at their own pace.
  - Return to Postpartum PT at 6 weeks and remain up to 6 months following delivery. The program allows postpartum individuals to attend from 6-18 weeks-until they pass a diagnostic APFT and meet ht/wt standards, and some up to time of record APFT.
- The Program GOALS address the needs of the Army, unit, commander, and Soldier
- Helps the soldier to maintain fitness levels during pregnancy
  - Improve fitness levels and assists Soldiers in meeting fitness and wt requirements and transition back to regular unit PT—given diagnostic after 10 wks PP to assess fitness and wt status

10

### Program Responsibility

- ♦ Mandatory program executed by the senior commander
- ♦ Consolidated installation program recommended
- ♦ All program personnel must be trained in pregnancy fitness
- ♦ IMCOM provide adequate facilities
- ♦ Medical Treatment Facility provide medical expertise and education class coordination



In the program's design who maintains responsibility is key.


This is a senior commander's program with coordination from the Medical Treatment Facility, IMCOM and units to implement the program. The program is mandatory for all active duty pregnant soldiers in unit PT and for postpartum soldiers upon return from convalescent leave, up to 6 months post delivery. During this time the soldier is exempt from APFT testing and will attend the postpartum PT program.

- The program must be funded and provided dedicated space and facilities.
- The unit has overall responsibility for tracking outcomes (APFT and Weight Control Data) and accountability for attendance, with assistance from the PPPT NCOIC.
- The Senior Commander will determine the type of program to be run (i.e. installation-wide or by division).
- Medical Expert (ME) and Instructor Trainer(s) (IT) will be designated by the commander in coordination with the MTF and put on appointment orders.
- MTF will support through subject matter expert consultation, advising on education classes, and providing profile information.

11

### Program Operation

- ♦ Conducted 3-5x per week during unit PT
- ♦ Weekly educational class during PT time on a non-PT day
- ♦ At-Home Postpartum PT program available during the six-week convalescent leave
- ♦ Postpartum participation for up to six months following delivery



Upon successful implementation of this PPPT program, Army installations will have a physical fitness and health education program that meets the unique needs of pregnant and postpartum soldiers. This will allow these soldiers to meet the physical requirements for readiness after pregnancy.

Operational guidance:

- PT sessions meet 3-4X week during unit PT; may be 5X week for postpartum
- Health Education classes are held weekly on a non-PT day during unit PT time. These are coordinated by an Education Coordinator with support from the OB/GYN clinic and Community health nursing at the MTF.
- Specialized At-Home PT program available during convalescent leave that includes a schedule to gradually progress physical activity levels.
- Postpartum soldiers are encouraged to stay in PPPT until up to 6 months after delivery but if they pass a diagnostic PT test and AR 600-9 height/weight standards with IT and health care provider approval they can return to unit PT.
- Soldiers should wear the Army PT uniform until it is no longer comfortable and then they can wear equivalent civilian attire. (AR 670-1, Uniform Policy)

12


### Daily PPPT Sessions

**Exercise**

- ♦ Centering
- ♦ Strengthening
- ♦ Flexibility
- ♦ Special exercises for pregnancy
- ♦ Cardiovascular
- ♦ Stress Management
- ♦ Core strength/ calisthenics for postpartum

**Education**

Curriculum includes a variety of topics taught weekly by SMEs to provide awareness, knowledge, and skills training.



This gives you a quick look at the required components of each exercise session

- Meets guidelines set by American College of Obstetricians & Gynecologists
  - Consultant with 20+ yrs experience in field of pregnancy fitness from Yale Univ provided content input in collaboration with Army physical therapists
- PREGNANCY CONTENT** – focuses on *maintenance* of fitness level
- 3-4 sessions per week
- POSTARTUM DIFFERENCE** – progressive *improvement* of fitness level with emphasis on meeting ht/wt standards and APFT and successful return to unit PT
- Can exercise in supine position; Add core strength exercises and calisthenics
  - More emphasis on running and training to pass APFT
  - 4-5 sessions per week
- Education classes -Topics may include anatomical, physiological, psychological changes during pregnancy, healthy nutrition, parenting skills, pregnancy policies, career guidance.
- 1 session per week – Education coordinators to coordinate and oversee classes/quality control
  - Presented by subject matter experts from MTF, PM, ACS, chaplain, veterinarians, etc
  - Sample PowerPoint presentations have been created and approved by OTSG consultants to give a standardized core curriculum for basis for the classes

13

### PPPT Fills the 'Gap'

Unit PT or PT on own inadequate. PPPT provides:

- ♦ **Centering** - balance and coordination to prevent injury
- ♦ **Strengthening** - modified strength and endurance training with safety restrictions
- ♦ **Flexibility** - stretches tight, shortened muscles (chest, back, legs)
- ♦ **Special exercises** - addresses delivery preparation and areas of frequent injury/discomfort
- ♦ **Cardiovascular** - cardio training that can be monitored and performed at different intensity levels dependant on Soldier's level / trimester
- ♦ **Stress Management** - addresses increased stress and prepares for labor/ delivery management
- ♦ **Core strength/ calisthenics** - assists in progressive abdominal and core strength improvement as prepare for return to unit PT

These are the required components of each exercise session (regular unit PT does not include all fitness components – usually just cardio with a little muscular endurance of limited muscle groups)  
 •AR 350-1, AR 40-501, FM 21-20 and pregnancy profiles give no specific guidance for safe, effective PT for pregnant or postpartum Soldiers.  
 •There is a potential 15 month 'GAP' in physical fitness trg when Soldiers are told to exercise at their own pace/ on their own.

14

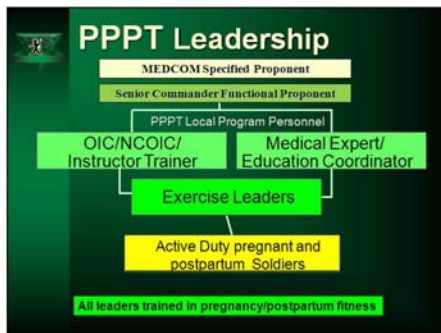
### Program Resources

- ♦ Manuals
- ♦ Training DVDS
- ♦ Implementation Guide
- ♦ Educational Presentations
- ♦ USACHPPM Website
- ♦ Leader Training Course

<http://usachppm.army.mil/branches/PPPT.asp>

**Manuals** include Soldier's workbook, Medical Expert, Instructor Trainer, Exercise Leader, Soldier Workbook, Reserve/National Guard/ Remote Soldier Workbook  
**Videos** are completed and have been duplicated and are used to train leaders  
 •videos 1,3,5 for benefit of all in program (fundamentals, postpartum home, cardio workout)  
 • videos 2,4 for training of program personnel (types of exercises, postpartum program design)  
 •Fundamental Concepts of Pregnancy and Exercise  
 •Types of Exercises for PPPT and Program Design for Pregnancy  
 •Postpartum Home Program for Soldiers, First 6 weeks  
 •Postpartum Program Design, Beyond 6 weeks  
 •Sample Cardiovascular Workout  
 •Reserve/National Guard/ Remote Soldier video set  
**Implementation Guide** guides establishment of local PPPT installation program  
 •Identifying duties of PPPT personnel  
 •Incorporate training as part of the PPPT program  
 •Creating SOPs for program operation  
 •Sample forms for implementation  
**Education Presentations**  
 Sample PowerPoint presentations have been created and approved by OTSG consultants to provide a standardized core curriculum for the education classes  
**USACHPPM website** –downloads available for various resources  
**Training course** – a 5-day course for MEs and ITs to teach them basic medical safety issues related to pregnancy and postpartum, appropriate exercises, how to lead PPPT, how to implement the program – currently available from USACHPPM SME, 410-436-4656

15



The second part of the solution provides the needed training for the program leadership with a train-the-trainer certification program  
 3 levels of personnel – Medical Expert and Instructor Trainer are trained in pregnancy/postpartum physical fitness. They then work as a team to train the unit exercise leaders, who lead the Soldiers in daily PT sessions.

16

### PPPT Program Oversight

- ♦ Align with Army policy
- ♦ Include PPPT as a component of US Army Physical Fitness Training Program
- ♦ Provide sustained implementation oversight of PPPT program
- ♦ Serve as Program subject matter expert
- ♦ Maintain current TG255 series
- ♦ Certify Medical Experts and Instructor Trainers

THE MEDCOM through USACHPPM/ Health Promotion and Wellness serves as the subject matter expert and trainer for all Army installation personnel (MEs and ITs) as the Specified Proponent for the PPPT Program IAW ALARACT 168/2008

Personnel responsible for PPPT program oversight involve on-going sustainment of training for installation leadership, re-certification of certified personnel, review of training materials, and Army-level program evaluation.

17



**Installation Personnel**

- ◆ Medical Expert and Education Coordinator
  - ◆ Trained in pregnancy fitness
  - ◆ Consultative services for Instructor Trainers (IT) and Exercise Leaders (EL)
  - ◆ Ensure quality assurance
  - ◆ Advisor for the Health Education Classes
  - ◆ Collect medical outcomes of participants

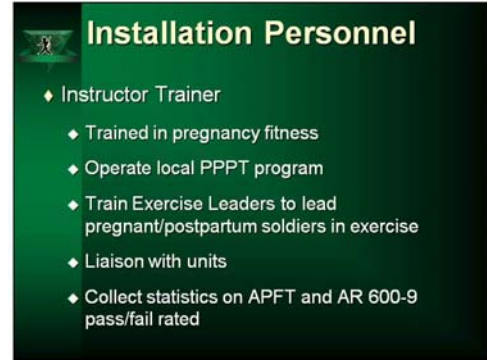
The Medical expert will be the source of medical expertise for the unit commanders, IT and ELs and is appointed by the MTF Commander. The appointee should have a background in obstetrics, and be familiar with fitness principles and military duty. They may be appointed from any of the following: physical therapy, physician, family nurse practitioner, physician assistant, obstetric nurse, or nurse midwife.

They should also collect data to determine clinical outcomes for the pregnancy PT program. Some suggested outcomes are those related to deliveries that are available through Army medical surveillance systems or in a medical record (i.e., type of delivery, complications during delivery, infant weight) and injury profiles that occur during the six months following delivery.

Military or civilian medical staff at the MTF can be given this as an additional duty.

Education Coordinator coordinates and facilitates the education classes – APHN or CHN is recommended. The ME should serve as advisor for the installation PPPT Health Education (HE) program.

18



**Installation Personnel**

- ◆ Instructor Trainer
  - ◆ Trained in pregnancy fitness
  - ◆ Operate local PPPT program
  - ◆ Train Exercise Leaders to lead pregnant/postpartum soldiers in exercise
  - ◆ Liaison with units
  - ◆ Collect statistics on APFT and AR 600-9 pass/fail rated

The primary Instructor Trainer is designated by the senior commander. A senior NCOIC or Department of the Army Civilian (DAC) with fitness certification and/or medical background is strongly recommended in this position to provide program continuity. This position may be full or part time depending on the size of the installation.

Responsibilities include:

- Direct activities of the pregnancy/postpartum fitness program
- Perform administrative duties associated with the program
- Perform liaison activities as the installation PPPT representative
- Conduct information briefings on PPPT program activities to the installation leadership
- Train exercise leaders in leading pregnant/ postpartum soldiers in physical training
- Additional ITs are trained and support the PPPT Program NCOIC by overseeing the trimester squads and monitoring exercise leaders in leading pregnant/ postpartum soldiers in physical training.

19



**Installation Personnel**

- ◆ Exercise Leaders
  - ◆ Lead and monitor PT program sessions for pregnant and postpartum soldiers
  - ◆ Monitor soldier attendance

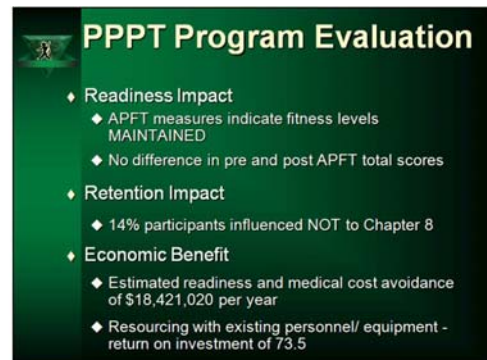


The Exercise Leader is designated by the unit commanders with coordination of the Instructor Trainer.

No fitness certification is required, but an NCO (E5 and above) with a fitness background is desired. The EL will be trained by the Instructor Trainer with assistance from the Medical Expert. Responsibilities include:

- Lead and monitor soldiers in physical fitness training sessions
- Orient PPPT soldier to the physical training requirements of the program
- Responsible for daily soldier accountability and attendance

20



**PPPT Program Evaluation**

- ◆ Readiness Impact
  - ◆ APFT measures indicate fitness levels MAINTAINED
  - ◆ No difference in pre and post APFT total scores
- ◆ Retention Impact
  - ◆ 14% participants influenced NOT to Chapter 8
- ◆ Economic Benefit
  - ◆ Estimated readiness and medical cost avoidance of \$18,421,020 per year
  - ◆ Resourcing with existing personnel/ equipment - return on investment of 73.5

To measure program effectiveness, emphasis was placed on the outcomes that reflect a soldier's readiness and return to pre-pregnant fitness levels. In beta-test outcomes, the Pre-pregnant vs. Post-delivery APFT measures indicated that FITNESS LEVELS WERE MAINTAINED (mean values)

Total scores: Pre-pregnancy and Post-delivery record total scores no statistically significant difference.

Impact on retention

We contacted 144 total units, and were able to gather information from 66 of those units (46%).

We asked each unit: number of Soldiers that took a Chapter 8 in the past year

- how many of those Soldiers participated in PPPT and how many did not
- how many pregnant Soldiers were in each unit and how many participated in PPPT overall.

What we found out: there is a statistically significant difference in number of Chapter 8's between PPPT participants and non-participants. That is, significantly fewer PPPT participants took a Chapter 8 than non-participants did.

Soldier surveys to determine if the program participation was assoc with this effect

We asked each Soldier: short 2-question survey regarding Chapter 8 decisions

What we found out: 14% of the Soldiers that responded to the survey that you distributed indicated that PPPT had influenced them to decide NOT to Chapter 8. This number is VERY significant when calculating the overall Return on Investment for the PPPT Program overall.

Economic benefit:

Cost avoidance from reduced recruitment and training costs, higher productivity, medical cost avoidance from fewer delivery complications, reduced c-sections

21



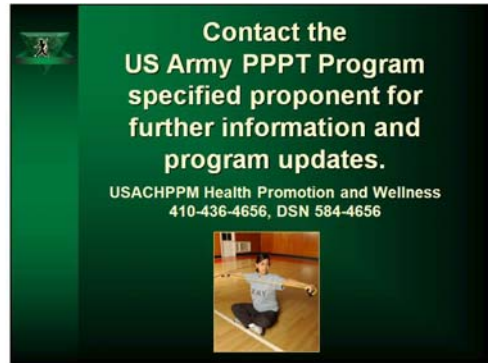
**Implementation Challenges**

- ◆ Mandated enrollment and attendance
- ◆ Use standardized content and implementation
- ◆ Fund for sustainment
- ◆ Partner with local organizations
- ◆ Maintain leader training
- ◆ Plan for Soldiers return to units for deployment
- ◆ Keep leaders updated on regulations
- ◆ Dedicate adequate facilities/ equipment
- ◆ Collect follow-up data to evaluate

There are frequently local challenges that you should realize and be sensitive to and help to resolve if possible.


- Encourage consistent attendance and active participation. Encourage Soldiers to give their best effort – this helps Soldiers return to fitness levels faster and be prepared for returning to units early for deployments
- Encourage Soldiers and ELs to consistently follow standardized content. Safety and effectiveness are what standardized content make possible. If ELs want to add a certain exercise it must be approved by the ME and IT first.
- Help maintain funding for sustainment– encourage and approve funds if this is in within your authority
- Spread the mindset of partnership of personnel. This program is most successful and runs the smoothest when each partner participates fully. OB/GYN, preventive medicine, community health nursing, the unit 1SGTS and Co Commanders, the fitness facility, the Corps or Division Surgeon’s office, the sr mission commander – each has a significant role to play
- Leader Training by Proponent SME ; Keep ELs trained on standardized content and maintain trained ME and IT for program consistency
- Keep leaders updated on regulations regarding PPPT
- Recognize that follow-up APFT data collection is difficult - provide outcomes information if you have it to PPPT IT/coordinator so the program can be evaluated properly
- If you do not know what the program involves, consider receiving leader training by SME. If a training is scheduled at your location do your best to attend.

22



**Contact the US Army PPPT Program specified proponent for further information and program updates.**

USACHPPM Health Promotion and Wellness  
410-436-4656, DSN 584-4656



For further information about the PPPT program and updates on training for installation personnel, contact the US Army PPPT Program specified proponent. USACHPPM Health Promotion and Wellness, 410-436-4656, DSN 584-4656.

**Appendix R  
Program Participation Agreement Memorandum**

\_\_\_\_\_  
OFFICE SYMBOL

\_\_\_\_\_  
DATE

MEMORANDUM FOR Pregnancy/Postpartum Physical Training Instructor Trainer

SUBJECT: Pregnancy/Postpartum Physical Training (PPPT) Program

1. Request the following Soldier be enrolled in the PPPT Program.

2. The following information is provided:

a. \_\_\_\_\_  
Soldier's rank/full name/SSN

b. \_\_\_\_\_  
Soldier's unit

c. \_\_\_\_\_

\_\_\_\_\_  
Name; telephone number, and e-mail address of Soldier's unit.

d. \_\_\_\_\_  
Unit point of contact and telephone number.

e. \_\_\_\_\_  
Emergency contact name and phone number

3. Soldier will participate in the PPPT Program through pregnancy and postpartum. Enrollment begins at pregnancy diagnosis and ends 180 days after pregnancy termination. During unit PRT, the PPPT Program will be considered this Soldier's place of duty. Copies of the Soldier's pregnancy profile with gestational age and estimated due date, pre-pregnancy APFT scorecard, and Body Fat Content Worksheet (if applicable) are attached.

\_\_\_\_\_  
Encl.  
Physical Profile (DA Form 3349)  
Army Physical Fitness Scorecard (DA Fm 705)  
Body Fat Content Worksheet (DA Fm 5501-R)

\_\_\_\_\_  
UNIT COMMANDER'S SIGNATURE  
and SIGNATURE BLOCK  
(or designated representative)

## Appendix S PPPT Enrollment Welcome Letter

Congratulations -- You are now a member of PPPT!

PPPT is a mandatory physical fitness training program for all pregnant and postpartum Soldiers in unit PRT programs. The purpose of the program is to assist you in maintaining basic physical fitness levels and enhance your physical and emotional well being. You have been medically cleared to participate by your healthcare provider.

The program is composed of three to four days of exercise per week. After your convalescent leave, you will join the postpartum group for exercise 3 to 5 days per week. You will report to [location of PPPT] on [days of exercises sessions] from [time of PPPT]. Please refer to your PPPT training calendar for clarification, which will be distributed by your Exercise Leader the end of every month. You will be released back to your unit up to 6 months after your delivery date.

This is a mandatory program for Soldiers in unit PRT programs; therefore, your place of duty during unit PRT will be at the designated PPPT training site. Your attendance will be tracked and forwarded to your unit each week. Failure to participate may be subject to administrative action. Pregnant Soldiers are to wear the IPFU until it becomes too small and/or uncomfortable. You can then wear a larger size IPFU or civilian equivalent workout attire. You will not be required buy larger IPFUs. (AR 670-1, *Wear and Appearance of Army Uniforms and Insignia*, 1 July 2002)

An ideal complement to the exercise program is an educational component to educate you during and after your pregnancy on pregnancy-related issues. It is available as a collaboration between the obstetrics/gynecology (or OBGYN) clinic, Army public health nursing and community resources. On [day of education class], you will report to the [location of education class] for the education class.

This is a program designed to meet both your physical and educational needs. Your spirited participation will help make this program enjoyable and successful!

[POC name and phone number]

**Appendix T  
Request for Record APFT Memorandum**

\_\_\_\_\_  
OFFICE SYMBOL

\_\_\_\_\_  
DATE

MEMORANDUM FOR Commander, [UNIT AND OFFICIAL MILITARY ADDRESS]

SUBJECT: Record Army Physical Fitness Test for PPPT Participant

According to AR 40-501, a Soldier is required at 180 days after delivery to take a record APFT. As a participant in the PPPT Program, the following APFT information is requested in order to adequately evaluate the effectiveness of the PPPT Program. FAX this form to:

[PPPT POC name] \_\_\_\_\_

[PPPT FAX NUMBER] \_\_\_\_\_

The following information is requested for

\_\_\_\_\_  
Soldier's rank/full name/SSN

\_\_\_\_\_  
Soldier's unit

\_\_\_\_\_  
Name, telephone number, and e-mail address of Soldier's unit (training NCO)

\_\_\_\_\_  
6-month postpartum record APFT score/Date taken

\_\_\_\_\_  
Number of sit-ups in 2 minutes/Number of push-ups in 2 minutes

\_\_\_\_\_  
2-mile run time

Encl.  
DA Form 705,  
Army Physical Fitness Test Scorecard

SUPERVISOR'S SIGNATURE  
and SIGNATURE BLOCK  
(or designated representative)



## Appendix U Sample Training Certificates

**Electronic USAPHC (Prov) EL Training certificate is on the PPPT AKO web page  
or the DA87 can be created on WEB-Army Electronic Form Support System**



## Appendix V Full Time Equivalent Estimates for Personnel Duties

**Full Time Equivalent (FTE) estimates for required local personnel for installation program, based on 8 hour days, 1740 manpower hours per year:**

*PPPT Program Manager/ OIC – 154 hrs = 0.09 FTE*

- a. Complete the PPPT Leader Course (40 hrs)
- b. Perform liaison activities with the units. (1 hr/wk – 50 hrs)
- c. Market PPPT Program to installation and unit leadership. (2 hrs/month – 24 hrs)
- d. Conduct information briefings on PPPT Program activities. (1 hr/month – 12 hrs)
- e. Plan special participation days for unit leadership. (1 hr/month – 12 hrs)
- f. Advertise the PPPT Program through post and local media. (1 hr/month – 12 hrs)
- g. Report semi-annually to senior commander HQDA PPPT Program Coordination Office. (4 hrs)

*PPPT Education Coordinator - 164 hrs = 0.09 FTE*

- a. Complete the PPPT Leader Course (40 hrs)
- b. Serve as educational coordinator
  - (1) Approve a schedule of education classes that meets core curriculum requirements. (1 hr/wk – 52 hrs)
  - (2) Advise on scheduling of qualified speakers to teach the weekly classes. (1 hr/wk – 52 hrs)
  - (3) Provide education class as needed. (1hr/qtr – 8 hrs)
  - (4) Ensure education class schedule and location are coordinated into monthly calendar. (1 hr/month – 12 hrs)

*PPPT Medical Expert - 226 hrs = 0.13 FTE*

- h. Complete the PPPT Leader Course (40 hrs)
- i. Serve as medical technical consultant (2hrs /wk – 100hrs)
- j. Assist in training exercise leaders. (3 hrs/month – 36 hrs)
- k. Observe exercise sessions to ensure medical quality/safety. (1 hr/week – 50 hrs)

*PPPT Program IIT/ Installation Instructor Trainer - 704 hrs = 0.40 FTE*

*This estimate is based on a participant population of approximately 50-200 Soldiers.*

- a. Complete the PPPT Leader Course. (40 hrs)
- b. Direct overall fitness activities of the PPPT Program. (5 hr/wk – 250 hrs)
- c. Ensure performance of diagnostic APFTs. (1hr/mth – 12 hrs)
- d. Train exercise leaders to lead Soldiers in PPPT. (2/yr – 80 hrs)
- e. Provide continuing education for ELs. (1hr/mth – 12 hrs)
- f. Administrative duties include the following:

- (1) Collect data from MTF/units. (1 hr/month – 12 hrs)
- (2) Create and maintain a PPPT Soldier database. (3 hrs/ wk – 150 hrs)
- (3) Provide Soldier orientation to register pregnant Soldiers in the PPPT Program. (1 hr/wk – 50 hrs)
- (4) Develop attendance roster and report attendance to units. (1 hr/wk – 50 hrs)
- (5) Assignment of Soldiers to platoon and notification to EL. (1hr/mth – 12 hrs)
- (6) Secure facilities and equipment. (1hr/mth – 12 hrs)
- (7) Prepare and distribute a monthly training/activity calendar. (2 hr/mth–24 hrs)

*PPPT Trimester Instructor Trainer (platoon leader) - 374 hrs = 0.22 FTE*

*This estimate is based on a participant population of approximately 50-200 Soldiers.*

- a. Complete successfully the PPPT Leader Course. (40 hrs)
- b. Oversee the trimester platoon fitness activities of the PPPT Program. (4 hr/wk – 200 hrs)
- c. Direct daily Soldier accountability and attendance. (1hr/wk – 50 hrs)
- d. Direct performance of diagnostic APFTs if assigned with postpartum Soldiers. (1hr/month – 12 hrs)
- e. Assist with training of exercise leaders in leading Soldiers in PPPT. (2/yr – 20 hrs) and (1 hr/month for continuing education – 12 hrs)
- f. Assist with Soldier orientation to register pregnant Soldiers in the PPPT Program if with first trimester Soldiers. (1 hr/wk – 50 hrs)

*PPPT Exercise Leader (squad leader) – 373 hrs = 0.21 FTE*

*This estimate is based on EL responsible for a single platoon of 20-25 Soldiers.*

- a. Successfully complete the EL training program. (24 hrs)
- b. Assist with daily Soldier accountability and attendance. (0.5 hr/wk – 25 hrs)
- c. Prepare, lead and monitor Soldiers in exercises sessions. (6 hrs/wk – 300 hrs)
- d. Conduct monthly weigh-ins and postpartum diagnostic APFT, under the direction of the IT if assigned with postpartum Soldiers. (1hr/month – 12 hrs)
- e. Maintain current Army pregnancy/postpartum fitness training. (1 hr/month for continuing education – 12 hrs)

*Administrative Assistant - 236 hrs = 0.14 FTE (these hours would be subtracted from the hours of the PPPT Program IIT if staff available)*

- a. Create and maintain a PPPT Soldier database. (3 hrs/ wk – 150 hrs)
- b. Develop attendance roster and report attendnace to units. (1 hr/wk – 50 hrs)
- c. Secure facilities and equipment. (1hr/month – 12 hrs)
- d. Prepare and distribute a monthly training/activity calendar. (2 hr/month–24 hrs)

**Appendix W**  
**PPPT Appointment Orders**

[PUT ON COMMAND LETTERHEAD]

[OFFICE SYMBOL]

[DATE]

MEMORANDUM FOR RECORD

SUBJECT: [Division/ Installation] Pregnancy/Postpartum Physical Training [Program IIT/Instructor Trainer/ Exercise Leader/Medical Expert/ Education Coordinator] Appointment Orders

1. Effective [DATE]; [NAME OF SOLDIER]; [UNIT Soldier assigned to]; [Installation, STATE ZIPCODE], is assigned as a/an [Division/ Installation] Pregnancy/Postpartum [Program Manager/Program IIT/Instructor Trainer/ Exercise Leader / Medical Expert/ Education Coordinator]. This is a red cycle tasking.
2. Reference: USAPHC (PROV) Technical Guide Series 255 A dated June 2010.
3. Purpose: To perform duties as described in the above authority.
4. Period: Until relieved, transferred, or otherwise released from duty or [insert specific dates on these appointment orders].
5. Special Instructions: Soldier will attend appropriate level Pregnancy/Postpartum Physical Training course and familiarize him/herself with all applicable PPPT Program content, regulations, and SOPs. You are to notify your company commander at least 30 days prior to departing the unit so a replacement can be selected and trained for this duty. Soldiers appointed must be E6 or above to serve as an instructor trainer and an E5 to serve as an Exercise Leader.

[CG NAME]  
[RANK], US Army  
Commanding

**Appendix X**  
**Standard Program Completion Memorandums**

OFFICE SYMBOL

DATE

MEMORANDUM FOR: (*PPPT participant*)

SUBJECT: Out-Process the Postpartum Physical Training (PPPT) Program

1. You have met all the required standards according to [*Installation PPPT Policy Memorandum*] [*policy number*], [*policy date*] to return to unit PRT.
2. It is my recommendation that you return to unit PRT due to completion of allowed time in the postpartum physical training program.
3. Pending approval from the commanding officer, you will be out-processed from the PPPT Program and return to your unit for PRT.
4. Point of Contact (POC) for this memorandum is the undersigned at [*POC phone number*].

**[*Signature of Installation Instructor  
Trainer*]**

Installation Instructor Trainer, PPPT

OFFICE SYMBOL

DATE

MEMORANDUM FOR Commander, [UNIT AND OFFICIAL MILITARY ADDRESS]  
ATTN: [supervisor of PPPT participant]

SUBJECT: Request for Authorization to Out-Process the Postpartum Physical Training (PPPT) Program

1. [*Name of Soldier*], [*her SSM*], has met all the required standards to return to unit PRT according to [*Installation PPPT Policy Memorandum*] [*policy number*], [*policy date*].
2. It is my recommendation that the Soldier return to unit PRT due to completion of allowed time in the postpartum PRT program.
3. Pending approval from the commanding officer, the Soldier will be out-processed from the PPPT Program and return to the unit for PRT.
4. Point of Contact (POC) for this memorandum is the undersigned at [*POC phone number*].

**[*Signature of Installation Instructor  
Trainer*]**

Installation Instructor Trainer, PPPT

OFFICE SYMBOL

DATE

MEMORANDUM FOR [Unit], Instructor Trainer, PPPT, ATTN: [Name of POC]

SUBJECT: Request for Authorization to Out-Process Postpartum Physical Training Program

1. Recognizing that (*Soldier's name*) has met all the required standards to return to unit PRT according to [*Installation PPPT Policy Memorandum*] [*policy number*], [*policy date*] it is my recommendation that the following action be taken.

2. Soldier return to unit PRT due to completion of allowed time in the postpartum PT program.

APPROVED \_\_\_\_\_

DISAPPROVE \_\_\_\_\_

DATE \_\_\_\_\_

**(Signature of Unit Commander)**  
SIGNATURE BLOCK  
(or designated representative)

**Appendix Y**  
**Delayed Program Completion Memorandums**

OFFICE SYMBOL

DATE

MEMORANDUM FOR (PPPT participant]

SUBJECT: Authorization to Delay Out-Process from the Postpartum Physical Training Program

1. You have not met all the required standards to return to unit PRT according to [*Installation PPPT Policy Memorandum*] [*policy number*], [*policy date*].
2. It is my recommendation that you delay return to unit PRT until [*recommended date is one month after expected release date*].
3. Pending approval from the commanding officer, you will continue to be enrolled in the postpartum physical training program.
4. Point of Contact (POC) for this memorandum is the undersigned at [*PPPT POC phone number*].

**(*Signature of Installation Instructor  
Trainer*)**

Installation Instructor Trainer, PPPT



OFFICE SYMBOL

DATE

MEMORANDUM FOR Commander, [UNIT AND OFFICIAL MILITARY ADDRESS]  
ATTN: [supervisor of PPPT participant]

SUBJECT: Request for Authorization to Delay Out-Process from the Postpartum  
Physical Training Program

1. [*Name of PPPT participant*], [*Soldier SSN*], has not met all the required standards to return to unit PRT according to [*Installation PPPT Policy Memorandum*] [*policy number*], [*policy date*].
2. It is my recommendation that the Soldier delay return to unit PRT until [*recommended date is usually one month after expected release date*].
3. Pending approval from the commanding officer, the Soldier will continue to be enrolled in the postpartum PT program.
4. Point of Contact (POC) for this memorandum is the undersigned at [*PPPT POC phone number*].

**(*Signature of Installation Instructor  
Trainer*)**

Installation Instructor Trainer, PPPT

OFFICE SYMBOL

DATE

SUBJECT: Request for Authorization to Delay Out-Process Postpartum Physical Training Program

FOR [Unit], Instructor Trainer, PPPT, ATTN: [Name of POC]

1. Recognizing that (*Soldier's name*) has not met all the required standards to return to unit PRT according to [*Installation PPPT Policy Memorandum*] [*policy number*], [*policy date*] it is my recommendation that the following action be taken.

2. Soldier will continue to be enrolled in the postpartum PT program, and delay return to the unit until [*recommended date, usually one month after expected release date*].

APPROVED \_\_\_\_\_

DISAPPROVE \_\_\_\_\_

DATE \_\_\_\_\_

**(Signature of Unit Commander)**  
SIGNATURE BLOCK  
(or designated representative)

**Appendix Z**  
**Early Program Completion Memorandums**

OFFICE SYMBOL

DATE

MEMORANDUM FOR (*PPPT participant*)

SUBJECT: Authorization to Early Out-Process the Postpartum Physical Training Program

1. You have met all the required standards to return to unit PRT according to [*Installation PPPT Policy Memorandum*] [*policy number*], [*policy date*].
2. You have been given permission by your healthcare provider to return to unit PRT.
3. It is my recommendation that you return to the unit's PRT program before your allowed time in the postpartum PT program is over.
4. Pending approval from the commanding officer, you will be allowed to out-process from the PPPT Program on [*out-process date*].
5. The first record APFT can only be administered 6 months or 180 days after termination of pregnancy by the unit. Results of your record APFT will be sent to the PPPT IIT from the unit.
6. The score from the record APFT will be used to determine the effectiveness of this program. A request for this information will be forwarded to the unit.

**(*Signature of Installation Instructor  
Trainer*)**

Installation Instructor Trainer, PPPT

OFFICE SYMBOL

DATE

MEMORANDUM FOR Commander, [UNIT AND OFFICIAL MILITARY ADDRESS]  
ATTN: [supervisor of PPPT participant]

SUBJECT: Request for Authorization to Early Out-Process the Postpartum Physical Training Program

1. [Name of PPPT participant], [Soldier SSN], has met all the required standards to return to unit PRT according to [Installation PPPT Policy Memorandum] [policy number], [policy date].
2. The Soldier has been given permission by her healthcare provider to return to unit PRT.
3. It is my recommendation that the Soldier return to the unit's PRT program before her allowed time in the postpartum PT program is over.
4. Pending approval from the commanding officer, the Soldier will be allowed to out-process from the PPPT Program on [out-process date].
5. The first record APFT can only be administered 6 months or 180 days after termination of pregnancy by the unit. Results of the Soldier's record APFT must be sent to the PPPT IIT from the unit.
6. The score from the record APFT will be used to determine the effectiveness of this program. A request for this information will be forwarded to the unit.

**(Signature of Installation Instructor  
Trainer)**

Installation Instructor Trainer, PPPT

OFFICE SYMBOL

DATE

SUBJECT: Request for Authorization to Early Out-Process Postpartum Physical Training Program

FOR [Unit], Instructor Trainer, PPPT, ATTN: [Name of POC]

1. Recognizing that (*Soldier's name*) has met all the required standards and been given healthcare provider clearance to return to unit PRT according to [*Installation PPPT Policy Memorandum*] [*policy number*], [*policy date*] it is my recommendation that the following action be taken.

2. Soldier return to the unit's PRT program before her allowed time in the postpartum PT program is over.

APPROVED \_\_\_\_\_

DISAPPROVE \_\_\_\_\_

DATE \_\_\_\_\_

3. Upon request, the results of (*Soldier's name*) first record APFT, administered 6 months or 180 days after termination of pregnancy, will be forwarded from the unit to the PPPT Installation Instructor Trainer.

**(Signature of Unit Commander)**  
SIGNATURE BLOCK  
(or designated representative)

## Appendix AA PPPT DVD Order Form

<b>NAME:</b>			
<b>POSITION:</b>			
<b>PHONE NUMBER:</b>			
<b>E-MAIL:</b>			
<b>UNIT:</b>			
<b>MILITARY MAILING ADDRESS STREET LINE 1:</b>			
<b>MILITARY MAILING ADDRESS STREET LINE 2:</b>			
<b>INSTALLATION or CITY:</b>			
<b>STATE:</b>			
<b>ZIP CODE:</b>			
<i>Title</i>	<i>PIN</i>	<i>Quantity</i>	<i>Purpose</i>
<b>FUNDAMENTAL CONCEPTS OF PREGNANCY AND EXERCISE</b>	711497		
<b>FUNDAMENTAL CONCEPTS OF POSTPARTUM EXERCISE</b>	711498		
<b>POSTPARTUM FITNESS PROGRAM DEVELOPMENT</b>	711499		
<b>PRENATAL AND POSTPARTUM CARDIOVASCULAR WORKOUT*</b>	711500		
<b>PREGNANCY FITNESS PROGRAM DEVELOPMENT A</b>	711501		
<b>PREGNANCY FITNESS PROGRAM DEVELOPMENT B</b>	711502		
<b>PREGNANCY PHYSICAL TRAINING FOR RESERVE/NATIONAL GUARD/REMOTE SOLDIER*</b>	711612		
<b>POSTPARTUM PHYSICAL TRAINING FOR THE RESERVE/NATIONAL GUARD/REMOTE SOLDIER*</b>	711660		

It is now possible to order additional copies of the PPPT training video sets, in DVD format. Orders placed through Defense Imagery are free of charge. The following criteria MUST be met to order these specific restricted use items.

- Orders are placed in writing and approved through the USAPHC (PROV) PPPT POC. Complete the information and email this form to DHPWebContacts2@amedd.army.mil with a subject line of: PPPT video order. Call 410-436-7844 with any questions about ordering the videos.
- The information requested above is required and must be completed in full.
- A total of only 10 videos may be placed per order. You can order 10 of the same video or a mix. The entire set contains the 8 videos listed above.
- \*Additional documentation is required for the Reserve Component/ Remote Soldier set. See the PPPT website for this information, <http://chppm-www.apgea.army.mil/dhpw/Readiness/PPPT.aspx>.

**Appendix BB**  
**RC/R Soldier PPPT Materials Request Form**

OFFICE SYMBOL

DATE

MEMORANDUM FOR PPPT Specified Proponent POC

SUBJECT: Pregnancy/Postpartum Physical Training Program (PPPT) Reserve Component/ Remote (RC/R) enrollment/ material request form

1. The purpose of a Pregnancy/Postpartum Physical Training (PPPT) program is to provide safe conduct of physical training to assist pregnant and postpartum Soldiers in maintaining fitness throughout their pregnancy and to assist them in returning to required fitness standards. This program may also assist Soldiers in passing the APFT and meeting AR 600-9 standards within the specified time period.

2. The guidelines for exercise during pregnancy expressed in the PPPT program are based on the most current information available.

a. In 2002, the American College of Obstetricians and Gynecologists (ACOG) indicated that "in the absence of either medical or obstetric complications, 30 minutes or more of moderate exercise a day on most, if not all, days of the week is recommended for pregnant women." (ACOG Committee Opinion Number 267, January 2002) Research further establishes that in healthy, well-conditioned, active women regular, sustained exercise before and during pregnancy should enhance the course and outcome of the pregnancy for the mother and the infant. (Clapp, 1991 and 1996)

b. There are physiological and musculoskeletal changes and alterations in energy demands that occur during pregnancy. (Wang, 1998) These concerns have been taken into account in the program development, but individual needs/ precautions should be taken into consideration when planning an exercise program for pregnancy.

3. I understand what the PPPT program consists of and why it is being offered. I understand my responsibilities as a program participant and that a personal commitment is required. I also understand that there are possible risks and benefits of participation.

4. I voluntarily wish to participate in PPPT and intend to use this program as my physical training while pregnant and until 180 days after delivery.

5. I am requesting PPPT Program materials be sent to me. I have attached the required medical documentation (pregnancy profile with gestational age and estimated due date, Health Care Provider Enrollment Clearance Form, Program Participation Agreement Memorandum, PPPT DVD Order Form, pre-pregnancy Army Physical Fitness Test scorecard, and Body Fat Content Worksheet (if applicable)).

The following information is provided:

a. \_\_\_\_\_  
Soldier's rank/full name.

b. \_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail address

c. \_\_\_\_\_  
Soldier's unit, unit point of contact and telephone number.

\_\_\_\_\_

\_\_\_\_\_

References:

Clapp J.F. (Third IOC World Congress on Sports Sciences) Am J Sport Med 1996  
Clapp J.F. & Capeless, E. Med and Sc in Sports & Exer 1991  
Wang T.W., Apgar B.S. Exercise during pregnancy. Am Fam Phys 1998;57: 1846-53.

SOLDIER SIGNATURE BLOCK  
SOLDIER'S SIGNATURE

Encls

- DA Form 3349, Physical Fitness Profile
- DA Form 705, Army Physical Fitness Test Scorecard
- DA Form 5501-R, Body Fat Content Worksheet (if applicable)
- Healthcare provider Enrollment Clearance Form
- Program Participation Agreement Memorandum
- PPPT DVD Order Form



Local Reproduction is  
Authorized and Encouraged

June 2010



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