

MS 263 VOLUNTEER PREGNANCY

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Responsible Office: Office of Medical Services (OMS)

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Issuance Memo

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1.0 AUTHORITY

22 U.S.C. 2504 (e); Pub.L. 108-447, and any superseding law that includes the abortion restriction.

2.0 PURPOSE

This manual section sets out the Agency's policies and procedures governing pregnancy during service.

3.0 POLICIES

3.1 A V/T expecting a child may not continue her Peace Corps service unless she is given both medical and programmatic approval to continue to do so.

3.2 In order to ensure that all V/Ts are familiar with the policy and procedures set out in this manual section, Peace Corps Medical Officers (PCMOs) shall include discussion of the pregnancy policy and procedures during the V/Ts' initial health orientation/training, and V/Ts shall be told that pregnancy could lead to a medical separation.

4.0 PROCEDURES TO DETERMINE WHETHER A V/T MAY CONTINUE SERVICE

4.1 Medical Approval

In order for a pregnant V/T to continue service, the PCMO, in consultation with OMS, must determine that:

- (a) Health facilities in-country are adequate for the delivery, given the V/T's general health and any potential complications;
- (b) Host country facilities are adequate for prenatal, obstetric, postnatal, and infant care according to the OMS Technical Guidelines; and
- (c) The V/T's project location presents no health hazards that would prevent the V/T from remaining there during pregnancy or after the birth of a child, or, if hazards do exist, an in-country transfer to a safer location is feasible.

4.2 Programmatic Approval

To determine whether the pregnant V/T may continue in service, the CD shall determine that:

- (a) The V/T will be able to continue to serve effectively after the birth of the child;
- (b) If the V/T is to be granted maternity leave, the leave is consistent with host country practice and will not create undue hardship for the V/T's project; and
- (c) In the case of a single V/T, the pregnancy is culturally acceptable and will not impair the Agency's image.

5.0 CONTINUED SERVICE

If the V/T is approved to continue service, the following apply:

5.1 Maternity Leave

A V/T may be granted 45 days of maternity leave with full allowances. She may elect to take the leave at any time before or after the birth or both. She also may elect to use some, or all, of her accrued annual leave for this period. After the 45-day maternity leave is expired, the CD may grant up to 45 days of additional maternity leave at the V/T's request. The decision to grant this additional leave must be based on programmatic considerations balanced against the needs of the mother.

5.2 Child Care

After the birth of a child, the Country Director may authorize allowances for child care, as appropriate, in accordance with MS 221 *Volunteer Allowances*.

5.3 Documentation

The birth of a child should be documented on the appropriate form, which is sent to the Volunteer Financial Office.

5.4 Health Care

The Peace Corps will provide, or pay the cost of, prenatal and obstetric care for pregnant V/Ts or the pregnant wife of a V/T regardless of her citizenship or volunteer/non-volunteer status during the V/T's service. *See* also Section 8.0.

6.0 EARLY TERMINATION AS A RESULT OF PREGNANCY

6.1 Medical Separation

If the considerations set forth in Section 4.0 are not satisfied and the V/T does not wish to resign, she shall be medically separated in accordance with MS 284 *Early Termination of Service*. If, however, in the judgment of the PCMO, adequate prenatal care is available and if the CD concurs, the V/T may be allowed to continue service until the fourth month of pregnancy.

6.2 FECA Benefits

In accordance with the Pregnancy Discrimination Act, the Federal Employees' Compensation Act (FECA) coverage is extended to V/Ts for pregnancies that occur during Peace Corps service overseas and continue past the date of termination. Therefore, a pregnant V/T should contact the Office of Medical Services upon arrival in the United States to file a FECA claim. The costs of all pregnancy-related conditions, including prenatal, obstetric, and postnatal care of the mother, will be paid by the Department of Labor (DOL). However, the DOL will not pay costs related to the care of the baby, including nursery costs.

6.3 V/T Husband of a Pregnant V/T

If the pregnant V/T resigns or is medically separated, her Volunteer husband will be offered the option of resigning. If he does not resign, he shall be administratively separated, except as provided in the following paragraph.

