WOMEN IN THE MILITARY: PREGNANCY, COMMAND CLIMATE, ORGANIZATIONAL BEHAVIOR, AND OUTCOMES

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Defense Women’s Health Research Program

Women in the Military: Pregnancy, Command Climate, Organizational Behavior, and Outcomes.

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The Defense Women’s Research Program solicited proposals and funded this study on active duty pregnant women, their work experiences and impact on outcomes such as performance, retention, psychological well-being and delivery outcomes. This paper is a phase 1 report that describes the role of positive and negative work experiences of pregnant women in the military and their attitudes about the military, performance, retention and psychological well-being. Longitudinal effects of pregnancy on work experiences, climate, delivery outcomes, and psychological well-being are addressed in subsequent reports.

Questionnaires were administered to 345 active duty obstetric patients who volunteered at Walter Reed Army Medical Center, National Navy Medical Center, and Womack Army Medical Center. Participants were active duty members of the Army, Air Force, Navy, Marines, and Coast Guard. Participants who were in their first trimester and volunteered, completed a follow-up questionnaire. Maternal and fetal delivery outcome data was collected from the medical facilities.

Descriptive and inferential statistical findings are presented in detail. Results are organized into the following topics: demographics, summary measures, medical history data, ethnicity, pregnancy timing, absences, work reassignment, pregnancy and military career. A brief overview of findings is provided for each topic.
ACKNOWLEDGEMENTS

There are many individuals to acknowledge in the preparation and success of this research endeavor. In addition to the primary, associate, and collaborating investigators, the efforts of the research assistants: Jill Liebling, Gerry Persad, Amy Harrison, and Jana Hackworth contributed to the success of this project. Pat Twist persisted in organizing the results and editing documents. Charles Hoover and his staff labored to create the electronic data sets and resolve clerical and coding errors. Most importantly, the participants who completed the surveys gave freely of their time and patience, without their efforts, there would not have been a study. Thanks to all of you.
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STUDY DESCRIPTION/OVERVIEW

This study investigated 1) the positive and negative work experiences (stress, social support, command climate, organizational behavior, coworker relations, work reassignments) of pregnant women in the military and; 2) the role their experiences played in their attitudes about the military performance, retention and psychological well-being.

Questionnaires were administered to 345 active duty obstetric patients who volunteered at Walter Reed Army Medical Center in Washington D.C., National Navy Medical Center in Bethesda, Maryland, and Womack Army Medical Center in Fayetteville, North Carolina. Participants were active duty members of the Army, Air Force, Navy, Marines, and Coast Guard. See Appendix A for the questionnaires.

Relevance to servicewomen

Of the issues debated and researched in the military regarding women, one of the most controversial is the impact of pregnancy and childbirth on morale, discipline, manpower loss, attrition, and assignment policy. Absent from the research is the pregnant servicewoman's perspective on what it means to be pregnant in the military and how her work experiences influence her morale, attitudes about the military, performance, intentions to stay in the military, and psychological well-being. This study identified the work experiences and major work stressors associated with pregnancy from the service members perspectives and evaluated the extent to which they affected delivery outcomes, psychological well-being, attitudes about the military, performance, and intention to stay in the military.

Program relevance

A thorough investigation into the experiences and attitudes of pregnant women in the military was warranted. A better understanding of the work experiences of pregnant servicewomen may benefit the service by 1) reducing the stress pregnant servicewomen experience; 2) reducing the number of lost duty days due to stress related complications of pregnancy; 3) reducing negative pregnancy outcomes; 4) improving servicewomen's attitudes about the military; 5) enhancing retention of women following pregnancy and during parenthood and; 6) improving or maintaining pregnant servicewomen's performance and morale.

The study falls under STO III.S Military Life and Mental Health. The mission of the Army Medical Department to "conserve the fighting strength" requires a base of knowledge of those factors which affect the health and strength of the force. The information generated by this study of Women in the Military: Pregnancy, Command Climate, Organizational Behavior, and Outcomes identified the pregnancy related health issues and potential effects on units and their personnel.
Objectives:

A. To examine the role of supportive/nonsupportive command climate in pregnant servicewomen's attitudes about the military, performance, morale, career intentions, and delivery outcomes.

B. To examine the extent to which pregnant women experience/perceive positive/negative feedback from commanders and coworkers.

C. To investigate career choices, intentions, and planning before, during and after pregnancy.

D. To investigate the effects of social support on delivery outcomes, morale, attitudes about the military, performance, and retention.

E. To assess the relationship between the timing of pregnancy: Planned and unplanned; TO&E or TDA assignment, leadership or staff position; and positive/negative experiences, performance, and retention, morale, and attitudes about the military.

F. To examine the effects of pregnancy related work reassignments. Do servicewomen perceive reassignment as appropriate or unnecessary? Are reassignments to meaningful work or menial tasks? Do reassignments affect retention intentions?

G. To investigate whether pregnant women who live on base utilize military provided social support resources more than those who live off base.

INTRODUCTION

Of the issues debated and researched in the military regarding women, one of the most controversial is the impact of pregnancy and childbirth on morale, discipline, manpower loss, attrition, and assignment policy. Absent from the research is the pregnant servicewoman's perspective on what it means to be pregnant in the military and how her work experiences influence her morale, attitudes about the military, performance, and intentions to stay in the military. This study proposes to identify the work experiences and major work stressors associated with pregnancy from the service members perspectives and determine the extent to which they affect delivery outcomes, morale, attitudes about the military, performance, and intention to stay in the military.
LITERATURE REVIEW

Existing pregnancy related research in the military has focused primarily on pregnancy outcomes such as preterm labor, premature birth, or low birth weight babies. Independent variables have included hazardous exposures, active duty women vs dependents, different racial groups, socio-economic status, use of prenatal care and education (Adams, Read, Rawlings, Harlass, Sarno, & Rhodes, 1993; Ramirez, Grimes, Annegaers, Davis, & Slater, 1990; and Paul, 1993). Policy makers have focused their energies on issues related to deployment and assignment of women (GAO Report 1993; Report to the President, 1992). None of these areas of research investigates pregnant service members' perspectives.

Stress

Psychological distress can be depicted as a behavioral display of one's affective and physiological responses to stress. When the demands of a stressful situation exceed one's available resources to cope, stress levels are increased. Psychological distress is influenced by a complex interplay of psychological, social, cultural, work, and biological factors. Individuals differ in stress threshold and tolerance levels. A myriad of behavioral and psychological manifestations can result from the break down of the stress-coping process, ranging from mild impairment to death (Scott, Oberst, & Dropkin, 1980).

Military service alone may have a deleterious impact on women's health because of the stress associated with being a minority in a predominantly male organization or by being a victim of sexual harassment (Kanter, 1977). Minority status and sexual harassment may contribute to an increased risk of ill health among women in the military. Pregnancy compounds the problem because it is a uniquely female medical condition and can further isolate women from the mainstream of the organization (Hoiberg & White, 1991).

For the individual, pregnancy is a physically, emotionally, and psychologically stressful event. Physically a pregnant woman is expected to gain between 25 and 35 pounds in the 40 weeks before her child is born. Weight gain is often accompanied by muscle fatigue in the back, legs, and abdomen. Morning sickness is a common phenomenon that can last a couple of months or the entire pregnancy. Dramatic and nonuniform hormone changes can cause hypersensitivity, emotional mood swings, and fatigue. Psychologically the woman is challenged in preparation for labor and delivery and parenthood (National Defense University, 1993; Brown, 1986).

The degree to which pregnant women experience psychological, emotional or occupational stress, anxiety, depression, compulsive behavior, hostility, fatigue, shortness of breath, insomnia, low back pain, constipation, hemorrhoids, varicose veins, frequent urination or incontinence is variable and is often influenced by the general health and psychological state of the woman. The fatigue of pregnancy combined with the physical demands of work and home responsibilities affect the ability of some women to cope with work demands or to adapt to changes in the job,
Coupled with active duty service demands and obligations, the pregnant servicewoman can experience a high degree of psychosocial stress which can negatively affect her delivery outcome, morale, performance, and intentions to stay in the military. Increased psychological symptoms are associated with less favorable maternal and fetal outcomes. High levels of anxiety are associated with increased abnormalities during pregnancy and delivery such as pre-eclampsia, forceps delivery, prolonged labor, post-partum hemorrhage, and fetal distress (Arizmendi & Affonso, 1987; Beck, Siegel, Davidson, Kormeier, Breitenstein, & Hall, 1980; Norbeck & Tilden, 1983). Magann and Nolan (1991) conclude that active duty pregnant women represent a high risk population for maternal and fetal outcomes. Poor outcomes are associated with high medical costs and manpower loss.

Coping/social support

Folkman, Schaefer, & Lazarus (1979) described social support as a coping resource during stressful life events such as pregnancy. A social support systems indicates that the individual is loved, valued, cared for, and is a member of a network of mutual obligation. Social support has been found to provide a buffer against stress and positively affect maternal functioning (Crnic, Greenberg, Robinson & Ragozin, 1984; Brown, 1986).

Psychological stress to some degree is experienced by all pregnant women. The good news is that pregnancy related stress can be successfully ameliorated by the use of social support systems (Lederman, 1984 and Robson, 1982). Social support systems have been found to be the most effective factor in modifying stresses that accompany maternal adaptations and transition to parenthood (Crnic et al., 1984). Support may help an individual gain, regain, or use personal strength during difficult adaptive periods which demand more energy and resources.

Given the transience of military life, pregnant military women have less access to traditional social support systems i.e., extended family and long-time friends. The absence of family and long-time friends may further impair coping capabilities during pregnancy. Military women have access to unique military resources such as Army Community Services or Family Support Groups during their pregnancy that may assist them in coping with pregnancy related distress.

Family life in the military presents unique challenges and stresses. The military "community" on and around military installations is without geographical boundaries and is intended to replace the home town and offer a sense of stability and continuity for the military family. Military families have a strong tradition of pulling together during periods of stress.

Families residing in government quarters are more likely to use community support resources than military families residing in the civilian community (Montlavo, 1976). Pregnant military women residing on base may utilize military community and support resources more, feel less isolated, and experience less pregnancy related
Manpower loss
It is important to keep in perspective that the average woman is pregnant for a very small proportion of her work life and some women never do become pregnant. Women in the military comprise 8-10% of the total force. Pentagon officials estimate that only 8% of military women are pregnant at any given time (Adams, 1980). This translates to less than 1% of the total force being pregnant at any time. Pregnancy rates for military women are comparable to women in the civilian sector (Royle, 1983).

Although pregnancy is clearly not at epidemic proportions, the effect it has on unit readiness has never been accurately documented. Documentation does exist substantiating that the number of days lost each month for men and women are virtually the same (Brown, 1993).

Pregnancy is not a major cause of absenteeism and attrition. According to Antonia Chayes, former Under Secretary of the Air Force for Manpower, men in the military lose about 67 percent more time than women while on the job even with pregnancy rates factored in (Greenberg, 1990 and Smith & Mowery, 1992). Overall male sports injuries were the biggest manpower loss in the gulf (Hackworth, 1991). Pregnancy rates, compensated for by good leadership, cause less turmoil in a unit than unexpected injuries due to sports and recreation (Smith & Mowery, 1992).

Pregnancy related manpower loss should be examined in the context of other medical conditions such as sports injuries that can limit duties. Men and women experience sports injuries that exclude them from duty and at times can lead to medical board separation from the military. Men are more likely to experience sports injuries than women (Brown, 1993 and Smith & Mowery, 1992).

One sprained ankle or knee injury by itself may not readily compare to the potential manpower loss of an 11 month pregnancy profile and maternity leave. But consider the larger loss to a unit that results from cumulative injuries among members of a unit. Injuries which occur more frequently and represent a greater loss of manpower than pregnancy.

Pregnant women in the military are exposed to unique work related stressors. Medical profiles restrict pregnant women’s physical and work activities. Pregnant women are exempt from deployments, regular physical training and tests, weight standards, nuclear biological chemical warfare training, wearing load bearing equipment, field exercises and other potentially harmful duties. During duty hours pregnant women are released from duty to attend medical appointments and are given rest periods from work (Army, Navy, Air Force, and Marine Corps Pregnancy Policies).

Pregnancy related work restrictions do not occur without consequences. From a command perspective, a significant outcome of pregnancy is manpower loss. Organizationally, pregnancy is viewed as a short-term medical condition and there are no provisions to replace lost manpower. An investigation of how commanders cope with manpower loss and deployment issues related to pregnancy is absent from the research.
Loss of time due to pregnancy is varied. Normal healthy pregnant women attend regular medical appointments monthly during the first 6-8 months and weekly the last month or so, have few pregnancy related sick days, are hospitalized for delivery and recovery for a few days, and have six weeks of maternity leave. Complicated pregnancies can result in total bed rest for part or the entire pregnancy. When necessary, commanders must redistribute work to the remaining workforce.

Attrition

The positive and negative work experiences a servicewoman experiences during her pregnancy may play a major role in her intentions to stay in the military. Past studies have shown that males and females fail to complete their first term of enlistment at comparable rates when attrition related to pregnancy is controlled (GAO Report 1990; 1993). After pregnancy, the primary reason females separate from service is voluntarily for incompatibility with military lifestyle. In contrast, involuntary separation due to disciplinary problems is the primary reason for loss of first term male service members (GAO Report, 1990).

Female attrition is primarily voluntary and may be due in part to her work experiences during pregnancy. Pregnant service members are permitted by policy to voluntary leave service. First term female marines who left service before the end of their enlistment were classified by the authors into three categories: Pregnant with a future interest in the marines, pregnant with no future interest in the marines, those who left for other reasons. Participants were surveyed about their reasons for leaving military service. Across the three categories the most important predictor of attrition was poor supervisor and work group relationships. Family and career orientation and management of stress were secondary predictors. Recruiting, training, and assignment practices had little relationship with attrition. (Royle, 1985).

These results suggest that the work experiences of pregnant service members may play a primary role in the decision to leave military service. Furthermore, work experiences may play a more important role in the decision process than the status of being pregnant or family considerations.

What hasn’t been examined are the career choices, intentions, and planning of pregnant service members before, during and after pregnancy. Pregnancy can be planned or unplanned, desired or undesired. The prevalence of planned pregnancies and related work factors such as type of assignment, timing with career, or type of position have not been investigated. This line of research may help explain the role of pregnancy in potential career decision changes due to pregnancy, work related experiences or both.

Work reassignment

Women in occupational specialties or work positions that are hazardous (exposure to hazardous chemicals, radiation or other materials) are reassigned for the duration of their pregnancy. Work restrictions were designed to protect the health of the mother and unborn child.
Work reassignments can be problematic. Necessary and meaningful work reassignments may provide an opportunity for pregnant women to have positive work experiences outside their normal career path. On the other hand, unnecessary and/or menial work reassignments can be degrading, demoralizing, and communicate to the pregnant servicewoman that she is being punished or isn't valued. Work reassignments during pregnancy may negatively affect promotion and retention intentions.

Impact of work climate

One result of pregnancy related restrictions and work redistribution can be the devaluation of the competence of pregnant women relative to non-pregnant women and men. Butensky (1984) found a consistent devaluation of the competence of pregnant women in comparison to non-pregnant women and men in certain work conditions. Male supervisors were more negative than females regarding pregnant women's performance in the work place. Halpert, Wilson, and Hickman (1993) found that pregnancy was a source of bias and negatively affected performance appraisals.

Job reassignment, loss of manpower, and work redistribution may create a stressful even hostile environment for pregnant servicewomen. Peers and leaders may resent that pregnant servicewomen receive full pay and benefits, but are exempt from some work and miss work for pregnancy related conditions. The result may be negative feelings, reactions, and feedback toward pregnant servicewomen which may affect her morale, attitudes, performance, and retention.

Outcomes

Satisfaction, commitment, morale, and cohesion are frequently studied attitudes about the military. Research has demonstrated that satisfaction, morale, cohesion, leadership, and commitment play primary roles in performance and retention (Marlowe, 1986). This study proposes to explore the work experiences of active duty pregnant women and the relationships with satisfaction, morale, cohesion, commitment, performance, and retention.

SIGNIFICANCE


2. Increased levels of psychological stress are associated with less favorable maternal and fetal outcomes (Arizmendi & Affonso, 1987; Beck et al., 1980; Norbeck & Tilden, 1983).

3. Social support systems can ameliorate psychological distress (Caplan, 1957, 1964;
Coleman & Coleman, 1971; Lederman, 1984; Robson, 1982).

4. Pregnancy results in a loss of manpower 1) nondeployability; 2) work restrictions; 3) pregnancy related sick days; 4) medical appointments; 5) medically prescribed work rests and; 6) work reassignments.

5. Work related stressors such as nonsupportive command climate or coworkers may increase the stress of pregnant servicewomen and contribute to increased loss of manpower (absences, work restrictions, work reassignments, and attrition) and negatively affect attitudes about the military (satisfaction and commitment), morale, performance, and career intentions of women.

METHODOLOGY

Procedure

Questionnaires were administered to active duty obstetric patients who volunteered at Walter Reed Army Medical Center in Washington D.C., National Navy Medical Center in Bethesda, Maryland, and Womack Army Medical Center in Fayetteville, North Carolina. Participants were active duty members of the Army, Air Force, Navy, Marines, and Coast Guard. Coordination of administration and subject recruitment was supervised by primary investigators in conjunction with the collaborators at each of the facilities. See Appendix A for questionnaires. Participants were recruited and briefed about the purpose of the study, confidentiality, and voluntary nature of the study at the obstetrics clinics by a member of the research team. Subjects were given a similar follow-up questionnaire during their final trimester of pregnancy.

Each hospital facility maintains a delivery outcome log book of maternal and fetal outcomes: APGAR scores, fetal distress, fetal and maternal complications. Data from the logbooks was collected for all participants who provided their social security numbers.

Questionnaire

Two questionnaires were administered. The initial questionnaire was given in the initial recruitment of subjects and was either collected by the researcher or returned by mail. The follow-up questionnaire was given to participants during a clinic visit in their third trimester of pregnancy or was mailed to them. Participants returned questionnaires to the researcher in the clinic or by mail. The follow-up questionnaire was similar to the initial questionnaire except that information about prior medical history, prior perceptions, and redundant demographic information was not ascertained. A brief overview of the questionnaires is provided.
Measures

Demographic variables. Participants provided information about a wide range of demographic variables: age, race, education, rank, marital status, occupational specialty, tenure, service component, obstetric medical history, spouse employment, spouse race, housing arrangement, and social security number. Response codes are provided in Appendix A.

Pregnancy planning and timing. Participants responded yes or no to three items: My pregnancy was planned, my pregnancy happened in the time frame I planned, and there is a good time during a military career to become pregnant. If yes, subjects selected from a list (Table 1) when they planned their pregnancy to occur and what time in their career was good to become pregnant. The check list included different geographical locations, types of assignments, and positions.

Work experiences/climate. Coworker support, command support, pregnancy medical profile support and harassment were four different measures of work climate and experiences. Work Climate and Experiences items were developed for this study. The items relate to the experiences a pregnant service member may encounter at work with her commander and coworkers while pregnant. An additional set of items refers to the necessity, meaningfulness, and perceptions about work reassignments. The psychometric properties of these items were evaluated in this study. The rating scale for the first three measures is five points with 1 = strongly disagree and 5 = strongly agree. The rating scale for the harassment measure is 1 = always and 5 = never. Items from each measure were averaged to form separate summary scores.

Coworker support is a six item measure assessing how well the pregnant woman and her coworkers get along, if coworkers are supportive and include the pregnant women in activities, whether coworkers make negative pregnancy remarks, cohesion of the work group, and whether coworkers are resentful of missed work due to pregnancy. Command support is a three item scale assessing whether the commander is supportive of the pregnancy, responds to negative pregnancy remarks, and whether the work climate is positive. Pregnancy medical profile support is a four item measure assessing whether medical conditions that restrict work are honored without question or harassment.

Harassment-discrimination is a five item measure assessing incidences of exclusion, racial discrimination, favoritism, sexual harassment, and gender discrimination in the work place. The scale was validated as a part of a program of study on stress and cohesion on over 100,000 subjects (Vaitkus & Griffith, 1990).

Performance. Performance is a three item scale assessing different aspects of work effort, performance, and caring. The scale was developed by Brockner, Grover, Reed, and Dewitt (1992).

Transition Difficulty Scale. The Transition Difficulty Scale was developed and validated by Rich (1993). The scale is an alternate measure of stress associated with the transition of pregnancy. Coefficient alpha ranges from .97 to .98.

Turnover. Turnover intentions is a single item measure. Participants respond to the question “now that you are pregnant, do you plan to: leave early, leave at the
end of your contract (enlistment), reenlist but undecided about career, stay for 20 years, or stay for more than 20 years.”

Psychological Well-Being. The Brief Symptom Inventory (BSI) is a 49 item self report psychological symptom inventory developed from a larger scale, the SCL-90-R (Derogatis et al., 1975). Psychometric evaluation has shown the BSI to be an acceptable short form (Derogatis & Melisaratos, 1983). Its nine subscales are somatization, obsessive-compulsive symptoms, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. There are three global indices that can be calculated from the BSI 1) the General Severity Index (GSI) which is based on the sum of the ratings the subject has assigned to each symptom; 2) the Positive Symptom Total (PST) a frequency count of the number of symptoms reported and; 3) the Positive Symptoms Distress Index (PSDI) which is a score reflecting the intensity of distress corrected for the number of symptoms endorsed. Reliability coefficients range from .75 to .89 (Derogatis & Melisaratos, 1983).

Results

The results section is divided into major categories listed in the Table of Contents. A brief overview of findings is presented for each category followed by a detailed series of descriptive and inferential statistical results. An index of tables follows each overview.
Demographics

Demographic information is presented in Tables 1-29.

Participants who completed the initial survey were 345 pregnant active duty military women recruited from three different military medical centers. Fifty seven percent of the participants were from the Army, 25% from the Navy, 12% from the Air Force, and 6% from other uniformed services. Subjects were approached by research assistants when they came to the clinics for their appointments. The purpose of the study was explained and those who agreed to participate provided informed consent. The response rate was approximately 50%.

Of the 345 participants 22% were in their first trimester of pregnancy, 32% were in their second trimester, and 46% were in their third trimester. Forty seven percent were experiencing their first pregnancy. The mean age of participants was 27 with a range of 18 to 41 years. Seventy six percent of the participants were married and 53.2% were married to another service member. Sixty four percent of the participants were white. The highest education level of the participants is diverse, 20.3% have high school diplomas, 45.2% completed some college, 20.9% are college graduates, and 13.6% completed some graduate work. Seventy five percent of the participants were enlisted. Thirty eight percent of the subjects own their own homes.

Demographic comparisons of the sample with the population of active duty women were fairly representative except that participants were more likely married and were more likely officers. It is possible that to some extent these characteristics are representative of the pregnant active duty population as opposed to the active duty female population in general. The over representation of officers is a concern because it may represent a response bias and skew findings. For this reason, rank is included as a control variables in analyses.

Overall, participants reported that 55.4% of their pregnancies were planned. Fifty one percent didn’t believe that there was a good time to become pregnant in a military career. Fifty two percent of the participants that planned their pregnancies, believe there is a good time in a career to become pregnant. Seventy six percent of the participants that planned their pregnancies, had their pregnancy occur in the time frame planned.
Demographic Variables

EVANS1.PRS
## Demographic Variables

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B = Bar chart  
P = Pie chart
DEMOGRAPHIC VARIABLES

Grade
Age
Tenure
Marital Status
Branch
Spouse Active Duty Status
Ethnicity
Spouse Ethnicity
Couple Ethnicity
Education
Housing
Gestation
How many times have you been pregnant
How many other pregnant women in your unit
Pregnancy Planning
Pregnancy Timing
Pregnancy During Military Career

Military Pay Group

Grade Age Group

How many times have you been pregnant
How many other pregnant women in your unit
Pregnancy Planning
Pregnancy Timing
Pregnancy During Military Career

Mean age = 26.9

Tenure

Mean age = 26.9
Marital Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>75.8%</td>
</tr>
<tr>
<td>Single</td>
<td>16.8%</td>
</tr>
<tr>
<td>Divorced</td>
<td>4.1%</td>
</tr>
<tr>
<td>Separated</td>
<td>3.2%</td>
</tr>
<tr>
<td>Widowed</td>
<td>0%</td>
</tr>
</tbody>
</table>

Branch of Service

<table>
<thead>
<tr>
<th>Branch</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Army</td>
<td>56.8%</td>
</tr>
<tr>
<td>Navy</td>
<td>25.2%</td>
</tr>
<tr>
<td>Air Force</td>
<td>12.2%</td>
</tr>
<tr>
<td>Marine</td>
<td>0%</td>
</tr>
<tr>
<td>Public Service</td>
<td>2.2%</td>
</tr>
<tr>
<td>Coast Guard</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

Active Duty Status of Spouse

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Duty</td>
<td>63.2%</td>
</tr>
<tr>
<td>Non Active Duty</td>
<td>27.9%</td>
</tr>
<tr>
<td>Non Applicable</td>
<td>19.2%</td>
</tr>
<tr>
<td></td>
<td>n = 166</td>
</tr>
</tbody>
</table>

Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non Hispanic)</td>
<td>63.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5.9%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Black (non Hispanic)</td>
<td>24.9%</td>
</tr>
</tbody>
</table>

Spouse's Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non Hispanic)</td>
<td>62.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.8%</td>
</tr>
<tr>
<td>Other</td>
<td>2.8%</td>
</tr>
<tr>
<td>Black (non Hispanic)</td>
<td>20.3%</td>
</tr>
</tbody>
</table>
"How many times have you been pregnant?" (n = 345)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>19.1%</td>
</tr>
<tr>
<td>Once</td>
<td>29%</td>
</tr>
<tr>
<td>Twice</td>
<td>42%</td>
</tr>
<tr>
<td>Three</td>
<td>7%</td>
</tr>
<tr>
<td>Four</td>
<td>5.8%</td>
</tr>
<tr>
<td>Five</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

At least once: 55%

"How many other pregnant women are in your unit?"

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>30.5%</td>
</tr>
<tr>
<td>1</td>
<td>14.8%</td>
</tr>
<tr>
<td>2</td>
<td>9.1%</td>
</tr>
<tr>
<td>3</td>
<td>8.1%</td>
</tr>
<tr>
<td>4</td>
<td>5.2%</td>
</tr>
<tr>
<td>5</td>
<td>11.9%</td>
</tr>
<tr>
<td>Don't know</td>
<td>20.3%</td>
</tr>
</tbody>
</table>

"Where are you receiving maternity care?"

Currently Working in MOS

Yes: 77.8%
No: 22.2%
How many hours a week do you currently work?

<table>
<thead>
<tr>
<th>Hours</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 or less</td>
<td>13.7%</td>
</tr>
<tr>
<td>20 or less</td>
<td>16.8%</td>
</tr>
<tr>
<td>35 or less</td>
<td>43.6%</td>
</tr>
<tr>
<td>40 or more</td>
<td>40.6%</td>
</tr>
</tbody>
</table>

Mean hours = 39.6

My pregnancy was planned

<table>
<thead>
<tr>
<th>Planned</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>55.4%</td>
</tr>
<tr>
<td>No</td>
<td>44.1%</td>
</tr>
</tbody>
</table>

My pregnancy happened in the time frame I planned

<table>
<thead>
<tr>
<th>Planned</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>44.9%</td>
</tr>
<tr>
<td>No</td>
<td>51.1%</td>
</tr>
</tbody>
</table>

Is there a good time, in a military career, to become pregnant?

<table>
<thead>
<tr>
<th>Planned</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>44.3%</td>
</tr>
<tr>
<td>No</td>
<td>51.0%</td>
</tr>
</tbody>
</table>
Summary Measures

Summary measures refers to constructs with multiple items that were averaged to form a summary score. The validity and reliability of proposed summary measures were evaluated using covariance structural modeling techniques. Confirmatory factor analysis is the measurement model procedure within covariance structural modeling. In confirmatory factor analysis the researcher models the item to factor structure and a maximum likelihood estimation technique is implemented to iteratively derive a solution. The observed covariance matrix is compared to the estimated covariance matrix based on the proposed model and a Chi-square fit and incremental fit of the model are estimated. A non significant Chi-square test and incremental fit indices in excess of 0.90 indicate a good fit of the model with the data (Bollen, 1989). Residuals, squared multiple correlations, and t-tests were also used to evaluate the fit of the model.

A summary of findings and item content is provided in Tables 30-54. Reliability coefficients for each scale are provided in Tables 55 & 56.

The confirmatory factor analysis results support a single factor solution for command support, pregnancy profile support, coworker support, discrimination-harassment, prior command support, performance, and prior performance. Contrary to Rich’s (1993) research, a two factor model of Transition Difficulty best fit the data. The two factor’s were renamed Work Transition Difficulty and Spouse Transition Difficulty. The subscales and summary scales for the BSI (Deragotis et al., 1975) were evaluated with confirmatory factor analysis and were not supported. The summary measures and subscales of the BSI were used as validated in previous research, pending further psychometric evaluation. Additional modeling and testing are required. A summary description of the model testing and results follows.

**COMMAND CLIMATE:**

[8 MODELS TESTED]

1. FULL MODEL-- 8 ITEMS: RES/FIT POOR > > DROP COMCLIM5
2. MODEL 2--7 ITEMS: RES/FIT POOR > > SPLIT MODEL IN TWO
3. MODEL A--COMCLIM1,2,5,6 > > RES/FIT GOOD (.98)
4. MODEL B--COMCLIM 1,2 PREGPRO 1,2 > > RES/FIT GOOD (.98)
5. ONE MODEL (2 FAC)-- RES/FIT POOR > > HI CORR .85 > > DROP 2 ERROR*6. ONE MODEL (1 FAC)--RES/FIT POOR > > ALL ITEMS 2ND ORDER
6. ONE MODEL (2 FAC)--

7. 2ND ORDER (2 FAC) --RES/FIT POOR > > DROP COMCLIM5
8. 2ND ORDER (2 FAC)--RES/FIT GOOD (.90)

COMPARE MODEL 2 TO MODEL6 & 8:

RES HIGH, FIT POOR (.85-.87)
RES LESS, FIT GOOD (.89-.91)
COWORKER SUPPORT/COHESION  [8 ITEMS TESTED]
1. FULL MODEL--8 ITEMS: RES/FIT POOR > > DROP COWORK 5, 6
2. MODEL 2--6 ITEMS: RES/FIT GOOD (.95-.96)

HARASSMENT/DISCRIM
1. FULL MODEL--8 ITEMS: RES/FIT GOOD (.92-.94)

PRIOR HARASSMENT/DISCRIM
[8 ITEMS TESTED]
1. FULL MODEL--8 ITEMS: RES/FIT POOR > > PURSUE DIFFERENCE

PRIOR COMMAND CLIMATE
1. FULL MODEL--4 ITEMS--RES/FIT GOOD (.96-.97)

PERFORMANCE
1. FULL MODEL -- 3 ITEMS-- R2 & REG COEF GOOD

PRIOR PERFORMANCE
1. FULL MODEL--3 ITEMS- R2 & REG COEFF GOOD

REASSIGNMENT
1. FULL MODEL--4 ITEMS POOR FIT
   DROPPED ITEMS--NEGATIVE PHI
   NOT A FACTOR

STRESS
[5 ITEMS TESTED]
1. FULL MODEL--5 ITEMS--RES/FIT POOR > > DROP STRESS 3
2. MODEL 2--4 ITEMS-- RES/FIT GOOD (.96-.98)

TRANSITION
[10 ITEMS TESTED]
1. FULL MODEL--10 ITEMS--RES/FIT POOR > > DROP TRANS2
2. MODEL 2--9 ITEMS--RES/FIT POOR > > SPLIT MODEL
3. MODEL A--6 ITEMS-- RES/FIT GOOD (.92-.94) ?TRANS 1
4. MODEL (2 FAC)-9 ITEMS--RES/FIT POOR > > DROP TRANS1
5. MODEL (2 FAC)-8 ITEMS--RES/FIT GOOD (.92-.94) CORR .48
6. MODEL (1 FAC)-8 ITEMS--RES/FIT POOR (.85-.87)

COPING
[8 ITEMS TESTED]
1. FULL MODEL--8 ITEMS-- BLEW UP!!! CHECKED FREQ > 70% N/A
2. FULL MODEL--4 ITEMS--RES/FIT GOOD (.98)
Summary Measures

EVANS2.PRS
## Summary Measures

<table>
<thead>
<tr>
<th>b. BEHAVIORAL SYMPTOMS INVENTORY (BSI) LIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nine Subscales; Two Summary Scales</td>
</tr>
<tr>
<td>c. EVALUATION CRITERIA</td>
</tr>
<tr>
<td>d. PREGNANCY PROFILE SUPPORT</td>
</tr>
<tr>
<td>One Factor</td>
</tr>
<tr>
<td>e. COMMAND SUPPORT</td>
</tr>
<tr>
<td>One Factor</td>
</tr>
<tr>
<td>f. COWORKER SUPPORT/COHESION</td>
</tr>
<tr>
<td>One Factor</td>
</tr>
<tr>
<td>g. DISCRIMINATION/HARASSMENT</td>
</tr>
<tr>
<td>One Factor</td>
</tr>
<tr>
<td>h. PRIOR COMMAND SUPPORT</td>
</tr>
<tr>
<td>One Factor</td>
</tr>
<tr>
<td>i. PERFORMANCE</td>
</tr>
<tr>
<td>One Factor</td>
</tr>
<tr>
<td>j. PRIOR PERFORMANCE</td>
</tr>
<tr>
<td>One Factor</td>
</tr>
<tr>
<td>k. STRESS</td>
</tr>
<tr>
<td>One Factor</td>
</tr>
<tr>
<td>l. TRANSITION - SPOUSE</td>
</tr>
<tr>
<td>One Factor</td>
</tr>
<tr>
<td>m. TRANSITION - WORK</td>
</tr>
<tr>
<td>One Factor</td>
</tr>
<tr>
<td>n. COPING</td>
</tr>
<tr>
<td>One Factor</td>
</tr>
</tbody>
</table>
## II. Summary Measures (continuation)

### o. BEHAVIORAL SUBSCALE INVENTORY (BSI) (Nine Subscales)

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Table #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatization</td>
<td>44</td>
<td>27</td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td>45</td>
<td>27</td>
</tr>
<tr>
<td>Interpersonal Sensitivity</td>
<td>46</td>
<td>27</td>
</tr>
<tr>
<td>Depression</td>
<td>47</td>
<td>27</td>
</tr>
<tr>
<td>Anxiety</td>
<td>48</td>
<td>28</td>
</tr>
<tr>
<td>Hostility</td>
<td>49</td>
<td>28</td>
</tr>
<tr>
<td>Phobic Anxiety</td>
<td>50</td>
<td>28</td>
</tr>
<tr>
<td>Paranoid Ideation</td>
<td>51</td>
<td>28</td>
</tr>
<tr>
<td>Psychoticism</td>
<td>52</td>
<td>28</td>
</tr>
</tbody>
</table>

### p. SUMMARY SCALES (Two scales):

<table>
<thead>
<tr>
<th>Scale</th>
<th>Table #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma</td>
<td>53</td>
<td>28</td>
</tr>
<tr>
<td>General Severity Inventory</td>
<td>54</td>
<td>29</td>
</tr>
</tbody>
</table>

### q. RELIABILITY ESTIMATES

(Continuation)

B = Bar chart  
P = Pie chart
Behavioral Symptoms Inventory (BSI)

Nine Subscales:
- Somatization
- Obsessive Compulsive
- Interpersonal Sensitivity
- Depression
- Anxiety
- Hostility
- Phobic Anxiety
- Paranoid Ideation
- Psychoticism

Two summary scales:
- Trauma
- General Severity Inventory

Summary Measures
- Pregnancy Profile Support
- Command Support
- Coworker Support
- Harassment/Discrimination
- Prior Command Support
- Performance
- Prior Performance
- Stress
- Transition - Spouse
- Transition - Work
- Coping
- BSI Subscales & Summary Scales

EVALUATION CRITERIA
- Residual Analysis
- Fit indices: FGI, CFI, NFI (null + incremental)
- Squared Multiple Correlations (SMCs)
- t-tests

PREGNANCY PROFILE SUPPORT (One Factor)
4 items total:
- Pregnancy profile honored without question or harassment
- Medical prescribed work rests honored without question or harassment
- Leaders supportive of pregnancy related sick days
- You haven't been hassled about time off for pregnancy related medical appointments

COMMAND SUPPORT (One Factor)
3 items
1 item dropped
- Command supportive of your pregnancy
- Command climate is positive
- Chain of command supports you in response to negative pregnancy remarks

COWORKER SUPPORT / COHESION (One Factor)
6 items total
2 items dropped
- You and your coworkers get along well
- Coworkers have not made negative remarks about missed PT/FTX because of your pregnancy
- Coworkers have been supportive of your pregnancy
- Coworkers are not resentful of time missed from work because of your pregnancy
- Coworkers include you in non-work activities
- You feel that your unit is cohesive
DISCRIMINATION/HARASSMENT
(One Factor)

5 items total
1 item dropped

During pregnancy, in your present unit, have you experienced incidents of:
- Exclusion
- Racial discrimination
- Favoritism
- Sexual harassment
- Gender discrimination

PRIOR COMMAND SUPPORT
(One Factor)

4 items total
0 items dropped

- Your commander was supportive of you
- The command climate was positive
- You and your coworkers got along well
- You felt your unit was cohesive

PERFORMANCE
(One Factor)

3 items total
0 items dropped

Since I became pregnant:
- I put in a great deal of effort at work
- My work performance is considered superior
- I really care about my work performance

PRIOR PERFORMANCE
(One Factor)

3 items total
0 items dropped

Before I became pregnant:
- I put in a great deal of effort at work
- My work performance was considered superior
- I really cared about my work performance

STRESS
(One Factor)

4 items total
1 item dropped

On the whole, how much stress do you think came from problems or concerns with:
- Family
- Financial matters
- People I work with
- Pregnancy

TRANSITION - SPOUSE
(One Factor)

5 items total
0 item dropped

Worry About:
- drifting from spouse
- sexual relations
- not having enough time with husband
- changes in marital relationship
- not giving spouse enough affection and attention
TRANSITION - WORK
(One Factor)

3 items total
2 items dropped

Worry About:
- being a good parent
- added responsibility of a child
- providing adequate care for infant and work

COPING
(One Factor)

4 items total
4 items dropped

How helpful have the following been in helping you cope with your pregnancy and stress:
- Family members
- Unit members
- Friends
- Doctor

BSI: SOMATIZATION

7 items total

- Faintness or dizziness
- Pains in heart or chest
- Nausea or upset stomach
- Trouble getting your breath
- Hot or cold spells
- Numbness or tingling in parts of your body
- Feeling weak in part of your body

BSI: OBSESSIVE - COMPULSIVE

6 items total

- Trouble remembering things
- Feeling blocked in getting things done
- Having to check and double check what you do
- Difficulty making decisions
- Your mind going blank
- Trouble concentrating

BSI: INTERPERSONAL SENSITIVITY

4 items total

- Feeling very self conscious with others
- Your feelings hurt easily
- Feeling that people are unfriendly or dislike you
- Feeling inferior to others

BSI: DEPRESSION

6 items total

- Thought of ending your life
- Feeling lonely
- Feeling "blue"
- Feeling no interest in things
- Feeling hopeless about the future
- Feelings of worthlessness
BSI: ANXIETY

6 items total
- Nervousness or shakiness inside
- Feeling fearful
- Feeling tense or keyed up
- Spells of terror or panic
- Feeling so restless you couldn't sit still

BSI: HOSTILITY

6 items total
- Feeling easily annoyed or irritated
- Temper outbursts that you could not control
- Having urges to beat, injure or harm someone
- Getting into frequent arguments

BSI: PHOBIC ANXIETY

5 items total
- Feeling afraid in open spaces
- Feeling afraid to travel
- Having to avoid things, places, or activities because they frighten you
- Feeling nervous when you are alone

BSI: PARANOID IDEATION

5 items total
- Feeling others are to blame for most your troubles
- Feeling that most people can't be trusted
- Others not giving you proper credit for your achievements
- Feeling people will take advantage of you if you let them

BSI: PSYCHOTICISM

5 items total
- The idea that someone else can control your thoughts
- Feeling lonely even when you are with people
- The idea that you should be punished for your sins
- Never feeling close to another person
- The idea that something is wrong with your mind

TRAUMA

- Weakness
- Trouble remembering
- Trouble concentrating
- Feeling lonely
- Feeling "stiff"
- No interest in things
- Scared for no reason
- Feeling fearful
- Feeling tense/keyed up
- Spells of terror/panic
- Afraid in open spaces
- Afraid to travel
- Avoid things/places
- Uneasy in crowds
- Lonely with other people
- Easily annoyed/irritated
- Thoughts of death/harming
- Sleepless/disturbed
- Thought/images frightening
- Feeling of guilt
- Repeated unpleasant thoughts
- Loss of sexual interest/pleasure
- Feeling low in energy/slowed
- Crying easily
- Excessive worry about things
- Others unsympathetic/not understanding
- Trouble falling asleep
**GENERAL SEVERITY INVENTORY**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Feeling</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>Feeling</td>
<td>No credit for achievements</td>
</tr>
<tr>
<td>Pains in chest/heart</td>
<td>No interest</td>
<td>People might take advantage</td>
</tr>
<tr>
<td>Nausea</td>
<td>Being</td>
<td>Thoughts controlled by others</td>
</tr>
<tr>
<td>Troubles getting breath</td>
<td>Feeling</td>
<td>Feel lonely around others</td>
</tr>
<tr>
<td>Hot flashes</td>
<td>Feeling</td>
<td>Feel lonely around others</td>
</tr>
<tr>
<td>Numbness/controling</td>
<td>Feeling</td>
<td>Feel lonely around others</td>
</tr>
<tr>
<td>Weakness</td>
<td>Feeling</td>
<td>Feel lonely around others</td>
</tr>
<tr>
<td>Trouble remembering</td>
<td>Feeling</td>
<td>Feel lonely around others</td>
</tr>
<tr>
<td>Black episodes</td>
<td>Feeling</td>
<td>Feel lonely around others</td>
</tr>
<tr>
<td>Making decisions</td>
<td>Feeling</td>
<td>Feel lonely around others</td>
</tr>
<tr>
<td>Mind goes blank</td>
<td>Feeling</td>
<td>Feel lonely around others</td>
</tr>
<tr>
<td>Trouble concentrating</td>
<td>Feeling</td>
<td>Feel lonely around others</td>
</tr>
<tr>
<td>Self conscious others</td>
<td>Feeling</td>
<td>Feel lonely around others</td>
</tr>
<tr>
<td>Feel others dislike you</td>
<td>Feeling</td>
<td>Feel lonely around others</td>
</tr>
<tr>
<td>Feel inferior to others</td>
<td>Feeling</td>
<td>Feel lonely around others</td>
</tr>
<tr>
<td>Thoughts of suicide</td>
<td>Feeling</td>
<td>Feel lonely around others</td>
</tr>
</tbody>
</table>

**SUMMARY MEASURES: RELIABILITY ESTIMATES**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Cronbach</th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Severity Inventory</td>
<td>.86</td>
<td>53</td>
</tr>
<tr>
<td>Trauma</td>
<td>.84</td>
<td>27</td>
</tr>
<tr>
<td>Transition - Spouse</td>
<td>.91</td>
<td>5</td>
</tr>
<tr>
<td>Prior Performance</td>
<td>.90</td>
<td>3</td>
</tr>
<tr>
<td>Coworker Support</td>
<td>.88</td>
<td>6</td>
</tr>
<tr>
<td>Obsessive Compulsive</td>
<td>.88</td>
<td>6</td>
</tr>
<tr>
<td>Depression</td>
<td>.86</td>
<td>6</td>
</tr>
<tr>
<td>Pregnancy Support</td>
<td>.86</td>
<td>4</td>
</tr>
<tr>
<td>Prior Climate</td>
<td>.85</td>
<td>4</td>
</tr>
<tr>
<td>Performance</td>
<td>.85</td>
<td>3</td>
</tr>
<tr>
<td>Command Support</td>
<td>.85</td>
<td>3</td>
</tr>
<tr>
<td>Harassment</td>
<td>.84</td>
<td>5</td>
</tr>
<tr>
<td>Discrimination</td>
<td>.84</td>
<td>6</td>
</tr>
</tbody>
</table>

**(continued)**

<table>
<thead>
<tr>
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<th>Cronbach</th>
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<td>Coping</td>
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<td>4</td>
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<tr>
<td>Stress</td>
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Simple linear correlation/regression and Analysis of Variance were the primary methods used to assess the relationship among the demographics and summary measures. The primary purpose of the bivariate assessment of demographics and summary measures was to evaluate their relationships. The reader is cautioned about the interpretation of results due to the role of chance in finding statistically significant findings when conducting large numbers of bivariate tests. The exhaustive bivariate assessment was warranted because new constructs and relationships were developed and tested in this study and one of the objectives of the study was an exploratory analysis.

Lists of demographic and summary measures are provided in Tables 57-81. The findings are presented in order of the demographic variables listed. Each demographic variable was analyzed separately with all other demographics and summary measures. When categorical variables such as race were modeled as a dependent variable, logistic regression or proportional population statistical tests were implemented. These types of analyses are found in subsequent sections of the technical report.

In general it appears that: Age, rank (grade), tenure, and housing arrangement were positively associated with command climate/experiences, performance, commitment, pregnancy planning and timing, intentions to stay and inversely related to psychological distress. Gestation or term of pregnancy was unrelated to perceptions of the work climate or psychological well-being, but was inversely related to hours worked per week and absences. Single participants reported greater psychological distress than married, separated, or divorced participants. The only service branch differences found were between Army and Navy participants. Navy participants reported greater pregnancy profile support, command support, and performance; and more incidences of harassment and discrimination. Army participants reported greater psychological distress. The number of pregnant women in the participant’s unit was positively related to psychological distress and inversely related to work climate/experiences, age, grade, tenure, performance, and commitment.

There were very few spouse active duty status and race differences which suggests that the few significant findings may be spurious. Further exploration is warranted. The number of times the participant had been pregnant was positively related to age and hostility. The relationship with age is consistent with expectations. Individuals are older with each pregnancy.

Multivariate analyses and focus on particular constructs and hypothesized relationships are provided in subsequent sections of this report.
Demographics and Summary Measures

EVANS3.PRS
III. Demographics & Summary Measures

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<td>Positively &amp; Inversely related</td>
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### III. Demographics & Summary Measures (Continuation)

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<td>80 37</td>
</tr>
<tr>
<td>o. PREGNANT WOMEN IN UNIT</td>
<td>81 38</td>
</tr>
<tr>
<td>Inversely &amp; Positively related</td>
<td>81 38</td>
</tr>
</tbody>
</table>

B = Bar chart
P = Pie chart
DEMOGRAPHIC VARIABLES
Grade
Age
Tenure
Marital Status
Branch
Spouse Active Duty Status
Ethnicity
Spouse Ethnicity
Education
Housing
Gestation
How many times have you been pregnant
How many other pregnant women in your unit
Pregnancy Planning
Pregnancy Timing
Pregnancy During Military Career

Summary Measures
- Pregnancy Profile Support
- Command Support
- Coworker Support
- Harassment/Discrimination
- Prior Command Support
- Performance
- Prior Performance
- Stress
- Transition - Spouse
- Transition - Work
- Coping
- BSI Subscales & Summary Scales

Behavioral Symptoms Inventory (BSI)
Nine Subscales:
- Somatization
- Obsessive Compulsive
- Interpersonal Sensitivity
- Depression
- Anxiety
- Hostility
- Phobic Anxiety
- Paranoid Ideation
- Psychoticism
Two summary scales:
- Trauma
- General Severity Inventory

Grade
A. Continuous (E2 - O6)
B. Junior enlisted (E2-E4), Non-Commissioned Officers (E5-E9), Company Grade (O1-O3) + Warrant Officers (CWO), & Field Grade Officers (O4-O6)
C. Enlisted (E2-E9) + Officers (O1-O6)

Grade (A): Demographics & Summary Measures
Grade (A) Positively related to:
Age
Tenure
Education
Home Ownership
Command Support
Pregnancy Profile Support
Coworker Support
Prior Command Support
Performance
Prior Performance
Transition - Spouse
Hours work during the week
Morale
Commitment
Transition - Work

Grade (A) Inversely (negatively) related to:
Number of other pregnant women in your unit
Discrimination / Harassment
Stress
Somatization, Obsessive compulsive, Interpersonal sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, Psychoticism
Trauma
General Severity Inventory (GSI)
### Grade (B): Demographics & Summary Measures

**Junior Enlisted Different Than All Others**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest mean:</td>
<td>Stress</td>
<td>Hostility</td>
<td>Somatization</td>
<td>Phobic Anxiety</td>
<td>Interpersonal Sens</td>
<td>Psychoticism</td>
<td>Trauma</td>
<td>GSI</td>
</tr>
</tbody>
</table>

### Grade (C): Demographics & Summary Measures

**Officer & Enlisted Significant Differences**

|----------------------|---------------------------|-----------------|------------------|----------------------------|-----------------------|-------------|-------------------|---------------------|

### Age: Demographics & Summary Measures

**Age Positively related to:**

- Grade
- Tenure
- Education
- Home Ownership
- Number of Pregnancies
- Command Support
- Pregnancy Profile Support
- Coworker Support
- Prior Command Support

**Age Inversely (negatively) related to:**

- Number of other pregnant women in your unit
- Discrimination / Harassment
- Somatization, Obsessive Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, Psychoticism
- BSI Summary: Trauma & General Severity Inventory (GSI)

### Tenure: Demographics & Summary Measures

**Positively related to:**

- Grade
- Age
- Education
- Married
- Command Support
- Pregnancy Profile Support
- Transition - Work

**Inversely (negatively) related to:**

- Discrimination/Harassment
- Stress
- Turnover
- Turnover (Prior)
- Anxiety
- Hostility
- Phobic Anxiety

### Martial Status: Demographics & Summary Measures

- Single: 1
- Married: 2
- Separated: 3
- Divorced: 4

**Single HIGHER mean than married**

- Stress
- Somatization, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, Psychoticism, Trauma
- GSI

**No difference between all other groups**
Branch: Demographics & Summary Measures

Significant Differences
(Amy + Navy)

1. Navy
2. Army
3. Air Force
4. Marines
5. Public Health Service
6. Coast Guard

Branch: Demographics & Summary Measures

Significant Differences
(Amy + Navy)

Discrimination/Harassment:
1. Navy Somatization:
2. Army Interpersonal Sensitivity: Army higher mean
3. Air Force Hostility:
4. Marines Trauma:
5. Public Health Service General Severity Inventory:
6. Coast Guard

Pregnancy Profile Support:
Command Support:
Prior Command Support:
Prior Performance:

Army higher mean
Navy higher mean

Spouse Active Duty (AD): Demographics & Summary Measures

No difference between Active Duty Spouse and Non-Active Duty Spouse

Ethnicity: Demographics & Summary Measures

White HIGHER mean than Black
Prior Command Support
Prior Performance

No difference between all other groups

Couple's Ethnicity and Summary Measures

- Black Mothers (same ethnicity) report lower command support than white or hispanic (same ethnicity) couples
- Hispanic Mothers (mixed ethnicity spouse) report higher discrimination than white, black (same ethnicity) couples
- Hispanic Mothers (mixed ethnicity spouse) report higher depression, paranoid ideation, psychoticism, General Severity Index scores than black, white (same ethnicity)

Education: Demographics & Summary Measures

- Positively related to:
  - Grade
  - Age
  - Command Support
  - Coworkers Support
  - Prior Command Support
  - Performance

- Inversely (negatively) related to:
  - Somatization, Obsessive Comp, Interpersonal Sensi, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Idea, Psychoticism

Pregnancy Profile Support
Prior Performance
Transition - Spouse
Hours work per week
Morale
Commitment
Stress
Housing: Demographics & Summary Measures

Home Ownership Positively related to:
- Grade
- Age
- Married
- Ethnicity (White)
- Education
- Tenure
- Command Support

Home Ownership Inversely (negatively) related to:
- Stress
- Turnover
- Somatization
- Depression
- Anxiety

Pregnancy term: Summary Measures

No difference:
- Pregnancy Support
- Command Climate
- Coworker
- Discrimination/Harassment
- Performance
- Prior Performance
- Stress
- Coping
- BSI subscales

Gestation: Summary Measures

- Hours worked per week
- Absences
- Performance

"How many times have you been pregnant?":
Demographics & Summary Measures

(Never to 5+)

Positively related to:
- Age
- Hostility
"Number of other pregnant women in your unit":
**Demographic & Summary Measures**

**Inversely (negatively) related to:**
- Grade
- Age
- Coworker Support
- Command Support
- Prior Command Support

<table>
<thead>
<tr>
<th>Grade</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Prior Performance</td>
</tr>
<tr>
<td>Coworker Support</td>
<td>Tenure</td>
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<tr>
<td>Command Support</td>
<td>Morale</td>
</tr>
<tr>
<td>Prior Command Support</td>
<td>Commitment</td>
</tr>
</tbody>
</table>

**Positively related to:**
- Stress
- Discrimination/Harassment
- Somatization, Obsessive Comp,
  Interpersonal Sensi, Depression,
  Anxiety, Hostility, Phobic Anxiety,
  Paranoid Idea, Psychoticism
- Trauma & GSI
MEDICAL HISTORY

A brief medical history was provided by each of the participants. Participants who had been pregnant before provided obstetric medical history. About half of the participants were experiencing their first pregnancy (Tables 82-83). Tables 84-102 describe prior pregnancy and delivery outcomes. A brief medical history pertaining to the current pregnancy was provided by each participant (Tables 103-110). Based on consultation with the Chief of Obstetrics at Wilford Hall (Communication with Barth, April 1996), the medical history profile of the sample is representative of an obstetrics population. The distribution and type of problems present and other characteristics of the sample were not different than expected (Tables 111-127).

Approximately 38% of prior pregnant participants reported no problems in their prior pregnancies. Approximately 55% of the participants reported no problems in their current pregnancy. The reader is cautioned that the current pregnancy is not complete and additional medical problems may arise later in the pregnancy or during delivery. The reader is also cautioned that these are self reports of medical problems. There may be some discrepancy between the reports of the participants and medical professional evaluations. Clearly, participants can accurately report about whether they had a cesarean section or vaginal delivery; whether they have high blood pressure or diabetes; whether the baby was born with birth defects or not; what their gestation was in weeks when they delivered; and whether they were bleeding or not. It is unclear whether participants can properly report the seriousness of swelling/edema or the detailed medical information related to complications.

The focus of this study is on the perceptions of the pregnant service members. For this reason whether the medical problem is actual or perceived is not a critical issue. If the participant perceives a problem then that problem real or perceived may affect their assessments of the work climate, performance, turnover intentions, commitment and psychological well-being. Furthermore, the delivery log created by medical professionals, provided substantiating medical information about maternal and fetal complications and medical history. Information regarding the delivery logs is provided in subsequent sections of this report.
Medical History Description

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IV. Medical History

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<tr>
<td>a. NUMBER OF PRIOR PREGNANCIES</td>
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<tr>
<td>Frequencies: Never - Five B</td>
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<td>43</td>
</tr>
<tr>
<td>Frequencies: Never/At Least 1 P</td>
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<td>43</td>
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<tr>
<td>b. PRIOR PREGNANCY HISTORY</td>
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<td>Full Term Deliveries P</td>
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<td>Premature Deliveries B</td>
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<td>Abortions B</td>
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<td>Vaginal Deliveries B</td>
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<td>Vaginal Deliveries P</td>
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<td>Cesarean “C” Section B</td>
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<td>Number Living Children P</td>
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<td>45</td>
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<tr>
<td>Frequencies: Problems</td>
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<td>45</td>
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<tr>
<td>Frequencies: Number of problems (0-8)</td>
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<td>45</td>
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<tr>
<td>Frequencies: Number of problems B</td>
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<td>45</td>
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<td>d. PRIOR WORK HISTORY</td>
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<td>Stop work before delivery P</td>
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<td>Confined to bedrest P</td>
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<tr>
<td>Hospitalized for complications P</td>
<td>101</td>
<td>46</td>
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<td>Exposure to hazardous chemicals P</td>
<td>102</td>
<td>46</td>
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<td>e. CURRENT PREGNANCY PROBLEMS</td>
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<td>Frequencies: Problems</td>
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<tr>
<td>Frequencies: Number of problems (0-8)</td>
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<tr>
<td>Frequencies: Number of problems B</td>
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<td>46</td>
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<tr>
<td>Frequencies: Confined to bedrest (Yes/No)</td>
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</tr>
<tr>
<td>Hospitalized for complications (Yes/No)</td>
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<td></td>
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<tr>
<td>Exposed to hazardous chemicals (Yes/No)</td>
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<tr>
<td>Confined to bedrest: Yes/No P</td>
<td>107</td>
<td>47</td>
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<tr>
<td>Hospitalized for complications: Yes/No P</td>
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<td>47</td>
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<tr>
<td>Exposed to hazardous chemicals P</td>
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<td>Frequencies: Medical problem history</td>
<td>111</td>
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<tr>
<td>Frequencies: Number of current problems w/No prior problems</td>
<td>112</td>
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<tr>
<td>Current problems with No Prior Problems B</td>
<td>113</td>
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<tr>
<td>Frequencies: Number of current problems w/One prior problem</td>
<td>114</td>
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<tr>
<td>Current problems with One prior problem B</td>
<td>115</td>
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<tr>
<td>Frequencies: Number of current problems w/Two prior problem</td>
<td>116</td>
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<tr>
<td>Current problems with Two Prior Problems B</td>
<td>117</td>
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<tr>
<td>Frequencies: Number of current problems w/Three prior problem</td>
<td>118</td>
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<tr>
<td>Current problems with Three prior problems B</td>
<td>119</td>
</tr>
<tr>
<td>Frequencies: Number of current problems w/Four prior problem</td>
<td>120</td>
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<tr>
<td>Current problems with Four Prior Problems B</td>
<td>121</td>
</tr>
<tr>
<td>Frequencies: Number of current problems w/Five prior problem</td>
<td>122</td>
</tr>
<tr>
<td>Current problems with Five prior problems B</td>
<td>123</td>
</tr>
</tbody>
</table>

| g. ALCOHOL, CIGARETTE, & CAFFEINE USE | |
| Frequencies: Reduced use of Alcohol/Cigarettes/Caffeine | 124 | 50 |
| Reduced use of Alcohol: Yes/No/Never used P | 125 | 50 |
| Reduced use of Cigarettes: Yes/No/Never used P | 126 | 50 |
| Reduced use of Caffeine: Yes/No/Never used P | 127 | 50 |

B = Bar chart  
P = Pie chart
"How many times have you been pregnant?" (n = 345)

- 42% at least once
- 29% once
- 19.1% twice
- 7% three
- 5.8% four
- 1.3% five

"How many times have you been pregnant?" (n = 345)

- At least once: 26%
- Once: 29%
- Twice: 20%
- Three: 19.1%
- Four: 7%
- Five: 5.8%

History
Prior delivery outcomes: Full term deliveries (n = 190)

- 52.1% one or more
- 13.2% none
- 1.1% n=2

History
Full term deliveries (n = 190)

- 67.9% one or more
- 32.1% none

History
Premature deliveries (n = 173)

- 85.5% one
- 11.6% two
- 2.9% three

History
Abortions (n = 183)

- 74.9% one
- 19.7% two
- 3.6% three
- 1.6% four
History Summary of prior delivery outcomes (n = 201)

- Miscarriages: 33.5% (n = 67)
- Full term: 46% (n = 95)
- Premature: 8.5% (n = 17)
- Abortion: 17% (n = 34)

Pregnancies = 352

History Miscarriages (n = 181)

<table>
<thead>
<tr>
<th>Number of Miscarriages</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>104</td>
</tr>
<tr>
<td>1</td>
<td>56</td>
</tr>
<tr>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

History Vaginal deliveries (n = 176)

<table>
<thead>
<tr>
<th>Number of Deliveries</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>74</td>
</tr>
<tr>
<td>1</td>
<td>72</td>
</tr>
<tr>
<td>2</td>
<td>53</td>
</tr>
<tr>
<td>3</td>
<td>26</td>
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<td>4</td>
<td>1</td>
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</table>

History Cesarean "C" section (n = 174)

<table>
<thead>
<tr>
<th>Number of &quot;C&quot; sections</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>136</td>
</tr>
<tr>
<td>1</td>
<td>38</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

History Number of living children (n = 178)

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>172</td>
</tr>
<tr>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>
History

Number of living children
(n = 178)

- One or more
  - 70.8%
  - n = 126
- None
  - 29.2%
  - n = 52

Prior pregnancy problems (n = 201)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature contractions</td>
<td>21%</td>
<td>42</td>
</tr>
<tr>
<td>Vaginal Bleeding</td>
<td>19%</td>
<td>38</td>
</tr>
<tr>
<td>Swelling/Edema</td>
<td>15.4%</td>
<td>31</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>13%</td>
<td>26</td>
</tr>
<tr>
<td>Other problems</td>
<td>10.4%</td>
<td>21</td>
</tr>
<tr>
<td>Water broke early</td>
<td>7%</td>
<td>14</td>
</tr>
<tr>
<td>Kidney/bladder problems</td>
<td>6.5%</td>
<td>13</td>
</tr>
<tr>
<td>Vaginal/Pelvic infection</td>
<td>6%</td>
<td>12</td>
</tr>
<tr>
<td>Toxemia</td>
<td>6%</td>
<td>12</td>
</tr>
<tr>
<td>Baby not growing</td>
<td>6%</td>
<td>12</td>
</tr>
<tr>
<td>Baby birth defects</td>
<td>4.5%</td>
<td>9</td>
</tr>
<tr>
<td>Diabetes</td>
<td>3.5%</td>
<td>7</td>
</tr>
<tr>
<td>Twins/Triplets</td>
<td>2.5%</td>
<td>5</td>
</tr>
<tr>
<td>Placenta Previa/Abruption</td>
<td>1.5%</td>
<td>3</td>
</tr>
<tr>
<td>Incompetent cervix or cerclage seizures</td>
<td>1.5%</td>
<td>3</td>
</tr>
<tr>
<td>Lung problems</td>
<td>.5%</td>
<td>1</td>
</tr>
<tr>
<td>Kidney/bladder problems</td>
<td>1.5%</td>
<td>3</td>
</tr>
<tr>
<td>Heart Problems</td>
<td>.5%</td>
<td>1</td>
</tr>
</tbody>
</table>

Prior pregnancy problems (n = 201)

<table>
<thead>
<tr>
<th>Number of Problems</th>
<th>Percentage</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>37.8%</td>
<td>76</td>
</tr>
<tr>
<td>One problem</td>
<td>28.4%</td>
<td>57</td>
</tr>
<tr>
<td>Two problems</td>
<td>18.4%</td>
<td>37</td>
</tr>
<tr>
<td>Three problems</td>
<td>8%</td>
<td>16</td>
</tr>
<tr>
<td>Four problems</td>
<td>3.5%</td>
<td>7</td>
</tr>
<tr>
<td>Five problems</td>
<td>3.5%</td>
<td>7</td>
</tr>
<tr>
<td>Eight problems</td>
<td>&lt; 1%</td>
<td>1</td>
</tr>
</tbody>
</table>

"Did you work during previous pregnancies?"
(n = 190)

- Yes 93.2%
  - n = 177
- No 6.8%
  - n = 13

"Did you stop working before delivery?"
(n = 186)

- Yes 28%
  - n = 62
- No 72%
  - n = 124
"Were you confined to bedrest during previous pregnancy?" (n = 192)

- No: 81.8% (n = 157)
- Yes: 18.2% (n = 35)

"Were you hospitalized for pregnancy complications (Prior)?" (n = 191)

- No: 77.5% (n = 148)
- Yes: 22.5% (n = 43)

"Were you exposed to hazardous chemicals/materials at work?" (n = 191)

- No: 91.6% (n = 175)
- Yes: 8.4% (n = 16)

Current pregnancy problems (n = 345)

- Premature contractions: 13% (n = 45)
- Swelling/Edema: 13% (n = 45)
- Vaginal bleeding: 11.3% (n = 39)
- Other problems: 11% (n = 38)
- Vaginal/Pelvic infection: 8.7% (n = 30)
- High blood pressure: 7% (n = 23)
- Kidney/Bladder problem: 6.4% (n = 22)
- Diabetes: 2% (n = 7)
- Twins/Triplets: 2% (n = 7)
- Lung problems: 2% (n = 6)
- Heart problem: 1% (n = 4)
- Baby not growing: 0.9% (n = 3)
- Placenta Previa/Abruption: 0.6% (n = 2)
- Intestinal/Gall bladder/Liver problem: 0.6% (n = 2)
- Toxemia: 0.3% (n = 1)
- Lupus: 0.3% (n = 1)

Current pregnancy problems (n = 345)

- No problem: 55% (n = 190)
- One problem: 26.4% (n = 91)
- Two problems: 8.7% (n = 30)
- Three problems: 6.4% (n = 22)
- Four problems: 2.3% (n = 8)
- Five problems: 0.3% (n = 1)
- Six problems: 0.3% (n = 1)
- Seven problems: 0.3% (n = 1)
- Eight problems: 0.3% (n = 1)
"Have you been confined to bedrest during this pregnancy?" (n = 345)

- Yes: 10% n = 34
- No: 89% n = 306

"Have you been hospitalized for pregnancy complications during this pregnancy?" (n = 345)

- Yes: 7% n = 25
- No: 91% n = 315

"Are you exposed to hazardous chemicals at work?" (n = 345)

- Yes: 12% n = 41
- No: 87% n = 299

Multiple problems in current pregnancy: Demographics & Summary Measures

No difference across sites

- Enlisted
- Prior problems
- Gestation
- GSI
- 8 Subscales BSI

- Education
- Homeowners
- Prior Climate
- Morale

Medical problem history
(n = 201)

<table>
<thead>
<tr>
<th>Prior problems</th>
<th>Current problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>n = 125 (62%)</td>
<td>n = 97 (78%)</td>
</tr>
<tr>
<td>None: 76</td>
<td>None: 104</td>
</tr>
<tr>
<td>One: 57</td>
<td>One: 58</td>
</tr>
<tr>
<td>Two: 37</td>
<td>Two: 17</td>
</tr>
<tr>
<td>Three: 16</td>
<td>Three: 15</td>
</tr>
<tr>
<td>Four: 7</td>
<td>Four: 6</td>
</tr>
<tr>
<td>Five: 7</td>
<td>Five: 1</td>
</tr>
<tr>
<td>Eight: 1</td>
<td>Eight: 1</td>
</tr>
</tbody>
</table>
Current pregnancy problems with no prior pregnancy problems
(n = 76, 38 %)

No current problem 59.2 % n = 45
One current problem 26.3 % n = 20
Two current problems 7.9 % n = 6
Three current problems 5.3 % n = 4
Four current problems 1.3 % n = 1

Current pregnancy problems with one prior pregnancy problem
(n = 57, 28.4 %)

No current problem 54.4 % n = 31
One current problem 33.3 % n = 19
Two current problems 7 % n = 4
Three current problems 3.5 % n = 2
Four current problems 1.8 % n = 1

Current pregnancy problems with two prior pregnancy problems
(n = 37, 18.4 %)

No current problems 43 % n = 16
One current problem 35 % n = 13
Two current problems 8 % n = 3
Three current problems 14 % n = 5
Current pregnancy problems with three prior pregnancy problems (n = 16, 8%)

- No current problem: 56% (n = 9)
- One current problem: 19% (n = 3)
- Two current problems: 13% (n = 2)
- Three current problems: 6% (n = 1)
- Four current problems: 6% (n = 1)

Current pregnancy problems with four prior pregnancy problems (n = 7, 3.5%)

- No current problem: 14% (n = 1)
- One current problem: 29% (n = 2)
- Two current problems: 14% (n = 1)
- Three current problems: 29% (n = 2)
- Four current problems: 14% (n = 1)

Current pregnancy problems with five prior pregnancy problems (n = 7, 3.5%)

- No current problem: 29% (n = 2)
- One current problem: 14% (n = 1)
- Two current problems: 14% (n = 1)
- Three current problems: 14% (n = 1)
- Four current problems: 29% (n = 2)
Since you found out you were pregnant, have you reduced your use of...? (n=345)

**ALCOHOL**
- Yes, reduced: 59% (n=203)
- No: 9% (n=3)
- Never used: 39% (n=133)

**CIGARETTES**
- Yes, reduced: 22% (n=75)
- No: 1% (n=4)
- Never used: 75% (n=259)

**CAFFEINE**
- Yes, reduced: 81% (n=278)
- No: 6% (n=20)
- Never used: 12% (n=40)

Missing n=6

Since you found out you were pregnant, have you reduced your use of ALCOHOL? (n=345)

Since you found out you were pregnant, have you reduced your use of CIGARETTES? (n=345)

Since you found out you were pregnant, have you reduced your use of CAFFEINE? (n=345)
ETHNICITY

The role of ethnic differences in pregnancy was explored in detail. White participants were more likely to be married than black participants which indicates an overlap in marital and racial status (Tables 128-159). Seventy seven percent of the participants were married to same race spouses. The couple’s ethnicity was related to summary measures. Black couples reported less command support. Hispanic couples report more discrimination and greater psychological distress.

White participants were more likely officers and noncommissioned officers which indicates socioeconomic differences among the different racial groups. Blacks comprise 30% of the enlisted sample, but only 10% of the officer sample. Only 5% of the black participants report graduate education compared to 17% of the white participants.

Although ethnic status alone did not predict work related outcomes, ethnic status was related to marital status, rank, and education which were significantly related to outcomes. The effects of race on outcomes may be indirect. Covariance modeling techniques may provide a better test of ethnic differences in pregnancy compared to traditional correlation, regression, and Multivariate analyses. Further analyses are warranted.
Ethnicity

EVANS5.PRS
V. Ethnicity

<table>
<thead>
<tr>
<th>Grade</th>
<th>Table #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-1 - E-4 B</td>
<td>128</td>
<td>54</td>
</tr>
<tr>
<td>E-1 - E-4 P</td>
<td>129</td>
<td>54</td>
</tr>
<tr>
<td>E-5 - E-9 B</td>
<td>130</td>
<td>54</td>
</tr>
<tr>
<td>E-5 - E-9 P</td>
<td>131</td>
<td>54</td>
</tr>
<tr>
<td>Company Grade &amp; Warrant Officers B</td>
<td>132</td>
<td>54</td>
</tr>
<tr>
<td>Company Grade &amp; Warrant Officers P</td>
<td>133</td>
<td>54</td>
</tr>
<tr>
<td>Field Grade Officers B</td>
<td>134</td>
<td>55</td>
</tr>
<tr>
<td>Field Grade Officers P</td>
<td>135</td>
<td>55</td>
</tr>
<tr>
<td>Enlisted</td>
<td>136</td>
<td>55</td>
</tr>
<tr>
<td>Officer</td>
<td>137</td>
<td>55</td>
</tr>
<tr>
<td>White Enlisted/Officer P</td>
<td>138</td>
<td>55</td>
</tr>
<tr>
<td>Black Enlisted/Officer P</td>
<td>139</td>
<td>55</td>
</tr>
<tr>
<td>Hispanic Enlisted/Officer P</td>
<td>140</td>
<td>56</td>
</tr>
<tr>
<td>Asian Enlisted/Officer P</td>
<td>141</td>
<td>56</td>
</tr>
<tr>
<td>Other Enlisted/Officer P</td>
<td>142</td>
<td>56</td>
</tr>
<tr>
<td>Enlisted and Officer B</td>
<td>143</td>
<td>56</td>
</tr>
<tr>
<td>Enlisted and Officer P</td>
<td>144</td>
<td>56</td>
</tr>
</tbody>
</table>

b. EDUCATION (HIGHEST LEVEL)

<table>
<thead>
<tr>
<th>Education</th>
<th>Table #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Diploma B</td>
<td>145</td>
<td>57</td>
</tr>
<tr>
<td>Some College B</td>
<td>146</td>
<td>57</td>
</tr>
<tr>
<td>College Graduate B</td>
<td>147</td>
<td>57</td>
</tr>
<tr>
<td>Graduate Work B</td>
<td>148</td>
<td>57</td>
</tr>
<tr>
<td>All Ethnic groups by Highest Education Level B</td>
<td>149</td>
<td>57</td>
</tr>
<tr>
<td>All Education Levels by Ethnic groups B</td>
<td>150</td>
<td>57</td>
</tr>
</tbody>
</table>

c. MARTIAL STATUS

<table>
<thead>
<tr>
<th>Martial Status</th>
<th>Table #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Mothers B</td>
<td>151</td>
<td>58</td>
</tr>
<tr>
<td>White Mothers P</td>
<td>152</td>
<td>58</td>
</tr>
<tr>
<td>Black Mothers B</td>
<td>153</td>
<td>58</td>
</tr>
<tr>
<td>Black Mothers P</td>
<td>154</td>
<td>58</td>
</tr>
<tr>
<td>Hispanic Mothers B</td>
<td>155</td>
<td>58</td>
</tr>
<tr>
<td>Hispanic Mothers P</td>
<td>156</td>
<td>58</td>
</tr>
<tr>
<td>Asian Mothers B</td>
<td>157</td>
<td>59</td>
</tr>
<tr>
<td>Other Mothers B</td>
<td>158</td>
<td>59</td>
</tr>
<tr>
<td>Asian/Other Mothers P</td>
<td>159</td>
<td>59</td>
</tr>
</tbody>
</table>

B = Bar chart
P = Pie chart
Highest Level of Education by Ethnicity

High School Diploma

- White: 60.3%
- Black: 26.4%
- Asian: 5.9%
- Hispanic: 5.9%
- Other: 1.5%

Highest Level of Education by Ethnicity

Some College

- White: 56.6%
- Black: 32.9%
- Asian: 7.8%
- Hispanic: 2.6%
- Other: 0.7%

Highest Level of Education by Ethnicity

College Graduate

- White: 73.8%
- Black: 16.6%
- Asian: 4.2%
- Hispanic: 4.2%
- Other: 1.4%

Highest Level of Education by Ethnicity

Graduate Work

- White: 78.2%
- Black: 8.7%
- Hispanic: 2.2%
- Asian: 8.7%
- Other: 2.2%
Marital Status by Ethnicity

Asian Mothers (n = 12)

Other Mothers (n = 7)

Marital Status by Ethnicity
TURNOVER

This section of the technical report addressed objective D of the study proposal: to investigate career choices, intentions, and planning with respect to pregnancy. Career intentions data is organized and discussed in the following order: prior to pregnancy turnover intentions, current pregnancy turnover intentions, and longitudinal turnover intentions. Descriptive and summary information is provided in Tables 160-173.

Prior to pregnancy, 64% of the participants intended to stay in military service. Since participants became pregnant, 58% intended to stay in military service. Longitudinally (prior to pregnancy and currently), 72% did not change their turnover intentions. For the 29% of the participants who changed their turnover intentions, 80% decided to leave earlier and 20% decided to stay longer.

Prior and current turnover intentions (planned to stay) had similar relationships with demographics and summary measures. Prior and current turnover intentions (planned to stay) were positively related to education, rank, and tenure. Married and divorced participants were more likely to plan to stay in the military. Navy personnel were more likely to plan to stay in the military. Homeowners were more likely to plan to stay in the military. Prior and current turnover intentions (planned to stay) were positively related to command, coworker, and pregnancy profile support, prior command climate and performance, morale, and commitment. Prior and turnover intentions were inversely related to psychological distress.

Officers, college graduates, older, homeowner, and Navy personnel were the demographic characteristics of the participants who did not change their turnover intentions and planned to stay in the military (Tables 174-179). Changed turnover intentions were positively related to increased psychological distress and less favorable work climate/experiences (Tables 180-187).

A comparison of changed and unchanged turnover intentions and whether the participant planned to stay or leave and the relationship with summary measures is provided in Tables 188-191. Participants who planed to leave reported greater psychological distress and less favorable work climate/experiences. Participants who planned to stay reported greater psychological well-being and a favorable work climate/experiences.

In order to assess the causal nature between turnover intentions and outcomes, longitudinal data collection and analysis was needed. The follow-up questionnaire and delivery outcome log data provided the longitudinal component of this study. Subsequent sections of this technical report address longitudinal issues.
Turnover

EVANS6.PRS
VI. Turnover

<table>
<thead>
<tr>
<th>Intentions: Demographics - Positively related</th>
<th>Table #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intentions: Summary Measures - Positively &amp; Inversely related</td>
<td>170</td>
<td>64</td>
</tr>
</tbody>
</table>

b. CURRENT PREGNANCY

<table>
<thead>
<tr>
<th>Intentions since pregnant: Leave early - Stay &gt; 20 yrs</th>
<th>Table #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intentions since pregnant: Leave/Stay/Missing</td>
<td>172</td>
<td>65</td>
</tr>
<tr>
<td>Intentions Demographics - Positively related</td>
<td>174</td>
<td>65</td>
</tr>
<tr>
<td>Intentions Summary Measures - Positively &amp; Inversely related</td>
<td>175</td>
<td>65</td>
</tr>
</tbody>
</table>

c. LONGITUDINAL (Intentions)

1. Before & After Pregnancy

<table>
<thead>
<tr>
<th>Stay longer/Leave early/No change</th>
<th>Table #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change/No change</td>
<td>176</td>
<td>65</td>
</tr>
</tbody>
</table>

2. Prior & Present

<table>
<thead>
<tr>
<th>Stay/Leave (w/missing)</th>
<th>Table #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics &amp; Summary Measures (Leave/Stay)</td>
<td>178</td>
<td>66</td>
</tr>
</tbody>
</table>

3. Change in intentions

<table>
<thead>
<tr>
<th>Plan to Stay Longer/Plan to Leave Earlier</th>
<th>Table #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay Longer</td>
<td>180</td>
<td>66</td>
</tr>
<tr>
<td>Leave Earlier</td>
<td>181</td>
<td>66</td>
</tr>
<tr>
<td>Change/No Change w/Demographics</td>
<td>183</td>
<td>66</td>
</tr>
<tr>
<td>Stay Longer/Leave Earlier w/Demographics</td>
<td>184</td>
<td>67</td>
</tr>
<tr>
<td>Summary Measures</td>
<td>185</td>
<td>67</td>
</tr>
<tr>
<td>Summary Measures: No Change/Leave earlier/Stay longer (w/missing)</td>
<td>Table #</td>
<td>Page #</td>
</tr>
<tr>
<td>Change Intentions Summarized: Change/No Change</td>
<td>186</td>
<td>67</td>
</tr>
</tbody>
</table>

4. No Change in intentions

<table>
<thead>
<tr>
<th>Plan to Stay &gt; 20 yrs - Plan to Leave</th>
<th>Table #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan to Stay/Plan to Leave</td>
<td>188</td>
<td>67</td>
</tr>
<tr>
<td>Demographics: Leave/Stay</td>
<td>189</td>
<td>67</td>
</tr>
<tr>
<td>Summary Measures: Leave/Stay</td>
<td>190</td>
<td>68</td>
</tr>
</tbody>
</table>

Summary Measures: Leave/Stay | 191     | 68    |

B = Bar chart, P = Pie chart
Turnover Prior to pregnancy
(n = 345)

Current Turnover Intentions

"Prior to pregnancy, I planned to leave at end of enlistment" (n = 345)

Current Turnover Intentions

"Prior to pregnancy, I planned to reenlist, undecided about career" (n = 345)
Prior to pregnancy, I planned to stay 20 years (n = 345)

Prior to pregnancy, I planned to stay > 20 years (n = 345)

Prior to pregnancy, I planned to stay 20 years (n = 108)

Prior to pregnancy, I planned to stay > 20 years (n = 18)

Prior turnover intentions: Demographics

1 = Leave end of enlistment
2 = Reenlist, undecided about career
3 = Stay 20 years
4 = Stay > 20 years

Positively related to:
- Command Support
- Pregnancy Profile Support
- Coworker Support
- Prior Climate
- Prior Performance
- Morale
- Commitment
- Education
- Grade
- Tenure
- Married & Divorced, more likely to stay
- Navy more likely to stay than Army
- Homeowners more likely to stay than renters

Inversely related to:
- Stress
- Interpersonal Sensitivity
- Paranoid Ideation
- Depression
- Psychoticism
- Anxiety
- Trauma
- Hostility
- GSI

Prior turnover intentions: Summary Measures

Positively related to:
- Education
- Grade
- Tenure
- Married & Divorced
- Navy
- Homeowners

Inversely related to:
- Stress
- Interpersonal Sensitivity
- Paranoid Ideation
- Depression
- Psychoticism
- Anxiety
- Trauma
- Hostility
- GSI
"Since I became pregnant"  
(n = 345)

Present turnover intentions: Demographics

1 = Leave before end of enlistment  
2 = Leave end of enlistment  
3 = Reenlist, Career undecided  
4 = Stay 20 years  
5 = Stay > 20 years

Positively related to:
- Education  
- Grade  
- Tenure  
- Navy more likely to stay than Army  
- Homeowners more likely to stay than renters  
- Fewer pregnant women in your unit

Positively related to:
- Command Support  
- Pregnancy Profile Support  
- Coworker Support  
- Prior Climate  
- Work

Inversely related to:
- Harassment  
- Stress  
- Somatization  
- Interpersonal Sensitivity  
- Depression  
- Somatization  
- Phobic Anxiety  
- Paranoid Ideation  
- Paranoia  
- Trauma  
- GSI

Turnover: Longitudinal (Before and after pregnancy)  
(n = 338)

No change in turnover/intention intentions  
71.6%

Change in turnover/intention intentions  
18.6% leave early  
(n = 67)  
20.4% stay longer  
(n = 29)
Turnover intentions: Prior and Present (n = 345)

Intend to Stay: 57.7%
- E2-E4 Officers
- Intend to Stay Less than 5 years: 67.7%
- Army
- Intend to Stay More than 5 years: 32.3%
- Navy

Intend to Leave: 40.3%
- High School College Graduates
- Renters
- More Pregnant Women in Unit
- Older Age
- Sources of Stress
- Somaticization
- OBSC
- Interpersonal Sensitivity
- Depression
- Anxiety
- Hostility
- Phobic Anxiety
- Paranoid Ideation
- Psychosis
- Trauma
- GSI

Demographics & Summary Measures (n = 242)

STAY
- Officers
- More than 5 years
-更高的
- College Graduates
- Households
- Fewer pregnant women in unit
- Older age
- Command Support
- Pregnancy Profile Support
- Coworker Support
- Prior Climate
- Performance
- Prior Performance
- Morale
- Commitment
- Pregnant Timing/Military Career

STAY LONGER
- Command Support
- Pregnancy Profile Support
- Transition - Work
- Coworker Support
- Prior Climate
- Performance
- Morale
- Commitment
- Pregnancy Timing

Changed turnover intentions

LEAVE EARLIER
- Command Support
- Pregnancy profile support
- Transition - Work
- Discrimination/Harass
- Coworker Support
- Prior Climate
- Performance
- Coping
- Morale
- Commitment

- Time Freg Military Career
- Somaticization
- OBSC
- Internal Sensitivity
- Depression
- Anxiety
- Hostility
- Paranoid Ideation
- Psychosis
- Trauma
- GSI

CHANGE INTENTIONS
- No Change
- Change Intentions

Change in turnover intentions:
Demographics (n = 338)

LEAVE
- Enlisted / NCO
- Short Tenure
- High School Graduate
- Age (Younger)

STAY
- Officers
- Longer Tenure
- College Graduate
- Age (Older)
No change in turnover/retention intentions (n=242, 71.6 %)

- Plan to stay 20 years: 36% (n=87)
- Plan to stay > 20 years (n=15): 6%
- Plan to reenlist, undecided about career: 28% (n=73)
- Plan to leave: 30% (n=73)

No change in turnover/retention intentions (n=242, 71.6 %)

- Plan to stay 71% (n=170)
- Plan to leave 30% (n=73)
No change in turnover intentions:
Demographics (n = 242)

<table>
<thead>
<tr>
<th>LEAVE</th>
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<tbody>
<tr>
<td>(E2 - E4) Enlisted Officers</td>
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<tr>
<td>Shorter Tenure Navy</td>
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<tr>
<td>Army College Graduate</td>
<td>College Graduate</td>
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<tr>
<td>High School Graduate Home Owners</td>
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<tr>
<td>Apartment</td>
<td>Age (Younger)</td>
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<tr>
<td>Age (Older)</td>
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</tr>
</tbody>
</table>

+ Stress + Command Support
+ Somaticism + Pregnancy Profile Support
+ Obsessive Compulsive + Transition - Work
+ Interpersonal Sensitivity + Coworker Support
+ Depression + Prior Climate
+ Anxiety + Performance
+ Hostility + Prior Performance
+ Phobic Anxiety + Morale
+ Paranoid Ideation + Commitment
+ Psychoticism + |
+ Trauma + GSI
PREGNANCY PLANNING AND TIMING

Pregnancy planning and timing issues were analyzed in the context of demographic variables and summary measures. A draft manuscript describing the hypotheses and results follows. This section addresses objective E in the study proposal.

The primary purpose of this paper was to assess the effects of pregnancy planning and timing on work climate/experiences, psychological well-being, performance, and retention in the military.

Timing of pregnancy is defined as whether the pregnancy was planned, if the pregnancy happened in the time frame planned and whether or not there is a good time in a career to become pregnant. Work climate/experiences are defined as pregnancy support, presence of workplace discrimination-harassment, supervisor support, and coworker support. A better understanding of the relationship between pregnancy timing and work experiences may benefit organizations through policy that 1) reduces stress; 2) reduces the number of lost work days; 3) improves or maintains performance and morale 4) enhances retention of women following pregnancy and; 5) reduces negative delivery outcomes.

ADDITIONAL BACKGROUND

A DIALOG computer text search of the social science, business, and health services literature revealed a lack of research investigating pregnancy timing in relationship to women’s careers and other work related variables such as performance, turnover, work climate, and psychological well-being. Most of the research about pregnancy timing focuses on unintended pregnancy and its personal and societal consequences.

Forrest (1994) argues that unintended pregnancies have great personal and social consequences. Forrest (1994) investigated unintended pregnancy and found that half of all pregnancies in the United States were unintended and that half of those were terminated in abortions. Three out of four unintended pregnancies were aborted by unmarried women. Glenn and Moore (1988) reported that 91% of pregnancies reported among unmarried sailors were unplanned, but that only 17% were terminated in abortion. Kruger (1979) found that unplanned pregnant Air Force women were more likely to be black, single, and to have proportionately more medical complications. Thomas & Lawson (1989) and Trindle & Pass (1991) investigated the role of sex education, birth control use and unintended pregnancy. Trindle & Pass (1991) inferred that unplanned pregnancy was a manpower and performance issue, but did not collect data to substantiate hypotheses.

Neglected from the literature is an assessment of the frequency in which women plan their pregnancies to occur in conjunction with their careers and the factors that contribute to pregnancy timing. Absent from the literature is an assessment of the relationships among pregnancy planning, timing in career, and when the pregnancy...
actually occurred. We know little about how women plan their pregnancies in relation to their careers and how often planning results in pregnancy occurring in the time frame planned. Pregnancy planning, timing of pregnancy in career, and whether the pregnancy occurred in the time frame planned may be instrumental in differentiating the effects of pregnancy in the work place.

Pregnancy affects women and the organizations they work in. Work related issues for pregnant women and their organizations examined in this paper are stress and psychological well-being, performance and loss of work hours, work climate, and turnover.

HYPOTHESES

Several hypotheses were generated and tested in this study regarding demographics, pregnancy timing and outcomes. Marital status, age, education, rank and housing arrangements are complex and overlapping indices of stability, maturation, experience, and responsibility. Marriage reflects a more stable and acceptable lifestyle in American society to become pregnant. Young women are not as experienced, prepared, or mature as older women and may be less able to manage pregnancy and work. Formal education may better prepare and/or prevent women from unplanned pregnancy. Rank in the military differentiates people with respect to responsibility and socioeconomic status. A college education is a prerequisite for officers, but not enlisted members. For this reason, officers tend to be older and better educated than enlisted members. Where people live reflects their socioeconomic status and stability. Different cultural norms are present among racial groups and may impact pregnancy timing. Hypotheses about demographics and pregnancy timing follow:

Hypotheses: Married, older, better educated, higher ranking, home owning women are more likely to plan their pregnancies and believe there is a good time in a career to become pregnant.

Hypotheses: There are racial differences in pregnancy planning and beliefs about timing of pregnancy in career.

Pregnancy planning, when pregnancy occurs, and timing in career may impact individual perceptions of the work climate/experiences, psychological well-being, transition difficulty, performance, and turnover intentions. Women who plan their pregnancies may be better prepared and continue to work without interruption or interference. Coworkers and supervisors may be more supportive of women with planned pregnancies. Planning may prepare women psychologically and prevent stress, depression, and decrements to performance. Women who plan and time their pregnancies may be better prepared to stay in the organization. Hypotheses about pregnancy timing and outcomes follow:

Hypotheses: Women who plan their pregnancies, women who have their pregnancy occur in the time frame planned, and women who believe there is a good time in a career to become pregnant
* perceive better coworker support, command support, pregnancy medical profile support and less harassment at work.
* experience less transition difficulty and psychological distress.
* are less likely to leave the organization
* put effort into their work performance

Demographic characteristics and pregnancy timing may jointly affect outcomes. Multivariate models were explored based on univariate results.

RESULTS

Frequency distributions and descriptive information are provided in Tables 192-240.

Univariate and Multivariate statistical techniques were used to test the relationships among the demographic variables, pregnancy timing measures and outcome variables. There were three stages of data analysis. First, the relationships among the demographic variables and pregnancy planning and timing measures were assessed. Second, the relationships among the pregnancy timing and outcome measures were analyzed. Finally, the joint effects of demographics and pregnancy timing on outcomes were examined.

Descriptive Characteristics of the Sample

Of the 345 participants 22% were in their first trimester of pregnancy, 32% were in their second trimester, and 46% were in their third trimester. Forty seven percent were experiencing their first pregnancy. The mean age of participants was 27 with a range of 18 to 41 years. Seventy six percent of the participants were married and 53.2% were married to another service member. Sixty four percent of the participants were white. The highest education level of the participants was diverse, 20.3% have high school diplomas, 45.2% completed some college, 20.9% were college graduates, and 13.6% completed some graduate work. Seventy five percent of the participants were enlisted. Thirty eight percent of the subjects own their own homes.

Overall, participants reported that 55.4% of their pregnancies were planned. Fifty one percent didn’t believe that there was a good time to become pregnant in a military career. Fifty two percent of the participants that planned their pregnancies, believe there is a good time in a career to become pregnant. Seventy six percent of the participants that planned their pregnancies, had their pregnancy occur in the time frame planned.

Demographics: Pregnancy Planning and Career Timing

Population proportion tests between groups was the univariate statistical technique used and logistic regression was the Multivariate statistical approach used to assess potential demographic differences in pregnancy planning and career timing. Results are summarized on pages 89 and 90.

Univariate results. Officers were more likely than enlisted participants to plan their pregnancies. Sixty five percent of the unplanned pregnancies were junior enlisted participants. Eighty one percent of the officers plan their pregnancies. Officers were more likely than enlisted participants to believe there is a good time in a military career to become pregnant.

Married participants were more likely than single, separated, or divorced participants to plan their pregnancies. Ninety one percent of the planned pregnancies were married participants. Eighty
three percent of the single participants had unplanned pregnancies. Married participants were more likely than single participants to believe there is a good time in a military career to become pregnant. Whites were more likely than blacks to plan their pregnancies. “Other” racial group members were more likely than all other racial groups to plan their pregnancies. There were no significant racial differences in beliefs about pregnancy timing in career.

There was no difference between 32 year olds and participants who were 27-31 years old. Older participants were more likely to plan their pregnancies than younger participants. There were no significant age differences in beliefs about pregnancy timing in career.

There was no difference in pregnancy planning or career timing between participants who were college graduates and those participating in graduate work. College graduates were more likely to plan their pregnancies than participants who completed some college or who were high school graduates. College graduates were more likely to believe that there is a good time in a career to become pregnant than participants who completed some college or who were high school graduates.

Fifty percent of the participants who planned their pregnancies were home owners. Seventy four percent of the participants who own their homes had planned pregnancies. Home owners were more likely to plan their pregnancies than participants who lived in military housing, rented homes, or rented apartments. Home owners were more likely to believe there is a good time in a military career to become pregnant than participants who lived in military housing or rented apartments.

Participants who planned their pregnancies, planned them to occur while in a staff position (22%), before a move (16.2%), after a move (18.3%) or after a military school (15.2%), and when located in the continental United States (51%). Participants who believe there is a good time in a military career to become pregnant indicated that good times were while in a staff position (37.3%), before a move (34.6%), after a military school (35.3%) and when located in the continental United States (53%).

Multivariate Results. Logistic regression was used to analyze potential redundancies and predictive strength of the demographic variables in pregnancy planning and timing. Demographic variables were entered into the analysis based on the univariate results and theoretical judgement. Results are listed in Table 4.

Logistic regression results indicate that rank, marital status, and housing were significant predictors of pregnancy planning as indicated by significant Chi-square tests and estimates of: -1.46 (p=.02), 1.37 (p=.03) and -0.71 (p=.04). The negative coefficient for rank indicated that enlisted participants were more likely to have unplanned pregnancies than officers. Married participants were more likely to have planned pregnancies. Apartment dwellers were more likely to have unplanned pregnancies.

Logistic regression results indicate that rank was the only significant predictor of whether there is a good time in a military career to become pregnant (-1.32, p=.002). The negative coefficient indicates that junior enlisted participants were less likely to believe that there is not a good time in a career to become pregnant.

Pregnancy Planning/Timing: Work Climate, Performance, Turnover, Transition and Well-being

Analysis of variance was the primary univariate and Multivariate method used to assess relationships between the categorical pregnancy planning/timing measures and continuous outcome measures. Results are reported in Table 5.
Work experiences and climate. Results indicate that participants who planned their pregnancies reported higher levels of command support, coworker support, and pregnancy profile support. Participants who believe there is a good time during a career to become pregnant reported higher levels of command support, pregnancy profile support, and lower levels of harassment-discrimination. Participants who had their pregnancies occur in the time frame planned reported higher levels of command support, coworker support, and pregnancy profile support.

Performance. Participants who planned their pregnancies, reported higher levels of performance. Participants who had their pregnancies occur in the time frame planned, reported higher levels of performance.

Turnover. Participants who did not believe there is a good time during a career to become pregnant, were more likely to plan to leave the organization. Participants who did not have their pregnancies occur in the time frame planned, were more likely to plan to leave the organization.

Transition Difficulty. Participants who had their pregnancies occur in the time frame planned, reported less Work Transition Difficulty.

Psychological well-being (BSI). Participants with unplanned pregnancies reported higher numbers of psychological symptoms and degree of severity on the General Severity Index (GSI) and each of the nine subscales of the BSI. Participants who did not have their pregnancies occur in the time frame planned, reported higher numbers of psychological symptoms and degree of severity on the GSI and each of the nine subscales of the BSI. There were no significant differences in beliefs about pregnancy timing in career and psychological symptoms.

Multivariate results. The three pregnancy planning and timing measures were entered simultaneously into Analysis of Variance procedures with each outcome variable. Results are listed in Table 6. Results are presented in the following order: command climate/experiences, transition difficulty, performance, turnover, and psychological well-being.

Pregnancy planning, timing, and career timing had significant main effects on command support and the three way interaction was significant. Pregnancy planning, timing, and timing in career had significant main effects on pregnancy support; the interaction between planning and timing was significant; and the three way interaction was significant. Pregnancy planning had a significant main effect on coworker support. Pregnancy timing and career timing did not have significant main effects on coworker support. Timing in career had a significant main effect on harassment-discrimination. Pregnancy planning and timing were not significant predictors of harassment-discrimination.

Pregnancy planning was the only significant main effect on performance. Timing in military career had a significant main effect on turnover. Timing in military career and if the pregnancy occurred in the time frame planned interacted to predict turnover.

Pregnancy planning and having the pregnancy occur in the time frame planned had significant main effects and interaction in transition difficulty at work. Pregnancy planning and timing interacted to predict spouse transition difficulty. The three way interaction among the pregnancy planning and timing measures was significantly related to spouse transition difficulty.

Pregnancy planning had a significant main effect on psychological well-being. The interactions between pregnancy planning and timing and between timing and timing in career were significantly related to psychological well-being.
 DEMOGRAPHICS, PREGNANCY TIMING AND OUTCOMES

Demographic and pregnancy planning/timing effects on outcomes were assessed using Analysis of Variance. Because pregnancy timing was the focus of the study, the three pregnancy timing measures and their interactions were analyzed first and were followed by the entry of the demographic variables. Rank, marital status, and housing were the demographic variables selected based on their significant relationship with pregnancy timing measures. Interactions among demographic variables and pregnancy timing measures were analyzed when significant main effects were present. Results are summarized in Table 7.

Pregnancy timing measures and demographics had mixed effects on work climate/experiences measures. Pregnancy planning, timing, timing in career, rank, and marital status had significant main effects on command support during pregnancy. Two significant interactions were found between pregnancy timing and rank and between pregnancy timing and marital status. Three significant three way interactions were found among pregnancy planning, timing, and timing in career; pregnancy planning, timing, and rank; and pregnancy timing, timing in career, and marital status.

Pregnancy planning and rank had significant main effects on coworker support during pregnancy. The interaction was not significant. Pregnancy planning, timing, timing in career, and grade had significant main effects on pregnancy support at work. Two significant interactions were found between pregnancy planning and timing and pregnancy timing and grade. The three way interaction among pregnancy planning, timing, and timing in career was significant.

Pregnancy timing in career and rank had significant main effects on presence of harassment and discrimination in the workplace. The interaction between timing in career and marital status was significant.

Pregnancy planning and rank had significant main effects on performance. The interaction was not significant. Pregnancy planning, pregnancy timing, timing in career and rank had significant main effects on turnover. The interaction between pregnancy timing and timing in career was significant.

Pregnancy timing measures and demographics had mixed effects on pregnancy transition difficulty measures. Pregnancy planning, timing, and rank had significant main effects on work transition difficulty. The interaction between pregnancy planning and timing was significant.

Marital status had a significant main effect on spouse transition difficulty. The interaction between pregnancy planning and timing and the three way interaction among the pregnancy timing measures were significant.

Pregnancy planning and rank had significant main effects on psychological well-being. The interactions between pregnancy planning and timing and between pregnancy timing and timing in career were significant.

Tukey's Studentized Range tests were performed on significant categorical predictor variables to determine which groups were significantly different. Results are reported in Table 8.

Participants who planned their pregnancies; had their pregnancy occur in the time frame planned and; believed there was a good time in a career to become pregnant, reported greater command support. In terms of marital status, separated individuals reported significantly less command support than all other marital groups. Junior enlisted participants reported less command
support than all other rank groups. Participants who planned their pregnancies reported significantly greater coworker support. Participants who planned their pregnancies, had their pregnancy occur in the time frame planned, and believed there was a good time in a career to become pregnant reported greater pregnancy support. Junior enlisted participants reported less pregnancy support than all other ranks. Participants who believed there was a good time in a military career to become pregnant reported less harassment-discrimination. In terms of marital status, separated individuals reported greater harassment-discrimination than divorced participants. Junior enlisted participants reported greater harassment-discrimination than all other rank groups.

Participants who planned their pregnancies and had their pregnancy occur in the time frame planned, reported less work transition difficulty. Junior enlisted participants reported greater work transition difficulty than noncommissioned officers. Married participants reported less spouse transition difficulty than single or divorced participants.

Participants who planned their pregnancies reported greater performance. Junior enlisted participants reported less performance than all other ranks. Participants who planned their pregnancies, had their pregnancy occur in the time frame planned, and believed there was a good time in a career to become pregnant reported greater intentions to stay in the organization. Junior enlisted participants were more likely to plan to leave the military.

Participants who planned their pregnancies and had their pregnancy occur in the time frame planned, reported significantly greater psychological well-being. Junior enlisted participants reported greater psychological symptoms and severity than all other ranks.
Pregnancy Timing

EVANS7.PRS
## VII. Pregnancy Planning & Timing

### a. PLANNING

1. **Frequencies**
   - Pregnancy planned: Yes/No \( P \) 192 80
   - Pregnancy planned: Positively related 193 80
   - Pregnancy unplanned: Positively related 194 80

2. **Grade**
   - Grade groups by Planned/Unplanned \( B \) 195 80
   - Planned/Unplanned by Grade groups \( B \) 196 80
   - Enlisted/Officer by Planned/Unplanned \( B \) 197 80
   - Planned/Unplanned by Enlisted/Officer \( B \) 198 81

3. **Tenure**
   - <1 yr/1-5 yrs/6-10 yrs/11-15 yrs/16-20 yrs by Planned/Unplanned \( B \) 199 81

4. **Martial Status**
   - Planned/Unplanned by Marital Status \( B \) 200 81
   - Marital Status by Planned/Unplanned \( B \) 201 81

5. **Spouse Active Duty (AD) Status**
   - Planned/Unplanned by Spouse’s AD Status \( B \) 202 81
   - Spouse’s AD Status by Planned/Unplanned \( B \) 203 81

6. **Ethnicity**
   - Ethnicity by Planned/Unplanned \( B \) 204 82
   - Spouse’s Ethnicity by Planned/Unplanned \( B \) 205 82

7. **Housing**
   - Planned/Unplanned by Type Housing \( B \) 206 82
   - Type Housing by Planned/Unplanned \( B \) 207 82

### b. TIMING

1. **Frequencies**
   - Happened in Planned Time Frame: Yes/No \( P \) 208 82
   - Happened in Planned Time Frame: Positively related 209 82
   - Did Not Happen in Planned Time Frame: Positively related 210 82
   - Unplanned/Planned & in time frame/Planned but not in time frame \( B \) 211 83
   - Planned & in Time Frame/Planned but not in time frame \( B \) 212 83
### VII. Pregnancy Planning & Timing (continuation)

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<td>B 220</td>
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</table>

### c. TIMING OF PREGNANCY IN MILITARY CAREER

#### 1. Frequencies

- Good Time, in military career, to become pregnant: Yes/No P 221 84
- Yes, there is a good time in military career to become pregnant: Positively related 222 85
- No, no good time in military career to become pregnant: Positively related 223 85
- Unplanned/Planned & there is a good time in military career/Planned but there is no good time in military career B 224 85
- Planned & there is a good time in military career/Planned but there is no good time in military career B 225 85
- Happened in time frame & there is a good time in military career/Happened in time frame but there is not a good time in career/There is a good time in military career but did not happen in planned time frame/neither B 226 85
VI. Pregnancy Planning & Timing (continuation)

<table>
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<tr>
<th>Event</th>
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<td>227 85</td>
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</table>

2. Grade

Grade groups by Is there a good time during military career to become pregnant: Yes/No B 228 86
Enlisted/Officer by Is there a good time during military career to become pregnant: Yes/No B 229 86

3. Tenure

<1 yr/1-5 yrs/6-10 yrs/11-15 yrs/16-20 yrs by Is there a good time during military career to become pregnant: Yes/No B 230 86

4. Marital Status

Status by Is there a good time in military career to become pregnant: Yes/No B 231 86

5. Ethnicity

Ethnic groups by “Is there a good time in military career to become pregnant”: Yes/No B 232 86

c. TIMING/TYPE ASSIGNMENT BEST TO BECOME PREGNANT

Timing of Pregnancy: (PLAN) Planned pregnancy to occur during . . . (WHEN) Yes, there is a good time during a military career to become pregnant B 233 86
Planned pregnancy to occur during... (n=345) B 234 87
Planned pregnancy (n=191) B 235 87
There is a good time during military career to become pregnant (n=345) B 236 87
There is a good time during military career to become pregnant (n=153) B 237 87
Pregnancy happened in planned time frame AND planned to occur during...(n=155) B 238 87
Planned pregnancy AND There is a good time in military career to become pregnant (n=95) B 239 87
Planned pregnancy AND There is a good time in military career to become pregnant AND Pregnancy happened in planned time frame (n=74) B 240 88

B = Bar chart, P = Pie chart
"My pregnancy was planned"

Positively related to:
- Pregnancy Profile Support
- Command Support
- Prior Command Support
- Coworker Support
- Performance
- Prior Performance
- Transition - Spouse
- Coping

"My pregnancy was Planned"

Positively related to:
- Morale
- Plan to Stay (Prior)
- Education
- Age
- Grade
- Married
- Tenure
- Home Owners

"My pregnancy was Unplanned"

Positively related to:
- Turnover
- Stress
- Somatization
- Obsessive Compulsive
- Interpersonal Sensitivity
- Depression
- Anxiety
- Hostility
- Phobic Anxiety
- Paranoid Ideation
- Psychoticism
- Trauma
- General Severity Index

Military Grade and "My pregnancy was planned" (n = 343)

Military Grade and "My pregnancy was planned" (n = 343)
"My pregnancy was planned" and Military Grade (n = 343)

"My pregnancy was planned" and Marital Status (n = 343)

"My pregnancy was planned" and Spouse Active Duty (n = 310)

Tenure and "My pregnancy was planned" (n = 343)

Marital Status and "My pregnancy was planned" (n = 343)

Spouse Active Duty and "My pregnancy was planned" (n = 310)
Ethnicity and "My pregnancy was planned" (n = 339)

- White: 59% Planned, 41% Unplanned
- Black: 47% Planned, 53% Unplanned
- Hispanic: 60% Planned, 40% Unplanned
- Asian: 63.3% Planned, 36.7% Unplanned
- Other: 41.5% Planned, 58.5% Unplanned

Spouse's Ethnicity and "My pregnancy was planned" (n = 228)

- White: 64% Planned, 36% Unplanned
- Black: 50.7% Planned, 49.3% Unplanned
- Hispanic: 74% Planned, 26% Unplanned
- Asian: 65% Planned, 35% Unplanned
- Other: 47.5% Planned, 52.5% Unplanned

"My pregnancy was planned" and Housing (n = 335)

- Rent: 80% Planned, 20% Unplanned
- Military Apartment: 74% Planned, 26% Unplanned
- Rent: 80% Planned, 20% Unplanned

Housing and "My pregnancy was planned" (n = 228)

- Military: 63.3% Planned, 36.7% Unplanned
- Apartment: 62.5% Planned, 37.5% Unplanned
- Rent: 63.3% Planned, 36.7% Unplanned
- Own Home: 62% Planned, 38% Unplanned

"My pregnancy happened in planned time frame"

Positively related to:
- Pregnancy Profile Support
- Command Support
- Prior Command Support
- Coworker Support
- Performance
- Prior Performance
- Transition - Spouse
- Coping
- Morale
- Commitment

Transition - Work
- Plan to Stay
- Plan to Stay (Prior)
- Education
- Grade
- Married
- Tenure
- Home Owner
"My pregnancy didn't happen in planned time frame"
Positively related to:
- Stress
- Somatization
- Obsessive Compulsive
- Interpersonal Sensitivity
- Depression
- Anxiety
- Hostility
- Phobic Anxiety
- Paranoid Ideation
- Psychoticism
- Trauma
- General Severity Index
- Turnover

Pregnancy Planning and Time Frame
(n = 345)

Pregnancy Planning and Time Frame
(n = 185)

Military Grade and "My pregnancy happened in planned time frame"
(n = 334)

Military Grade and "My pregnancy happened in planned time frame"
(n = 334)

Tenure and "My pregnancy happened in planned time frame"
(n = 334)
Marital Status and "My pregnancy happened in planned time frame" (n = 334)

- Single: 5.6%
- Married: 91%
- Separated: 1.3%
- Divorced: 2%

Spouse Active Duty and Planned Time Frame (n = 301)

- Active: 51.9%
- Non-Active: 48.1%
- Other: 17.5%

Ethnicity and "My pregnancy happened in planned time frame" (n = 330)

- White: 43.9%
- Black: 57.9%
- Hispanic: 68.8%
- Asian: 50%
- Other: 33.3%

Housing and "My pregnancy happened in planned time frame" (n = 327)

- Military: 70.2%
- Apartment: 68.2%
- Rent Hm: 60.6%
- Own Hm: 68.9%

Is there a good time, in a military career, to become pregnant?

- Yes: 51%
- No: 44.3%
"Yes, there IS a good time in a military career to become pregnant"

Positively related to:
- Pregnancy Profile Support
- Command Support
- Transition - Spouse
- Coping
- Morale
- Plan to Stay
- Plan to Stay (Prior)
- Education
- Grade
- Tenure
- Married
- Homeowners

"No, there is NOT a good time in a military career to become pregnant"

Positively related to:
- Stress
- Paranoid Ideation
- Discrimination/Harassment
- Turnover
- Single

Pregnancy Planning and Military Career Timing

Pregnancy Planning and Military Career Timing (n=345)

<table>
<thead>
<tr>
<th>Planned</th>
<th>No Good Time</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>248</td>
<td>157</td>
<td>405</td>
</tr>
</tbody>
</table>

Pregnancy Planning and Military Career Timing (n=191)

<table>
<thead>
<tr>
<th>Planned</th>
<th>No Good Time</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>96</td>
<td>95</td>
<td>191</td>
</tr>
</tbody>
</table>

Pregnancy Time Frame and Military Career

Pregnancy Time Frame and Military Career (n=345)

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned</td>
<td>232</td>
</tr>
<tr>
<td>Not Planned</td>
<td>113</td>
</tr>
</tbody>
</table>

Pregnancy Planned, Pregnancy Time Frame and Military Career (n=191)

<table>
<thead>
<tr>
<th>Time Frame and Military Career</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned</td>
<td>367</td>
</tr>
<tr>
<td>Not Planned</td>
<td>53</td>
</tr>
</tbody>
</table>
Military Grade and "Is there a good time during a military career to become pregnant?" (n = 328)

Tenure and "Is there a good time during a military career to become pregnant?" (n = 328)

Marital Status and "Is there a good time during a military career to become pregnant?" (n = 328)

Ethnicity and "Is there a good time during a military career to become pregnant?" (n = 324)

Timing of Pregnancy:

A. I planned my pregnancy to occur during:
   - TDA assignment
   - Field assignment
   - CONUS
   - OCONUS
   - Before a military school
   - During a military school
   - After a military school
   - After a PCS
   - While in a leadership position
   - While in a staff position

B. Yes, there is a good time during a military career to become pregnant.
   - TDA assignment
   - Field assignment
   - CONUS
   - OCONUS
   - Before a military school
   - During a military school
   - After a military school
   - After a PCS
   - While in a leadership position
   - While in a staff position
"I planned my pregnancy to occur during..." (n = 345)

"My pregnancy was planned and I planned it to occur during..." (n=191)

"There is a good time during a military career to become pregnant" (n = 345)

"There is a good time in a military career to become pregnant..." (n=153)

"My pregnancy happened in the time frame I planned and I planned it to occur during..." (n=155)

"My pregnancy was planned and There is a good time in a military career to become pregnant..." (n=96)
"I planned my pregnancy. There is a good time in a military career to become pregnant, and my pregnancy happened when I planned." (n=74)
SUMMARY OF DEMOGRAPHICS AND PREGNANCY TIMING

1. Dependent Variable: Pregnancy Planning

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>Item</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank</td>
<td>Officer=1 enlisted=2</td>
<td>z=5.36 *</td>
</tr>
<tr>
<td>Marital status</td>
<td>Married=1 single=2</td>
<td>M-single z=6.89*</td>
</tr>
<tr>
<td></td>
<td>Separated=3 Divorced=4</td>
<td>M-separated z=2.39*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M-divorced z=2.91*</td>
</tr>
<tr>
<td>Race</td>
<td>White=1 Black=3</td>
<td>W-B: z=1.88*</td>
</tr>
<tr>
<td></td>
<td>Hispanic=3</td>
<td>O-W: z=2.14*</td>
</tr>
<tr>
<td></td>
<td>Other=4</td>
<td>O-B: z=2.91*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>O-H: z=2.82*</td>
</tr>
<tr>
<td>Age</td>
<td>a=32+ years b=27-31 years</td>
<td>a-b: NS</td>
</tr>
<tr>
<td></td>
<td>c=23-26 years d=18-22</td>
<td>a/b-c: z=2.64*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a/b-d: z=4.21*</td>
</tr>
<tr>
<td>Education</td>
<td>3=high school</td>
<td>5-6: NS</td>
</tr>
<tr>
<td></td>
<td>4=some college</td>
<td>5/6-4: z=3.53*</td>
</tr>
<tr>
<td></td>
<td>5=college graduate</td>
<td>5/6-3: z=5.24*</td>
</tr>
<tr>
<td></td>
<td>6=graduate work</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td>1=military housing</td>
<td>4-1: z=4.47*</td>
</tr>
<tr>
<td></td>
<td>2=apartment</td>
<td>4-2: z=5.27*</td>
</tr>
<tr>
<td></td>
<td>3=renters</td>
<td>4-3: z=2.33*</td>
</tr>
<tr>
<td></td>
<td>4=home owners</td>
<td></td>
</tr>
</tbody>
</table>

2. Dependent Variable: Pregnancy Timing in Career

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>Item</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank</td>
<td>Officers=2 enlisted=1</td>
<td>z=2.35, p=.05</td>
</tr>
<tr>
<td>Marital status</td>
<td>Married=1 single=2</td>
<td>single z=1.87, p=.05</td>
</tr>
<tr>
<td></td>
<td>Separated=3 Divorced=4</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td>Education</td>
<td>3=high school</td>
<td>5-6: NS</td>
</tr>
<tr>
<td></td>
<td>4=some college</td>
<td>5/6-4: z=2.17</td>
</tr>
<tr>
<td></td>
<td>5=college graduate</td>
<td>5/6-3: z=3.48</td>
</tr>
<tr>
<td></td>
<td>6=graduate work</td>
<td></td>
</tr>
</tbody>
</table>

| Housing       | 1=military housing | 4-1: z=2.11          |
|              | 2=apartment       | 4-3: z=2.95         |
|              | 3=renters         |
|              | 4=home owners     |

* p=0.05  
NS-nonsignificant
### Multi Variate Results of Demographics and Pregnancy Timing

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Independent Variable</th>
<th>Estimate</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy Planning</td>
<td>Rank (enlisted)</td>
<td>-1.46</td>
<td>0.02</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>1.37</td>
<td>0.03</td>
</tr>
<tr>
<td></td>
<td>Housing (apartment)</td>
<td>-0.71</td>
<td>0.04</td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>Race</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td>Pregnancy Timing in Career</td>
<td>Rank (enlisted)</td>
<td>-1.32</td>
<td>0.002</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>Housing</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>Race</td>
<td></td>
<td>NS</td>
</tr>
</tbody>
</table>
WORK REASSIGNMENT

The examination of work reassignment addressed objective F of the study proposal. The effects of pregnancy related work reassignments on promotion, retention, performance, command climate and psychological well being were assessed. Participants reported whether they perceived the reassignment as necessary and meaningful. These perceptions served as moderators/mediators in analyses of the effects of reassignment on outcomes. Descriptive information is provided in Tables 241-273.

Only 20% of the participants were reassigned due to their pregnancy. The reasons for reassignment were physical requirements (34%), exposure to hazardous chemicals (12%), both (49%) or undisclosed reasons (6%) for reassignment.

Characteristics of the participants who were reassigned were enlisted, noncommissioned officers, shorter tenure, younger and a high school diploma. Participants who were reassigned reported greater psychological distress, harassment-discrimination, work absences, medical problems and intentions to leave the organization. Participants who were not reassigned reported better work climate/experiences, performance, coping, morale, fewer absences, and intended to stay in the military.

Of those reassigned, 74% agreed that the reassignment was meaningful and 80% agreed that the reassignment was necessary. Seventy six percent of the participants who were reassigned due to hazardous exposure, found the work to be meaningful. Only 70% of the participants reassigned due to physical requirements, found the work meaningful. Ninety percent of the participants who were exposed to hazardous materials, found the reassignment necessary compared to 80% reassigned for physical requirements.

Participants who perceived the reassignment as meaningful, reported greater performance, commitment, fewer medical problems, and greater psychological well-being. Participants who perceived the reassignment as necessary reported no differences in outcomes.

Forty nine percent reported that work reassignment due to pregnancy had no effect on their performance evaluation and 54% reported it had no effect on promotion opportunities. Twenty one percent reported negative affects of work reassignment on performance evaluation and 22% reported negative affects on promotion.

The necessity and meaningfulness of the work reassignment affected participant reports of performance evaluation and promotion opportunities. When the reassignment was meaningful, 29% reported positive affects on performance evaluation and 22% reported positive affects on promotion.
Work
Reassignment

EVANS8.PRS
### VIII. Work Reassignment

<table>
<thead>
<tr>
<th>Section</th>
<th>Table #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. FREQUENCY</td>
<td>241</td>
<td>96</td>
</tr>
<tr>
<td>Reassigned due to pregnancy: Yes/No P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demographics: Reassigned/Not Reassigned</td>
<td>242</td>
<td>96</td>
</tr>
<tr>
<td>Summary Measures: Reassigned/Not Reassigned</td>
<td>243</td>
<td>96</td>
</tr>
<tr>
<td>b. REASONS FOR REASSIGNMENT</td>
<td>244</td>
<td>96</td>
</tr>
<tr>
<td>Physical requirements/Hazardous material/Both/Other B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical requirements/Hazardous material/Both/Other P</td>
<td>245</td>
<td>96</td>
</tr>
<tr>
<td>Summary Measures: Reasons</td>
<td>246</td>
<td>96</td>
</tr>
<tr>
<td>c. MEANINGFUL WORK</td>
<td>247</td>
<td>97</td>
</tr>
<tr>
<td>Strongly Disagree - Strongly Agree B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undecided/Disagree/Agree P</td>
<td>248</td>
<td>97</td>
</tr>
<tr>
<td>Reassigned due to Physical Requirements to Meaningful work:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree - Strongly Agree B</td>
<td>249</td>
<td>97</td>
</tr>
<tr>
<td>Reassigned due to Physical Requirements to Meaningful work:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undecided/Not meaningful/Meaningful P</td>
<td>250</td>
<td>97</td>
</tr>
<tr>
<td>Reassigned due to Hazardous Materials to Meaningful work:</td>
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<td></td>
</tr>
<tr>
<td>Strongly Disagree - Strongly Agree B</td>
<td>251</td>
<td>97</td>
</tr>
<tr>
<td>Reassigned due to Hazardous Materials to Meaningful work:</td>
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<td></td>
</tr>
<tr>
<td>Undecided/Not meaningful/Meaningful P</td>
<td>252</td>
<td>97</td>
</tr>
<tr>
<td>Frequencies: Effects on Performance Evaluation</td>
<td>253</td>
<td>98</td>
</tr>
<tr>
<td>Summary Measures: Meaningful work</td>
<td>254</td>
<td>98</td>
</tr>
<tr>
<td>d. REASSIGNMENT NECESSARY</td>
<td>255</td>
<td>98</td>
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<tr>
<td>Strongly Disagree - Strongly Agree B</td>
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<td></td>
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<tr>
<td>Undecided/Unnecessary/Necessary P</td>
<td>256</td>
<td>98</td>
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<tr>
<td>Reassigned due to Physical Requirements:</td>
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<td></td>
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<tr>
<td>Strongly Disagree - Strongly Agree B</td>
<td>257</td>
<td>98</td>
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<td>Reassigned due to Physical Requirements:</td>
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<td></td>
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<tr>
<td>Unnecessary/Undecided/Necessary P</td>
<td>258</td>
<td>98</td>
</tr>
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<td>Reassigned due to Hazardous Materials:</td>
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<td></td>
</tr>
<tr>
<td>Strongly Disagree - Strongly Agree B</td>
<td>259</td>
<td>99</td>
</tr>
<tr>
<td>Reassigned due to Hazardous Materials:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undecided/Unnecessary/Necessary P</td>
<td>260</td>
<td>99</td>
</tr>
<tr>
<td>Summary Measures: Reassignment necessary</td>
<td>261</td>
<td>99</td>
</tr>
<tr>
<td>e. PERFORMANCE EVALUATION</td>
<td>262</td>
<td>99</td>
</tr>
<tr>
<td>Very Negative - Very Positive B</td>
<td></td>
<td></td>
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</table>
### VIII. Work Reassignment (continuation)

<table>
<thead>
<tr>
<th>Negative/Positive/No Effect</th>
<th>Table #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meanings reassignment (+/−): Positively/Effect/Negatively/Effect/No effect</td>
<td>263</td>
<td>99</td>
</tr>
<tr>
<td>Necessary reassignment (+/−): Positively/Effect/Negatively/Effect/Undecided</td>
<td>264</td>
<td>99</td>
</tr>
<tr>
<td>Summary Measures: Performance evaluations</td>
<td>265</td>
<td>100</td>
</tr>
<tr>
<td>f. PROMOTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequencies: Unnecessary/Necessary Reassignment effects</td>
<td>267</td>
<td>100</td>
</tr>
<tr>
<td>Very Negatively - Very Positively B</td>
<td>268</td>
<td>100</td>
</tr>
<tr>
<td>Negatively/Positively/No Effect</td>
<td>269</td>
<td>100</td>
</tr>
<tr>
<td>Summary Measure: Promotion</td>
<td>270</td>
<td>100</td>
</tr>
<tr>
<td>Frequencies: Meaningful reassignment (+/−) by Promotion effects (+/−)</td>
<td>271</td>
<td>101</td>
</tr>
<tr>
<td>Meaningful reassignment (+/−): Positively/Effect/Negatively/Effect/Undecided</td>
<td>272</td>
<td>101</td>
</tr>
<tr>
<td>Necessary reassignment (+/−): Positively/Effect/Negatively/Effect/Undecided</td>
<td>273</td>
<td>100</td>
</tr>
</tbody>
</table>

B = Bar chart
P = Pie chart
"Were you reassigned because you were pregnant?" (n = 345)

- Reassigned: 79.4%
- Not reassigned: 20.6%

Work Reassignment and Demographics

<table>
<thead>
<tr>
<th>Reassigned</th>
<th>Not Reassigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enlisted (E2-E4) Field Grade Officers</td>
<td>Field Grade Officer</td>
</tr>
<tr>
<td>NCOs (E5-E9) Company Grade Officer</td>
<td>Company Grade Officer</td>
</tr>
<tr>
<td>Shorter tenure</td>
<td>Longer tenure</td>
</tr>
<tr>
<td>High school Diploma</td>
<td>College graduate</td>
</tr>
<tr>
<td>Age (Younger)</td>
<td>Age (Older)</td>
</tr>
</tbody>
</table>

Reasons for reassignment (n = 68)

- Discrimination/Harass |
- Sources of stress |
- Turnover |
- Somatization |
- Depression |
- Anxiety |
- Hostility |
- Paranoid ideation |
- Psychoticism |
- Phobic anxiety |
- Trauma |
- GSI |
- 2 or more medical probs |
- Work absences

- Command support |
- Pregnancy profile support |
- Transition - work |
- Coworker support |
- Prior climate |
- Performance |
- Prior performance |
- Coping |
- Morale |
- Turnover |
- Fewer work absences

Reasons For Reassignment and Summary Measures

- Other |
- Hazardous material |
- Both |
- Other

Reasons for reassignment (n = 68)

- Both Hazardous materials & physical requirements: 48.5%
- Other reasons: 5.9%
- Hazardous materials: 11.8%
- Physical requirements: 33.8%

Other
- Command support |
- Coping |
- Leave

Hazardous Material
- Command support |
- Coping |
- Stay

Physical requirement |
- Command Support |
- Coping |
- Stay |
- Leave

No difference on BSI Subscales or Summary Measures
"The work is meaningful" 
(n = 68)

Reassigned - Physical Requirement: 
Meaningful Work (n = 56)

Reassigned - Hazardous Materials: 
Meaningful Work (n = 41)
Meaningful Reassignment and Performance Evaluation
(n = 68)

| Work not meaningful and positively effects performance evaluation | 1.5 % n = 1 |
| Work meaningful and negatively effects performance evaluation | 7.4 % n = 5 |
| Work not meaningful and negatively effects performance evaluation | 11.7 % n = 8 |
| Work meaningful and positively effects performance evaluation | 29.4 % n = 20 |
| No effect on performance evaluation | 50 % n = 34 |

Work reassignment is meaningful:
Summary Measures

- Performance 8.4 %
- Commitment 10.9 %
- Somatization 9.8 %
- Anxiety 17.5 %
- Obsessive compulsive 13.6 %
- Trauma 9.8 %
- GSI 11.7 %
- Change turnover intentions 6.8 %

"Work reassignment was necessary"  
(n = 68)

Reassignment - Physical Requirements:
Necessary (n = 56)

"Work reassignment was necessary"  
(n = 68)
Reassigned - Hazardous Materials: Necessary (n = 41)

Work reassignment was necessary: Summary Measures

No difference on summary measures

Work Reassignment and Performance Evaluation (n = 68)

Meaningful Reassignment and Performance Evaluation (n = 68)
Necessary reassignment and Performance evaluation (n = 67)

- Undecided: 54% (n = 36)
- Necessary + perform evaluation: 15.4% (n = 10)
- Necessary - perform eval: 4.6% (n = 3)

Summary Measures

- Variance
  - Discrimination/Harassment: 6.8%
  - Performance: 14.5%
  - Paranoid ideation: 18%
  - Obsessive compulsive: 7.2%
  - Interpersonal sensitivity: 10%
  - Anxiety: 6.8%
  - Psychoticism: 9.3%
  - Trauma: 7.6%
  - GSI: 9.2%

Work Reassignment and Promotion (n = 68)

- Necessary and negatively effects promotion: 17.9% (n = 12)
- Necessary and positively effects promotion: 20.9% (n = 14)
- Unnecessary and negatively effects promotion: 1.5% (n = 1)
- Unnecessary and positively effects promotion: 1.5% (n = 1)
- No effect on promotion: 58.2% (n = 39)

Variance

- Sources stress: 5.8%
- Performance: 11.9%
- Prior Performance: 6.2%
- Obsessive compulsive: 6.3%
- Paranoid ideation: 9.7%
Meaningful Reassignment and Promotion
(n = 68)

- Not meaningful and positively effects promotion: 1.5% (n = 1)
- Not meaningful and negatively effects promotion: 7.4% (n = 5)
- Meaningful and negatively effects promotion: 13.2% (n = 9)
- Meaningful and positively effects promotion: 22% (n = 15)
- No effect on promotion: 55.9% (n = 38)

Necessary Reassignment and Promotion
(n = 67)

- Undecided: 1.5% (n = 1)
- Unnecessary - promotion: 17.9% (n = 12)
- Necessary - promotion: 20.9% (n = 14)
- Meaningful - promotion: 13.2% (n = 9)
- Meaningful + promotion: 22% (n = 15)
- Undecided: 55.9% (n = 39)
MILITARY CAREER

The items in this section address the degree to which participants perceived pregnancy affected their career progression, promotion, and career. (See Tables 274-281). The items addressed objective A and B in the study proposal.

There were no differences in participants in terms of age, education, race, tenure, and grade and how they perceived pregnancy to affect career progression, promotion, and chances to make the military a career.

Sixty four percent of the participants reported that pregnancy had no effect on their career progression/promotion. Twenty five percent reported negative effects of pregnancy on career progression. Sixty six percent reported that pregnancy had no effect on their chances to make the military a career and 25% reported a negative effect of pregnancy on their chances to make the military a career.

Positive perceptions of pregnancy on promotion were positively related to coworker support and intentions to stay in the military. Positive assessments of effects of pregnancy on military career were positively related to: coworker support, commitment, psychological well-being, staying in the military, and reduced absences and spouse transition difficulty.

Demographic characteristics did not differentiate participants who perceived negative or positive effects of pregnancy on military career. Negative perceptions of the effects of pregnancy on career progression were associated with poor psychological well-being, poor work climates, increased absences, and intentions to leave the organization.
Military Career

EVANS9.PRS
IX. Military Career

<table>
<thead>
<tr>
<th>Table #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. PROGRESSION/PROMOTION</td>
<td></td>
</tr>
<tr>
<td>Pregnancy affect: Very Negatively - Very Positively B</td>
<td>274</td>
</tr>
<tr>
<td>Pregnancy affect: Positively/Negatively/No effect P</td>
<td>275</td>
</tr>
<tr>
<td>Demographics: Pregnancy affects on Progression/Promotion</td>
<td>276</td>
</tr>
<tr>
<td>Summary Measures: Effects of pregnancy on promotion</td>
<td>277</td>
</tr>
<tr>
<td>b. CAREER</td>
<td></td>
</tr>
<tr>
<td>Pregnancy affect: Very Negatively - Very Positively B</td>
<td>278</td>
</tr>
<tr>
<td>Pregnancy affect: Very Negatively - Very Positively P</td>
<td>279</td>
</tr>
<tr>
<td>Demographics: Pregnancy affects on chances for military career</td>
<td>280</td>
</tr>
<tr>
<td>Summary Measures: Effects of pregnancy on military career</td>
<td>281</td>
</tr>
</tbody>
</table>

B = Bar chart
P = Pie chart
"How do you think your pregnancy will affect your career progression/promotion?"
(n = 222)

- No effect: 60.6%
- Positively: 20.8%
- Negatively: 19.8%
- Very negatively: 0%

Effects of pregnancy on promotion

Variance
- Discrimination/Harassment: 2.1%
- Age + Coworker support: 6.7%
- Race: 2.3%
- Turnover: 2.3%
- Stay (Longitudinal): 1.9%

"How do you think being pregnant has affected your chances to make the military a career?"
(n = 224)

- No effect: 65.6%
- Positively: 17.9%
- Negatively: 17.9%
- Very negatively: 0%

"How do you think being pregnant has affected your chances to make the military a career?"
(n = 224)
"How do you think being pregnant has affected your chances to make the military a career?"

- No differences:
  - Age
  - Grade
  - Tenure
  - Race
  - Education

- Work reassignment has no effect

---

**Effects of pregnancy on military career: Summary Measures**

<table>
<thead>
<tr>
<th></th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Transition - Spouse</td>
<td>2.4 %</td>
</tr>
<tr>
<td>+ Coworker support</td>
<td>2.7 %</td>
</tr>
<tr>
<td>+ Commitment</td>
<td>2.8 %</td>
</tr>
<tr>
<td>- Obsessive compulsive</td>
<td>3.3 %</td>
</tr>
<tr>
<td>- Interpersonal sensitivity</td>
<td>3.2 %</td>
</tr>
<tr>
<td>- Anxiety</td>
<td>3.1 %</td>
</tr>
<tr>
<td>- Hostility</td>
<td>1.8 %</td>
</tr>
<tr>
<td>- Phobic anxiety</td>
<td>2.8 %</td>
</tr>
<tr>
<td>- Paranoid ideation</td>
<td>5.2 %</td>
</tr>
<tr>
<td>- Trauma</td>
<td>2.4 %</td>
</tr>
<tr>
<td>- General Symptoms Inventory</td>
<td>3.4 %</td>
</tr>
<tr>
<td>- Turnover</td>
<td>6.1 %</td>
</tr>
<tr>
<td>- Absences from work</td>
<td>2.6 %</td>
</tr>
</tbody>
</table>
ABSENCES

The examination of work absences addressed objectives A and D of the proposal. Work absences are a manpower issue. When individuals miss work, commanders must decide whether to assign that work to another person or wait for the return of the individual. How and when work is reassigned has implications for the individual, coworkers, and the commander. Coworkers may be resentful of additional workload. Pregnant participants may feel isolated, depressed, and angry if their workload is reassigned unnecessarily and/or coworkers are resentful. If the pregnant individual is in a specialty or shortage occupational specialty, there may not be another coworker available with the appropriate skills. For the commander, this translates to an inability to perform a portion of their mission.

Before the implications of absences can be assessed, the frequency of absences in general and absences related to pregnancy must be examined. The frequency of absences in the sample of pregnant women is provided in Tables 282-284.

Tables 285-295 provide an overview of the relationship among absences and demographic and summary measures. Absence from work during the current pregnancy was positively associated with intentions to leave the organization, unplanned pregnancy, and prior history of missing work. Enlisted, black, younger individuals missed more work. Participants missed more work at the beginning of their pregnancies.

Ninety one percent of the participants missed less than one day a month prior to pregnancy, and 71% continue to miss less than one day a month during their pregnancy. Seventy two percent had no change in their absences due to pregnancy. This indicates that pregnancy affected absentee behavior in only 28% of the participants. As a result of pregnancy, 1.4% reduced their absences and 22% increased their absences (4.3% missing data). A comparison of prior and current absentee behavior is provided in Tables 296-299.

Medical problems were positively related to absences (Table 300). Participants who had medical problems missed more work than those who had fewer or didn’t have medical problems.

Because a service member is pregnant doesn’t necessarily mean that individual will be absent from work. Seventy two percent had no change in absences due to pregnancy. For the 22% who do miss work, 75% miss only 1-3 days a month. Pregnant women who were absent from work were absent primarily for medical problems. Pregnant women who missed work prior to becoming pregnant, continued to miss work. For most women, pregnancy does not cause an increase in work absences.
Absences

EVANS10.PRS
X. Absences

a. PRIOR TO PREGNANCY
   Number work days missed: <1/mo - >2/wk B
   Demographics & Summary Measures: History

b. CURRENT PREGNANCY
   Number work days missed: <1/mo - >2/wk B
   Miss work 2-3 days per month by
   Number of medical problems (0-8)
   (continued)
   (continued)
   Miss work 1 day per week by
   Number of medical problems (0-3)
   Miss work 2 days per week by
   Number of medical problems (0-2)
   Miss work more than 2 days per week by
   Number of Medical Problems (0-4)
   (continued)
   Demographics & Summary Measures: Current Absences

c. LONGITUDINAL (PRIOR AND CURRENT)
   Frequencies: Increased Absences
   Frequencies: No change
   Frequencies: Reduced Absences (Prior/Current)
   Absences: Increased/No Change/Reduced B
   Frequencies: Prior (<1 per month/1 per month/2-3 per month)
   by Current Absences
   Prior absences <1 per month by Current Absences B
   Prior absences 1 per month by Current Absences B
   Absences and pregnancy problems (current & longitudinal)

B = Bar chart
P = Pie chart
In general, how many days of work did you miss before you became pregnant? (n = 345)

<table>
<thead>
<tr>
<th>Days of Work Missed</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1/Mo</td>
<td>91%</td>
</tr>
<tr>
<td>1/Mo</td>
<td>4.3%</td>
</tr>
<tr>
<td>2-3/Mo</td>
<td>1.3%</td>
</tr>
<tr>
<td>1/Wk</td>
<td>3.6%</td>
</tr>
<tr>
<td>2/Wk</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

Absence History

Absence from work prior to pregnancy:
Demographics & Summary Measures

Single women miss more work than married women

"No good time in military career to become pregnant" respondents miss more work

Currently miss work two-three days a month (n = 29)

NUMBER MEDICAL PROBLEMS

<table>
<thead>
<tr>
<th>Problems</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>15</td>
</tr>
<tr>
<td>ONE: Vaginal/pelvic infection</td>
<td>4</td>
</tr>
<tr>
<td>Diabetes</td>
<td>0</td>
</tr>
<tr>
<td>Twins</td>
<td>2</td>
</tr>
<tr>
<td>Nausea/vomiting</td>
<td>0</td>
</tr>
<tr>
<td>TWO: Swelling/edema + Hyperemesis</td>
<td>3</td>
</tr>
<tr>
<td>Premature contractions &amp; High Blood pressure</td>
<td>0</td>
</tr>
<tr>
<td>Premature contractions + Swelling/edema</td>
<td>3</td>
</tr>
<tr>
<td>THREE: Vaginal bleeding + Intest/gall bladder/ liver + edema</td>
<td>3</td>
</tr>
<tr>
<td>Premature contractions + Kidney/bladder problem + Vaginal bleeding</td>
<td>0</td>
</tr>
<tr>
<td>Premature contractions + High blood pressure + Swelling/edema</td>
<td>0</td>
</tr>
<tr>
<td>FOUR: Migraines + premature contractions + Kidney/bladder + Vaginal bleeding</td>
<td>3</td>
</tr>
<tr>
<td>High blood pressure + vaginal bleeding + heart + Baby not growing</td>
<td>0</td>
</tr>
<tr>
<td>Premature contractions + High blood pressure + heart + swelling/edema</td>
<td>0</td>
</tr>
<tr>
<td>EIGHT: Premature contractions + High blood pressure + diabetes + lungs + Kidney/bladder + Vaginal bleeding + Twins/ Triplets + Heart</td>
<td>1</td>
</tr>
</tbody>
</table>

* Prior history
Currently miss work once a week (n = 3)

**NUMBER MEDICAL PROBLEMS**
- **NONE**: n = 2
- **THREE**: Lung problem, Kidney/bladder, Vaginal bleeding

Currently miss work twice a week (n = 5)

**NUMBER MEDICAL PROBLEMS**
- **NONE**: n = 2
- **ONE**: Premature contractions, Dehydration
- **TWO**: Premature contractions, High blood pressure *

Currently miss more than two times per week (n = 11)

**NUMBER MEDICAL PROBLEMS**
- **NONE**: n = 2
- **ONE**: Uterus fibroids
- **TWO**: High blood pressure + Viral hyperemesis *, Premature contractions + Birth defects *, Premature contractions + Vaginal/pelvic infection, Vaginal bleeding + cramps
- **FOUR**: Premature contractions + Vaginal bleeding + twins/triplets + Swelling/edema

* Prior history

Absence from work in current pregnancy: Demographics & Summary Measures

- Gestation
- Enlisted/NCO
- Blacks - Absent more than Whites
- Younger (Age)
- Turnover (current & longitudinal)
- Number of pregnancy medical problems
- Unplanned pregnancy
- Pregnancy didn't happen in planned time frame
- Prior history of missing work
- Hospitalization for pregnancy complications
- Confined to bedrest during pregnancy

Increased absences due to pregnancy (n = 77)

- Increase from less than one per month to one-three per month: 75.4 %, n = 58
- Increase from less than one per month to one-two or more per week: 16.8 %, n = 13
- Prior absences one-three per month to one-two or more per week: 7.8 %, n = 6
No change in absences due to pregnancy
(n = 248)

MISS
- < One per month: 96% (n = 238)
- One per month: 2.4% (n = 6)
- Two–Three per month: .8% (n = 2)
- Two per week: .4% (n = 1)
- Two > per week: .4% (n = 1)

Reduced absences due to pregnancy
(n = 5)

PRIOR CURRENT
- One per month: < than 1 per month: 80% (n = 4)
- Two–Three per month: < than 1 per month: 20% (n = 1)

NOTE: These women report no current medical problems.

Longitudinal absences and pregnancy
(n = 345)

Increased absences due to pregnancy
(n = 77)

PRIOR CURRENT
- < than 1 per month: One per month: 46.8% (n = 36)
- < than 1 per month: Two–Three per month: 26.6% (n = 22)
- < than 1 per month: One per week: 2.6% (n = 2)
- < than 1 per month: Two per week: 3.8% (n = 3)
- < than 1 per month: Two or more per week: 10.4% (n = 8)
- One per month: Two–Three per month: 3.9% (n = 3)
- One per month: One per week: 1.3% (n = 1)
- One per month: Two or more per week: 1.3% (n = 1)
- Two–Three per month: Two per week: 1.3% (n = 1)

Prior absence < 1 per month:
Current absences
(n = 71)

- 1/Mo: 46.8% (n = 36)
- 2-3/Mo: 28.6% (n = 22)
- 1/Wk: 2.6% (n = 2)
- 2/Wk: 3.8% (n = 3)
- 2+>Wk: 10.4% (n = 8)

Prior absence one per month:
Current absences
(n = 5)

- 2-3/Month: 3.9% (n = 3)
- 1/Week: 1.3% (n = 1)
- 2+>Week: 1.3% (n = 1)
Absences and pregnancy problems

Number of pregnancy problems is positively related to absences (current and longitudinal)

$\chi^2$
The descriptive information provided in this section was the result of the confirmatory factor analyses (CFA). These items were hypothesized to fit into one of the measurement scales, but the CFA did not support their inclusion. Descriptive information is provided, because subsequent analyses of individual items may be warranted. (See Tables 301-309).

The first three items (a,b, and c in the list of tables) were hypothesized to fit in the coworker support subscale. The negative remarks item did not fit, probably because so few participants reported actually receiving negative remarks. For those who did receive negative marks or who were undecided about reporting negative remarks, separate analyses of their demographics and perceptions of the work place may be further explored. The same observations apply to the increased workload items. Participants who agreed to these items may warrant further, separate analyses in the future.

Items e and f (list of tables) were hypothesized to fit in the transition difficulty subscales. Finances and losing out in career did not fit in the spouse or work transition scales. It may be that these items load on both scales and can’t be differentiated or are measuring something altogether different. Further exploration of these items with demographics and other outcome measures may be explored in later analyses.

Items g, h, and I were initially proposed as coping sources, but did not fit with the other items. The sources of coping item had so few respondents that the missing data required that it be excluded. Separate analyses of each of the items for examining coping may be justified.

Whether maternity leave should be extended or not was not hypothesized to fit in any subscale. The item was asked to inquire into whether the organization was providing enough transition support for pregnant women. Further exploration of this item as a work climate measure may be pursued.
Miscellaneous
Selected Items

EVANS11.PRS
XI. **Miscellaneous Selected Items**

<table>
<thead>
<tr>
<th>Item</th>
<th>Options</th>
<th>Table #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. INFORMED COMMAND OF NEGATIVE REMARKS</td>
<td>Undecided/Disagree/Agree/Not applicable P</td>
<td>301</td>
<td>117</td>
</tr>
<tr>
<td>b. COWORKERS WORKLOAD INCREASED</td>
<td>Undecided/Not applicable/Agree/Disagree P</td>
<td>302</td>
<td>117</td>
</tr>
<tr>
<td>c. COWORKERS RESENTFUL OF WORKLOAD INCREASES</td>
<td>Agree/Undecided/Not applicable/Disagree P</td>
<td>303</td>
<td>117</td>
</tr>
<tr>
<td>d. EXTEND MATERNITY LEAVE</td>
<td>Yes/No P</td>
<td>304</td>
<td>117</td>
</tr>
<tr>
<td>e. WORRY ABOUT LOSING OUT IN CAREER/JOB</td>
<td>Quite a bit/Some/Little-Not at all P</td>
<td>305</td>
<td>117</td>
</tr>
<tr>
<td>f. WORRY ABOUT FINANCES</td>
<td>Some/Great Deal/Little-Not at all P</td>
<td>306</td>
<td>117</td>
</tr>
<tr>
<td>g. SOURCES OF COPING: NOT APPLICABLE</td>
<td>Family support group/Professional therapist/Chaplain-Minister/Military Community Svcs B</td>
<td>307</td>
<td>118</td>
</tr>
<tr>
<td>h. ATTEND CHILDBIRTH EDUCATION CLASSES</td>
<td>Yes/No P</td>
<td>308</td>
<td>118</td>
</tr>
<tr>
<td>I. ATTEND PARENTING CLASSES</td>
<td>Yes/No P</td>
<td>309</td>
<td>118</td>
</tr>
</tbody>
</table>

B = Bar chart  
P = Pie chart
"You have informed your chain of command about any negative remarks about your pregnancy" (n = 338)

"Coworkers have had their workload increased because of manpower loss due to your pregnancy" (n = 340)

"Coworkers are resentful of workload increases because of your pregnancy" (n = 337)

"Should maternity leave be extended?" (n = 330)

"Worry about losing out in my career/job" (n = 338)

"Worry about adequate finances" (n = 339)
"Do you plan to attend childbirth education classes?"  
(n = 328)

"Do you plan to attend preparation for parenting classes?"  
(n = 328)
BIBLIOGRAPHY


APPENDIX A
QUESTIONNAIRES AND DELIVERY LOG BOOK

INITIAL QUESTIONNAIRE ITEMS

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>FIELD</th>
<th>ITEM</th>
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<tbody>
<tr>
<td>1. SSN</td>
<td>1-9</td>
<td>SSN</td>
</tr>
<tr>
<td>2. GRADE</td>
<td>10-11</td>
<td></td>
</tr>
</tbody>
</table>

   | Military grade: |
|-----------------|----------------|
| 1) E-1          | 7) E-7         |
| 2) E-2          | 8) E-8         |
| 3) E-3          | 9) E-9         |
| 4) E-4          | 10) WO1        |
| 5) E-5          | 11) CW2        |
| 6) E-6          | 12) CW3        |
| 13) CW4         | 14) 01         |
| 15) 02          | 16) 03         |
| 17) 04          | 18) 05         |
| 19) 06          |

E2-E4 = 1  
E5-E8 = 2  
CW2-03 = 3  
04-05 = 4  
*No E1, E9, WO1, CW4, 06 in sample

3. AGE | 12-13 | Age on last birthday

Less than 22 = 1  
23-26 = 2  
27-31 = 3  
32+ = 4  

123
<table>
<thead>
<tr>
<th>MARITAL</th>
<th>14</th>
<th>Marital status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Single</td>
<td>4) Widowed</td>
<td></td>
</tr>
<tr>
<td>2) Married</td>
<td>5) Divorced</td>
<td></td>
</tr>
<tr>
<td>3) Separated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BRANCH</th>
<th>15</th>
<th>Service component:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Navy</td>
<td>5) PHS</td>
<td></td>
</tr>
<tr>
<td>2) Army</td>
<td>6) NOAA</td>
<td></td>
</tr>
<tr>
<td>3) Air Force</td>
<td>7) Coast Guard</td>
<td></td>
</tr>
<tr>
<td>4) Marines</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TENURE</th>
<th>16</th>
<th>How long have you been on active duty?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Less than one year</td>
<td>4) 11-15 years</td>
<td></td>
</tr>
<tr>
<td>2) 1-5 years</td>
<td>5) 16-20 years</td>
<td></td>
</tr>
<tr>
<td>3) 6-10 years</td>
<td>6) over 20 years</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPOUSEAD</th>
<th>17</th>
<th>Is your spouse on active duty?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Yes</td>
<td>2) No</td>
<td>3) N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RACE</th>
<th>18</th>
<th>What is your race/ethnic group?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) White (not hispanic)</td>
<td>4) Asian</td>
<td></td>
</tr>
<tr>
<td>2) Black (not hispanic)</td>
<td>5) Other</td>
<td></td>
</tr>
<tr>
<td>3) hispanic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPRACE</th>
<th>19</th>
<th>What is your spouse’s race/ethnic group?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) White (not hispanic)</td>
<td>4) Asian</td>
<td></td>
</tr>
<tr>
<td>2) Black (not hispanic)</td>
<td>5) Other</td>
<td></td>
</tr>
<tr>
<td>3) hispanic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ED</th>
<th>20</th>
<th>What is the highest level of education that you have completed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Some high school</td>
<td>4) Some college/train</td>
<td></td>
</tr>
<tr>
<td>2) GED</td>
<td>5) College graduate</td>
<td></td>
</tr>
<tr>
<td>3) High school diploma</td>
<td>6) Graduate work</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MOS</th>
<th>21-25</th>
<th>What is your military occupational specialty?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha-numeric 3 digit code/ messy data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* MOS

Army only. All others coded missing. Not meaningful for other services.
12. WORKMOS 26 Are you currently working in your assigned MOS?
1) yes 2) no

13. HOURS 27-28 How many hours a week do you currently work?

14. HOUSING 29 What are your housing arrangements?
1) military housing 3) Renting home
2) Apartment 4) Own home

15. GESTATION 30-31 How many weeks pregnant are you currently?

Term
12 weeks or less = 1
13-24 weeks = 2
25+ weeks = 3

16. PREGUNIT 32 How many other pregnant women are there in your unit?
1) 0 4) 3 7) don’t know
2) 1 5) 4
3) 2 6) 5+

17. HOSPITAL 33 At which installation are you receiving maternity care?
1) Walter Reed Army Medical Center
2) National Naval Medical Center-Bethesda
3) Fort Bragg

1) STRONGLY DISAGREE------ 5) STRONGLY AGREE

18. CONCLIM1 34 Your commander is supportive of your pregnancy

19. COMCLIM2 35 The command climate is positive

20. PREGPRO1 36 Your pregnancy profile has been honored without question or harassment

21. PREGPRO2 37 Medically prescribed work rests have been honored without question or harassment
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>22. COMCLIM3 38</td>
<td>Leaders are supportive of pregnancy related “sick days”</td>
<td></td>
</tr>
<tr>
<td>23. COMCLIM4 39</td>
<td>You have not been hassled about time off for pregnancy-related medical appointments</td>
<td></td>
</tr>
<tr>
<td>24. COMCLIM5 40</td>
<td>You have informed your chain of command about any negative remarks that you have received about your pregnancy</td>
<td></td>
</tr>
<tr>
<td>25. COMCLIM6 41</td>
<td>Your chain of command has acted to support you in response to negative remarks about your pregnancy</td>
<td></td>
</tr>
<tr>
<td>26. COWORK1 42</td>
<td>You and your coworkers get along well</td>
<td></td>
</tr>
<tr>
<td>27. COWORK2 43</td>
<td>Coworkers have not made negative remarks about you missing PT or FTX because of your pregnancy</td>
<td></td>
</tr>
<tr>
<td>28. COWORK3 44</td>
<td>Coworkers have been supportive of your pregnancy</td>
<td></td>
</tr>
<tr>
<td>29. COWORK4 45</td>
<td>Coworkers are not resentful of time you missed from work because of your pregnancy</td>
<td></td>
</tr>
<tr>
<td>30. COWORK5 46</td>
<td>Coworkers have had their workload increased because of manpower loss due to your pregnancy</td>
<td></td>
</tr>
<tr>
<td>31. COWORK6 47</td>
<td>Coworkers are resentful of work load increases because of your pregnancy</td>
<td></td>
</tr>
<tr>
<td>32. COWORK7 48</td>
<td>Coworkers include you in non-work activities</td>
<td></td>
</tr>
<tr>
<td>33. COHESION 49</td>
<td>You feel that your unit is cohesive</td>
<td></td>
</tr>
<tr>
<td>34. MORALE 50</td>
<td>Your morale is high</td>
<td></td>
</tr>
<tr>
<td>35. COMMIT 51</td>
<td>You are committed to the Army/Navy/Air Force/Marines/Coast Guard</td>
<td></td>
</tr>
</tbody>
</table>
USE THE FOLLOWING SCALE TO ANSWER THE QUESTIONS BELOW:
1) ALWAYS 2) MANY TIMES 3) SOMETIMES 4) A FEW TIMES 5) NEVER

During pregnancy, in your present unit have you experienced incidences of:

| 36. EXCLUS   | 52 | Exclusion |
| 37. RACEDIS  | 53 | Racial discrimination |
| 38. FAVOR    | 54 | Favoritism |
| 39. SEXHAR   | 55 | Sexual harassment |
| 40. UNWANT   | 56 | Unwanted touching |
| 41. GENDIS   | 57 | Gender discrimination |
| 42. STATUS   | 58 | 1) No one at work knows I’m pregnant  
                      2) Only my commander knows I’m pregnant  
                      3) Most of the people at work know I’m pregnant |

USE THE FOLLOWING SCALE TO ANSWER THE QUESTIONS BELOW:
1) ALWAYS 2) MANY TIMES 3) SOMETIMES 4) A FEW TIMES 5) NEVER

Prior to pregnancy, in your present unit have you experienced incidences of:

| 43. PEXCLUS  | 59 | Exclusion |
| 44. PRAEDIS  | 60 | Racial discrimination |
| 45. FAVOR    | 61 | Favoritism |
| 46. PSEXHAR  | 62 | Sexual harassment |
| 47. PUNWANT  | 63 | Unwanted touching |
| 48. PGENDIS  | 64 | Gender discrimination |
Before you found out you were pregnant:

1) STRONGLY DISAGREE------ 5) STRONGLY AGREE

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>49.</td>
<td>PCOMCLI1</td>
<td>65 Your commander was supportive of your pregnancy</td>
</tr>
<tr>
<td>50.</td>
<td>PCOMCLI2</td>
<td>66 The command climate was positive</td>
</tr>
<tr>
<td>51.</td>
<td>PCOWORK1</td>
<td>67 You and your coworkers got along well</td>
</tr>
<tr>
<td>52.</td>
<td>PCOHESIO</td>
<td>68 You felt that your unit was cohesive</td>
</tr>
<tr>
<td>53.</td>
<td>PSAT</td>
<td>69 You were satisfied with your work overall</td>
</tr>
<tr>
<td>54.</td>
<td>PMORALE</td>
<td>70 Your morale was high</td>
</tr>
<tr>
<td>55.</td>
<td>Pcommit</td>
<td>71 You were committed to the Army/Navy/Air Force/Marines/Coast Guard</td>
</tr>
<tr>
<td>56.</td>
<td>PTURNOVER</td>
<td>72 Before you were pregnant, did you plan to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1) leave military service at the end of your enlistment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) Reenlist, but undecided about a career</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3) Stay in the military for 20 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4) Stay in the military for more than 20 years</td>
</tr>
<tr>
<td>57.</td>
<td>TURNOVER</td>
<td>73 Now that you are pregnant, do you plan to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1) Leave military service before the end of your enlistment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) leave military service at the end of your enlistment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3) Reenlist, but undecided about a career</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4) Stay in the military for 20 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5) Stay in the military for more than 20 years</td>
</tr>
</tbody>
</table>

Use the following scale to indicate the degree to which you agree or disagree with the following statements: 1) strongly disagree----- 5) strongly agree

Before I became pregnant:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>58.</td>
<td>PPERF1</td>
<td>74 I put in a great deal of effort at work</td>
</tr>
<tr>
<td>59.</td>
<td>PPERF2</td>
<td>75 My work performance was considered superior</td>
</tr>
</tbody>
</table>
Since I became pregnant:

61. PERF1 77  I put in a great deal of effort at work

62. PERF2 78  My work performance was considered superior

63. PERF# 79  I really cared about my work performance

64. PREGPLAN 80  My pregnancy was planned
   1) yes
   2) no

65. PREGTIME 81  My pregnancy happened in the time frame I planned
   1) yes
   2) no

66. TIMECAR 82  Is there a good time during a military career to become pregnant
   1) yes
   2) no

67. WHEN1 83  TDA assignment

68. WHEN2 84  Field assignment

69. WHEN3 85  CONUS

70. WHEN4 86  OCONUS

71. WHEN5 87  Before a military school

72. WHEN6 88  During a military school

73. WHEN7 89  After a military school

74. WHEN8 90  After a PCS

75. WHEN9 91  Before a PCS

76. WHEN10 92  While in a leadership position

129
77. WHEN           93 After a leadership position
78. WHEN           94 While in a staff position
79. WHEN           95 After a staff position

I planned my pregnancy to occur during:

78. PLAN           96 TDA assignment
79. PLAN           97 Field assignment
80. PLAN           98 CONUS
81. PLAN           99 OCONUS
82. PLAN           100 Before a military school
83. PLAN           101 During a military school
84. PLAN           102 After a military school
85. PLAN           103 After a PCS
86. PLAN           104 Before a PCS
87. PLAN           105 While in a leadership position
88. PLAN           106 After a leadership position
89. PLAN           107 While in a staff position
90. PLAN           108 After a staff position
91. MISS           109 In general, how many days of work have you missed since you became pregnant
                       1) less than one day a month
                       2) One day a month
                       3) two to three days a month
                       4) one day a week
                       5) two days a week
                       6) more than two days a week
130
92. PMISS 110 In general, how many days of work did you miss before you became pregnant
1) less than one day a month
2) One day a month
3) two to three days a month
4) one day a week
5) two days a week
6) more than two days a week

93. LEAVEX 111 Should maternity leave be extended
1) yes
2) no
If yes, how long-qualitative data

94. REASSIG1 112 Were you assigned to a different job by your commander because you were pregnant
1) yes
2) no

95. REASSIG2 113 Were you reassigned to a different job because of exposure to hazardous materials?
1) Yes
2) No

96. REASSIG3 114 Were you reassigned to a different job because of physical requirements?
1) Yes
2) No
If yes, use the following scale to answer the next two questions strongly disagree- strongly agree

97. REASSIG4 115 The work is meaningful

98. REASSIG5 116 The work reassignment was necessary
Use the following scale to answer the questions below:
1) Very negatively
2) Negatively
3) No effect
4) Positively
5) Very positively
99. REASSIG6 117 How do you think your performance evaluations will be affected because of your work reassignment

100. REASSIG7 118 How do you think your chances of promotion will be affected because of your work reassignment

101. PGCAREER 119 How do you think being pregnant has affected your chances to make the military a career

102. PGPROMOT 120 How do you think your pregnancy will affect your career progression or promotion?

Use the following scale to answer the questions below:
1) None at all
2) A little bit
3) Some
4) Quite a bit
5) Extreme

On the whole how much stress do you think came from the problems or concerns with:

103. STRESS1 121 Family
104. STRESS2 122 Financial matters
105. STRESS3 123 People I work with
106. STRESS4 124 Work
107. STRESS5 125 Pregnancy

Use the scale to indicate how much stress you may have experienced in regard to the following events:

1) A great deal
2) Quite a bit
3) Some
4) A little bit
5) Not at all

108. TRANS1 126 Worry about being a good parent
<table>
<thead>
<tr>
<th>Item</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>109.</td>
<td>TRANS2</td>
<td>Worry about the added responsibility of a child</td>
</tr>
<tr>
<td>110.</td>
<td>TRANS3</td>
<td>Worry about drifting apart from your spouse</td>
</tr>
<tr>
<td>111.</td>
<td>TRANS4</td>
<td>Worry about sexual relations</td>
</tr>
<tr>
<td>112.</td>
<td>TRANS5</td>
<td>Worry about not having enough time to spend with my husband</td>
</tr>
<tr>
<td>113.</td>
<td>TRANS6</td>
<td>Worry about changes in marital relationship</td>
</tr>
<tr>
<td>114.</td>
<td>TRANS7</td>
<td>Worry about not giving spouse enough affection and attention</td>
</tr>
<tr>
<td>115.</td>
<td>TRANS8</td>
<td>Worry about having adequate finances</td>
</tr>
<tr>
<td>116.</td>
<td>TRANS9</td>
<td>Worry about losing out in my career/job</td>
</tr>
<tr>
<td>117.</td>
<td>TRANS10</td>
<td>Worry about providing adequate care for infant and having to work</td>
</tr>
</tbody>
</table>

Use the following scale to answer the questions below:
1) Very unhelpful
2) somewhat unhelpful
3) Neutral
4) Somewhat helpful
5) Very helpful

How helpful have the following been in helping you to cope with your pregnancy and stress:

<table>
<thead>
<tr>
<th>Item</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>118.</td>
<td>COPE1</td>
<td>Family members</td>
</tr>
<tr>
<td>119.</td>
<td>COPE2</td>
<td>Unit members</td>
</tr>
<tr>
<td>120.</td>
<td>COPE3</td>
<td>Friends</td>
</tr>
<tr>
<td>121.</td>
<td>COPE4</td>
<td>Professional therapist</td>
</tr>
<tr>
<td>122.</td>
<td>COPE5</td>
<td>Chaplain/Ministers/Clergy</td>
</tr>
<tr>
<td>123.</td>
<td>COPE6</td>
<td>Doctor</td>
</tr>
</tbody>
</table>
124. COPE7 142 Marine/Navy/Army/Air force Community services

125. COPE8 143 Family support group

126. COPE9 144 Do you plan to attend childbirth education classes
   1) yes
   2) no

127. COPE10 145 Do plan to attend preparation for parenting classes
   1) yes
   2) no

Select the response that best describes how much discomfort that problem has caused you during the past week
0) none
1) a little bit
2) moderate
3) quite a bit
4) extreme

128-190 BSI

BSI1 57. Nervousness or shakiness inside

BSI2 69 58. Repeated unpleasant thoughts

BSI3 70 59. Faintness or dizziness

BSI4 71 60. Loss of sexual interest or pleasure

BSI5 72 61. Feeling critical of others

BSI6 73 62. The idea that someone else can control your thoughts

BSI7 74 63. Feeling others are to blame for most of your troubles

BSI8 75 64. Trouble remembering things

BSI9 76 65. Feeling easily annoyed or irritated

BSI10 77 66. Pains in heart or chest
67. Feeling afraid in open spaces
68. Feeling low in energy or slowed down
69. Thoughts of ending your life
70. Feeling most people cannot be trusted
71. Poor appetite
72. Crying easily
73. Suddenly scared for no reason
74. Temper outbursts that you could not control
75. Feeling lonely even when you are with people
76. Feeling blocked in getting things done
77. Feeling lonely
78. Feeling blue
79. Worrying too much about things
80. Feeling no interest in things
81. Feeling fearful
82. Your feelings being easily hurt
83. Feeling others do not understand you or are unsympathetic
84. Feeling that people are unfriendly or dislike you
85. Feeling inferior to others
86. Nausea or upset stomach
87. Feeling that you are being watched or talked about by others
88. Trouble falling asleep
<table>
<thead>
<tr>
<th>BSI33</th>
<th>100</th>
<th>89. Having to check and double-check what you do</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSI34</td>
<td>101</td>
<td>90. Difficulty making decisions</td>
</tr>
<tr>
<td>BSI35</td>
<td>102</td>
<td>91. Feeling afraid to travel</td>
</tr>
<tr>
<td>BSI36</td>
<td>103</td>
<td>92. Trouble getting your breath</td>
</tr>
<tr>
<td>BSI37</td>
<td>104</td>
<td>93. Hot or cold spells</td>
</tr>
<tr>
<td>BSI38</td>
<td>105</td>
<td>94. Having to avoid certain things, places or activities because they frighten you</td>
</tr>
<tr>
<td>BSI39</td>
<td>106</td>
<td>95. Your mind going blank</td>
</tr>
<tr>
<td>BSI40</td>
<td>107</td>
<td>96. Numbness or tingling in parts of your body</td>
</tr>
<tr>
<td>BSI41</td>
<td>108</td>
<td>97. The idea that you should be punished for your sins</td>
</tr>
<tr>
<td>BSI42</td>
<td>109</td>
<td>98. Feeling hopeless about the future</td>
</tr>
<tr>
<td>BSI43</td>
<td>110</td>
<td>99. Trouble concentrating</td>
</tr>
<tr>
<td>BSI44</td>
<td>111</td>
<td>100. Feeling weak in parts of your body</td>
</tr>
<tr>
<td>BSI45</td>
<td>112</td>
<td>101. Feeling tense or keyed up</td>
</tr>
<tr>
<td>BSI46</td>
<td>113</td>
<td>102. Thoughts of death or dying</td>
</tr>
<tr>
<td>BSI47</td>
<td>114</td>
<td>103. Having urges to beat, injure or harm someone</td>
</tr>
<tr>
<td>BSI48</td>
<td>115</td>
<td>104. Sleep that is restless or disturbed</td>
</tr>
<tr>
<td>BSI49</td>
<td>116</td>
<td>105. Having urges to break or smash things</td>
</tr>
<tr>
<td>BSI50</td>
<td>117</td>
<td>106. Feeling very self-conscious with others</td>
</tr>
<tr>
<td>BSI51</td>
<td>118</td>
<td>107. Feeling uneasy in crowds</td>
</tr>
<tr>
<td>BSI52</td>
<td>119</td>
<td>108. Never feeling close to another person</td>
</tr>
<tr>
<td>BSI53</td>
<td>120</td>
<td>109. Spells of terror or panic</td>
</tr>
</tbody>
</table>
110. Getting into frequent arguments
111. Feeling nervous when you are alone
112. Others not giving you proper credit for your achievements
113. Feeling so restless you couldn’t sit still
114. Feelings of worthlessness
115. Feeling that people will take advantage of you if you let them
116. Thoughts and images of frightening nature
117. Feelings of guilt
118. The idea that something is wrong with your mind
119. Spending less time with peers and friends

If you have had a previous pregnancy please continue. If you have not please skip.

191. MED1 209 How many times have you been pregnant
1) never before 4) 3
2) 1 5) 4
3) 2 6) 5+

Use the following scale:
1) 0 4) 3
2) 1 5) 4
3) 2 6) 5+

192. MED2 210 Number of full term deliveries
193. MED3 211 Number of premature deliveries
194. MED4 212 Number of abortions
195. MED5 213 Number of miscarriages
196. MED6 214 Number of living children
197. MED7 215 Number of vaginal deliveries
198. MED8 216 Number of “c” sections

Did you have any of the following problems during previous pregnancies (check all that apply)

199. PGPROB1 217 premature contractions
200. PGPROB2 218 high blood pressure
201. PGPROB3 219 diabetes
202. PGPROB4 220 lung problems
203. PGPROB5 221 kidney/bladder problems
204. PGPROB6 222 vaginal bleeding
205. PGPROB7 223 twins or triplets
206. PGPROB8 224 baby had birth defects
207. PGPROB9 225 Water broke too early
209. PGPROB10 Vaginal/pelvic infection
210. PGPROB11 Intestinal/gall bladder/liver problem
211. PGPROB12 Toxemia
212. PGPROB13 Heart problem
213. PGPROB14 Lupus
214. PGPROB15 Swelling/edema
215. PGPROB16 Baby not growing
216. PGPROB17 Placenta previa/abruption
217. PGPROB18 Incompetent cervix or cerclage seizures
218. PGPROB19 Other* listed

Response to the following:
1) yes
2) no

219. MED10 were you confined to bedrest during previous pregnancy

220. MED11 were you hospitalized for pregnancy complications

221. MED12 did you work during your previous pregnancy

222. MED13 did you stop working before delivery

223. MED14 were you exposed to hazardous chemicals/materials at work

224. PGTHIS1 premature contractions

225. PGTHIS2 high blood pressure

226. PGTHIS3 diabetes

227. PGTHIS4 lung problems

228. PGTHIS5 kidney/bladder problems

229. PGTHIS6 vaginal bleeding

230. PGTHIS7 twins or triplets

231. PGTHIS8 Water broke too early

232. PGTHIS9 Vaginal/pelvic infection

233. PGTHIS10 Intestinal/gall bladder/liver problem

234. PGTHIS11 Toxemia

235. PGTHIS12 Heart problem

236. PGTHIS13 Lupus
237. PGTHIS14  Swelling/edema
238. PGTHIS15  Baby not growing
239. PGTHIS16  Placenta previa/abruption
240. PGTHIS17  Incompetent cervix or cerclage seizures
241. PGTHIS18  Other* listed

Since you found out you were pregnant have you reduced your use of Response:
1) yes
2) no
3) never used

242 MED16  Alcohol
243 MED17  Cigarettes
244 MED18  Caffeine

Response:
1) yes
2) no

245. MED19  Have you been confined to bedrest during this pregnancy
246. MED20  Have you been hospitalized for pregnancy complications
247. MED 21  Are you exposed to hazardous chemicals/materials at work

climate  Mean of comcli1-comcli4 comcli6 pregpro1 pregpro2
coworker  Mean of cowork1-cowork4 cowork7 cohesion
discrim  Mean of exclus racedis favor sexhar unwant gendis
pclimate  Mean of pcomcli1 pcomcli2 pcwork1 pcohesio
perform  Mean of perf1-perf3
<table>
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<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>perform</td>
<td>Mean pperf1-pperf3</td>
</tr>
<tr>
<td>stress</td>
<td>Mean of stress1 stress2 stress4 stress5</td>
</tr>
<tr>
<td>transit1</td>
<td>Mean of trans3-trans7</td>
</tr>
<tr>
<td>trans2</td>
<td>Mean of trans8-trans10</td>
</tr>
<tr>
<td>transita</td>
<td>Mean of trans3-trans10</td>
</tr>
<tr>
<td>coping</td>
<td>Mean of cope1-cope3 cope6</td>
</tr>
<tr>
<td>somatic</td>
<td>Mean of BSI 3, 10, 36, 30, 37, 40, 44</td>
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<tr>
<td>obscomp</td>
<td>Mean of BSI 8, 20, 33, 34, 39, 43</td>
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<tr>
<td>interpc</td>
<td>Mean of BSI 26, 28, 29, 50</td>
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<tr>
<td>depress</td>
<td>Mean of BSI 13, 21 22 24 42 58</td>
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<tr>
<td>anxiety</td>
<td>Mean of BSI 1 17 25 45 53 57</td>
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<tr>
<td>hostile</td>
<td>Mean of BSI 9 18 47 49 54</td>
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<tr>
<td>phobanx</td>
<td>Mean of BSI 11 38 51 55</td>
</tr>
<tr>
<td>paridea</td>
<td>Mean of BSI 7 14 31 56 59</td>
</tr>
<tr>
<td>psycot</td>
<td>Mean of BSI 6 19 41 52 62</td>
</tr>
<tr>
<td>trauma</td>
<td>Mean of BSI 2 4 8 9 11 12 16 17 19 21-25 27 32 35 38 43-46 48 51 53 60 61</td>
</tr>
<tr>
<td>GSI</td>
<td>Mean of BSI 1 3 6-11 13-15 17-22 24-26 28-47 49-59 62 63</td>
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</tbody>
</table>
### FOLLOW UP QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Variable</th>
<th>Field</th>
<th>Item</th>
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</thead>
<tbody>
<tr>
<td>ID2</td>
<td>1-9</td>
<td>1. Social security number</td>
</tr>
<tr>
<td>GRADE2</td>
<td>10-11</td>
<td>2. Military grade:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1) E-1 8) E-8 15) O-2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) E-2 9) E-9 16) O-3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3) E-3 10) WO1 17) O-4</td>
</tr>
<tr>
<td></td>
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<td>4) E-4 11) CW2 18) O-5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5) E-5 12) CW3 19) O-6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6) E-6 13) CW4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7) E-7 14) O-1</td>
</tr>
<tr>
<td>MARITAL2</td>
<td>12</td>
<td>3. Marital status:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1) Single 4) Widowed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) Married 5) Divorced</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3) Separated</td>
</tr>
<tr>
<td>IN MOS2</td>
<td>13</td>
<td>4. Are you currently working in your assigned MOS?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1) yes 2) no</td>
</tr>
<tr>
<td>HOURS2</td>
<td>14-15</td>
<td>5. How many hours a week do you currently work?</td>
</tr>
<tr>
<td>HOUSE2</td>
<td>16</td>
<td>6. What are your housing arrangements?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1) Military housing 3) Renting home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) Apartment 4) Own home</td>
</tr>
<tr>
<td>WKSPREG2</td>
<td>17-18</td>
<td>7. How many weeks pregnant are you currently?</td>
</tr>
<tr>
<td>PREGUNT2</td>
<td>19</td>
<td>8. How many other pregnant women are there in your unit?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1) 0 4) 3 7) Do not know</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) 1 5) 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3) 2 6) 5 +</td>
</tr>
</tbody>
</table>

--- Use the following scale to indicate the extent to which you AGREE or DISAGREE with the following statements: |
| 1) Strongly disagree |
| 2) Disagree |
| 3) Undecided |

142
| CLMAT1 2 20 | 9. Your commander is supportive of your pregnancy |
| CLMAT2 2 21 | 10. The command climate is positive |
| CLMAT3 2 22 | 11. Your pregnancy profile has been honored without question or harassment |
| CLMAT4 2 23 | 12. Medically prescribed work rests have been honored without question or harassment. |
| CLMAT5 2 24 | 13. Leaders are supportive of pregnancy related "sick days" |
| CLMAT6 2 25 | 14. You have not been hassled about time off for pregnancy-related medical appointments |
| CLMAT7 2 26 | 15. You have informed your chain of command about any negative remarks that you have received about your pregnancy. |
| CLMAT8 2 27 | 16. Your chain of command has acted to support you in response to negative remarks about your pregnancy |
| CLMAT9 2 28 | 17. You and your co-workers get along well |
| CLMT10 2 29 | 18. Co-workers have not made negative remarks about you missing PT or FTX because of your pregnancy |
| CLMT11 2 30 | 19. Co-workers have been supportive of your pregnancy |
| CLMT12 2 31 | 20. Co-workers are not resentful of time you missed from work because of your pregnancy |
| CLMT13 2 32 | 21. Co-workers have had their workload increased because of manpower loss due to your pregnancy |
| CLMT14 2 33 | 22. Co-workers are resentful of work load increases because of your pregnancy |
23. Co-workers include you in non-work activities

24. You feel that your unit is cohesive

25. Your morale is high

26. You are committed to the Army/Navy/Air Force/Marines/Coast Guard

--- Use the following scale to answer the questions below:
1) Always
2) Many times
3) Sometimes
4) A few times
5) Never

During pregnancy, in your present unit have you experienced incidences of:

27. Exclusion

28. Racial discrimination

29. Favoritism

30. Sexual Harassment

31. Unwanted Touching

32. Gender Discrimination

33. Were you assigned to a different job by your commander because you were pregnant?
   1) yes
   2) no

34. Were you assigned to a different job because of your exposure to hazardous materials?
   1) yes
   2) no

35. Were you assigned to a different job because of physical requirements
1) yes
2) no

--- If yes, use the following scale to answer the next two questions:
   1) Strongly disagree
   2) Disagree
   3) Undecided
   4) Agree
   5) Strongly Agree

RASSN4 2 47 36. The work is meaningful
RASSN5 2 48 37. The work reassignment was necessary

--- Use the following scale to answer the questions below
   1) Very negatively
   2) Negatively
   3) No effect
   4) Positively
   5) Very positively

RASSN6 2 49 38. How do you think your performance evaluations will be affected because of your work reassignment?
RASSN7 2 50 39. How do you think your chances of promotion will be affected because of your work reassignment?
RASSN8 2 51 40. How do you think being pregnant has affected your chances to make the military a career?
RASSN9 2 52 41. How do you think your pregnancy will affect your career progression or promotion?

--- Use the following scale to answer the questions below:
   1) None at all
   2) A little bit
   3) Some
   4) Quite a bit
   5) Extreme
---Think about life since you got pregnant. On the whole, how much stress do you think came from the problems or concerns with:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRSS1 2 53</td>
<td>42. Family matters</td>
</tr>
<tr>
<td>STRSS2 2 54</td>
<td>43. Financial matters</td>
</tr>
<tr>
<td>STRSS3 2 55</td>
<td>44. People I work with</td>
</tr>
<tr>
<td>STRSS4 2 56</td>
<td>45. Work itself</td>
</tr>
<tr>
<td>STRSS5 2 57</td>
<td>46. Pregnancy</td>
</tr>
</tbody>
</table>

---Use the scale below to indicate how much stress you may have experienced in regard to the following events:

1) A great deal
2) Quite a bit
3) Some
4) A little bit
5) Not at all

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANS1 2 58</td>
<td>47. Worry about being a good parent</td>
</tr>
<tr>
<td>TRANS2 2 59</td>
<td>48. Worry about the added responsibility of a child</td>
</tr>
<tr>
<td>TRANS3 2 60</td>
<td>49. Worry about drifting apart from your spouse</td>
</tr>
<tr>
<td>TRANS4 2 61</td>
<td>50. Worry about sexual relations</td>
</tr>
<tr>
<td>TRANS5 2 62</td>
<td>51. Worry about not having enough time to spend with my husband</td>
</tr>
<tr>
<td>TRANS6 2 63</td>
<td>52. Worry about changes in marital relationship</td>
</tr>
<tr>
<td>TRANS7 2 64</td>
<td>53. Worry about not giving spouse enough affection and attention</td>
</tr>
<tr>
<td>TRANS8 2 65</td>
<td>54. Worry about having adequate finances</td>
</tr>
<tr>
<td>TRANS9 2 66</td>
<td>55. Worry about losing out in my career/job</td>
</tr>
<tr>
<td>TRNS10 2 67</td>
<td>56. Worry about providing adequate care for infant and having to work</td>
</tr>
</tbody>
</table>
---Use the following scale to answer the questions below:
   1) None
   2) A Little Bit
   3) Moderate
   4) Quite a Bit
   5) Extreme

Describe how much discomfort the following problems have caused you **DURING THE PAST WEEK**

<table>
<thead>
<tr>
<th>BSI1B</th>
<th>68</th>
<th>57. Nervousness or shakiness inside</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSI2B</td>
<td>69</td>
<td>58. Repeated unpleasant thoughts</td>
</tr>
<tr>
<td>BSI3B</td>
<td>70</td>
<td>59. Faintness or dizziness</td>
</tr>
<tr>
<td>BSI4B</td>
<td>71</td>
<td>60. Loss of sexual interest or pleasure</td>
</tr>
<tr>
<td>BSI5B</td>
<td>72</td>
<td>61. Feeling critical of others</td>
</tr>
<tr>
<td>BSI6B</td>
<td>73</td>
<td>62. The idea that someone else can control your thoughts</td>
</tr>
<tr>
<td>BSI7B</td>
<td>74</td>
<td>63. Feeling others are to blame for most of your troubles</td>
</tr>
<tr>
<td>BSI8B</td>
<td>75</td>
<td>64. Trouble remembering things</td>
</tr>
<tr>
<td>BSI9B</td>
<td>76</td>
<td>65. Feeling easily annoyed or irritated</td>
</tr>
<tr>
<td>BSI10B</td>
<td>77</td>
<td>66. Pains in heart or chest</td>
</tr>
<tr>
<td>BSI11B</td>
<td>78</td>
<td>67. Feeling afraid in open spaces</td>
</tr>
<tr>
<td>BSI12B</td>
<td>79</td>
<td>68. Feeling low in energy or slowed down</td>
</tr>
<tr>
<td>BSI13B</td>
<td>80</td>
<td>69. Thoughts of ending your life</td>
</tr>
<tr>
<td>BSI14B</td>
<td>81</td>
<td>70. Feeling most people cannot be trusted</td>
</tr>
<tr>
<td>BSI15B</td>
<td>82</td>
<td>71. Poor appetite</td>
</tr>
<tr>
<td>Code</td>
<td>Number</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>BSI16B</td>
<td>83</td>
<td>72. Crying easily</td>
</tr>
<tr>
<td>BSI17B</td>
<td>84</td>
<td>73. Suddenly scared for no reason</td>
</tr>
<tr>
<td>BSI18B</td>
<td>85</td>
<td>74. Temper outbursts that you could not control</td>
</tr>
<tr>
<td>BSI19B</td>
<td>86</td>
<td>75. Feeling lonely even when you are with people</td>
</tr>
<tr>
<td>BSI20B</td>
<td>87</td>
<td>76. Feeling blocked in getting things done</td>
</tr>
<tr>
<td>BSI21B</td>
<td>88</td>
<td>77. Feeling lonely</td>
</tr>
<tr>
<td>BSI22B</td>
<td>89</td>
<td>78. Feeling blue</td>
</tr>
<tr>
<td>BSI23B</td>
<td>90</td>
<td>79. Worrying too much about things</td>
</tr>
<tr>
<td>BSI24B</td>
<td>91</td>
<td>80. Feeling no interest in things</td>
</tr>
<tr>
<td>BSI25B</td>
<td>92</td>
<td>81. Feeling fearful</td>
</tr>
<tr>
<td>BSI26B</td>
<td>93</td>
<td>82. Your feelings being easily hurt</td>
</tr>
<tr>
<td>BSI27B</td>
<td>94</td>
<td>83. Feeling others do not understand you or are unsympathetic</td>
</tr>
<tr>
<td>BSI28B</td>
<td>95</td>
<td>84. Feeling that people are unfriendly or dislike you</td>
</tr>
<tr>
<td>BSI29B</td>
<td>96</td>
<td>85. Feeling inferior to others</td>
</tr>
<tr>
<td>BSI30B</td>
<td>97</td>
<td>86. Nausea or upset stomach</td>
</tr>
<tr>
<td>BSI31B</td>
<td>98</td>
<td>87. Feeling that you are being watched or talked about by others</td>
</tr>
<tr>
<td>BSI32B</td>
<td>99</td>
<td>88. Trouble falling asleep</td>
</tr>
<tr>
<td>BSI33B</td>
<td>100</td>
<td>89. Having to check and double-check what you do</td>
</tr>
<tr>
<td>BSI34B</td>
<td>101</td>
<td>90. Difficulty making decisions</td>
</tr>
<tr>
<td>BSI35B</td>
<td>102</td>
<td>91. Feeling afraid to travel</td>
</tr>
<tr>
<td>BSI36B</td>
<td>103</td>
<td>92. Trouble getting your breath</td>
</tr>
</tbody>
</table>
93. Hot or cold spells
94. Having to avoid certain things, places or activities because they frighten you
95. Your mind going blank
96. Numbness or tingling in parts of your body
97. The idea that you should be punished for your sins
98. Feeling hopeless about the future
99. Trouble concentrating
100. Feeling weak in parts of your body
101. Feeling tense or keyed up
102. Thoughts of death or dying
103. Having urges to beat, injure or harm someone
104. Sleep that is restless or disturbed
105. Having urges to break or smash things
106. Feeling very self-conscious with others
107. Feeling uneasy in crowds
108. Never feeling close to another person
109. Spells of terror or panic
110. Getting into frequent arguments
111. Feeling nervous when you are alone
112. