# Army Pregnancy/Postpartum Physical Training Program

## Overview Brief

USAPHC

UNITED STATES ARMY PUBLIC HEALTH COMMAND (Provisional)

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UNCLASSIFIED

"It's 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…"

# Briefing Outline

Purpose : Provide information on PPPT Program

1. Review program background
2. Relate steps of development
3. Explain content key points and components
4. Discuss requirements for PPPT implementation
5. State challenges to prepare for

# Facts

- Army has responsibility for safe, adequate training.
- American College Of Obstetricians and Gynecologists recommends consistent moderate exercise to maintain fitness during pregnancy and improves postpartum.
- Exercise is beneficial to both Soldier and baby.
  - Easier delivery and reduced physical discomforts
  - Fewer c-section, preterm delivery, low birth weight rate

# Current Situation

- Females make up 15% of the Army AD Force.
- 6,478 Soldiers delivered a baby in 2009
- 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.

# Development

- PPPT Program
  - Developed at USAPHC(Prov) 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 USAPHC(Prov) completed
- AR 350-1 Appendix G-9a and TC 3-22.20 delineate proponency and local organizational responsibilities

# 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

# Policy

- **ALARACT_168_2008**

Established an Army-wide PPPT program IAW MEDCOM standards with coordination between Senior commander, MTF, IMCOM, and units.

- **AR 40-501, para 7-9 and 7-10**

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 TC 3-22.20**

Consistent guidance included in recent policy revisions

# Training Concept

PREGNANCY
9 + Months

POSTPARTUM
6 Months

| Diagnosis | Delivery | Convalescence | Profile Recovery | Postpartum PRT | APFT |
|---|---|---|---|---|---|
| 40 WKS | | 6 WKS | 18 WKS | | |

| | | |
|---|---|---|
| Physical Training in Unit Pregnancy PT Program | Physical Training in At-Home Postpartum PT Program | Physical Training in Unit Postpartum PT Program |

Regular unit PT activities begin at conclusion of 6-month recovery period as outlined in AR 350-1.

# 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

# 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

# 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.

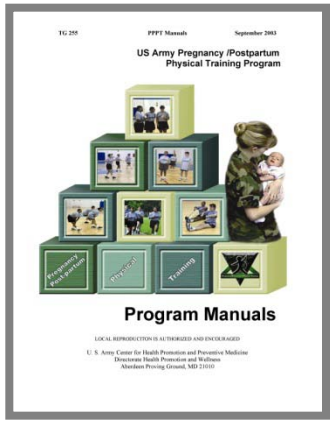
# PPPT Fills the 'Gap'

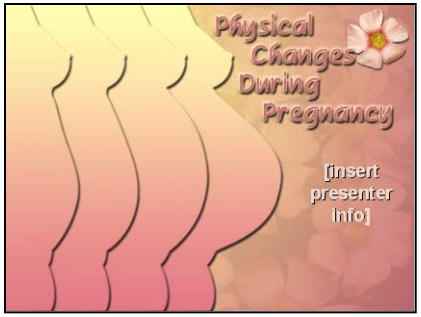
**Unit PT or PT on own inadequate. PPPT provides:**

- **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

# Program Resources

- Manuals
- Training DVDS
- Implementation Guide
- Educational Presentations
- USAPHC (Prov) and AKO Websites
- Leader Training Course



# PPPT Leadership

**MEDCOM Proponent**

**Senior Commander Execution Responsibility**

**PPPT Local Program Personnel**

OIC/NCOIC/ Instructor Trainers

Medical Expert/ Education Coordinator

Exercise Leaders

Active Duty pregnant and postpartum Soldiers

**All leaders trained in pregnancy/postpartum fitness**

# 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

# 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

# Installation Personnel

- **Instructor Trainers**
  - 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

# Installation Personnel

- **Exercise Leaders**
  - Lead and monitor PT program sessions for pregnant and postpartum Soldiers
  - Monitor Soldier attendance

# 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

# Implementation Challenges

- Mandate 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

# Contact the Army PPPT Program proponent for further information and program updates.

**USAPHC(Prov) Health Promotion and Wellness**
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