When a pregnant V/T resigns or is separated and she wishes to remain in country or return to her home-of-record while her Volunteer husband continues his service, the CD should consider whether to permit the V/T husband to continue service under the policies in MS 205 *Volunteer or Trainee Marriage*. When considering the request, the CD and the PCMO must insure that the provisions of MS 205 and MS 284 *Early Termination of Service*, regarding loss of benefits to the terminating V/T, including return transportation, allowances, and health care not related to pregnancy, are fully explained to the Volunteer couple.

7.0 NON-VOLUNTEER MOTHER

7.1 Healthcare for a Non-Volunteer Mother

Where a V/T is married to a non-Volunteer mother or has taken action to acknowledge paternity which, under local law, will make him financially and legally responsible for the care and support of the child, Peace Corps will provide prenatal and birth-related care of the non-Volunteer mother in order to protect the health and safety of the unborn child. Peace Corps will pay for such care for the non-Volunteer mother only

while the Volunteer is in service. No other medical care or other benefits are provided by Peace Corps for a non-Volunteer mother.

7.2 Documentation

The birth of the child should be documented on the appropriate form which is sent to the Volunteer Financial Office.

8.0 BENEFITS FOR A CHILD BORN DURING SERVICE

The child of a V/T born during the V/T's service will receive the same health care and benefits as a V/T, for as long as the child resides with the V/T parent during service overseas. See MS 262 *Peace Corps Medical Services Program*.

The child will be entitled to benefits as provided in MS 221 *Volunteer Allowances*, and to return airfare to the U.S. upon the V/T's completion of service.

The child is also entitled to post-service medical care for service-related conditions pursuant to Section 5(m) of the Peace Corps Act. Congenital disabilities are not covered by FECA. See MS 266 *Post-Service Medical Benefits for Trainees, Volunteers and Dependents*.

9.0 MEDICAL EVACUATION

A V/T who delivers a baby or has medical complications is treated as any other V/T on medevac status and may be maintained on this status while under medical care for up to 45 days. If a longer period of care for recuperation is necessary, the V/T will be medically separated. (See MS 264 *Medical Evacuation*)

In rare circumstances, if unanticipated problems arise, e.g., medical complications, natural disasters, or political conditions, evacuation to the U.S. may be authorized during the last trimester of pregnancy to protect the health of the mother or child or both. A pregnant V/T will not be medically evacuated to a third country to await delivery.

The Peace Corps will pay for a pregnant V/T's spouse to accompany her only if the spouse is a V/T and the PCMO determines that his presence is medically advisable or the evacuation is likely to result in a medical separation.

10.0 ABORTION

10.1 Counseling

A V/T who is considering an abortion shall receive counseling concerning her alternatives, including adoption, from the PCMO. After the PCMO has counseled the V/T, the PCMO may refer her to a private counselor for counseling concerning her alternatives, including adoption.

10.2 Medical Evacuation

A V/T who decides to have an abortion will be medically evacuated at Peace Corps expense to a location where medically adequate facilities for obtaining an abortion are available and where abortions are legally permissible. Before having the abortion, she shall receive more counseling from a qualified counselor and her alternatives will be reviewed once again. The Office of Medical Services is responsible for providing guidance to the PCMO regarding the location of facilities and counselors that meet these criteria. The V/T may not be medically evacuated to a different site for an abortion without prior approval by OMS.

10.3 Medical Expenses of an Abortion

When a V/T elects to have an abortion, the medical expenses directly related to the abortion procedure will be the responsibility of the V/T. As a matter of law, the Peace Corps may not pay these costs. However, the Peace Corps will pay for medical expenses incurred due to complications. The V/T should be advised that she may make a withdrawal from her accrued readjustment allowance to pay for the procedure. To preserve her medical confidentiality, such a withdrawal request should be made to the Volunteer Financial Office after arrival in the U.S.

10.4 Family Planning

After the abortion procedure, if the V/T is medically cleared and wishes to return to country, she will be provided with family planning training and contraceptives that are not abortifacients and that have been approved for federal funding by the Department of Health and Human Services.

10.5 Medical Separation

Requiring more than one abortion by a V/T during Peace Corps service is considered evidence of irresponsible behavior that is incompatible with Volunteer service. Therefore, a Volunteer requiring more than one abortion during her Peace Corps tour will be medically separated, absent extraordinary circumstances.

11.0 EFFECTIVE DATE

This manual section will be effective on the date of issuance.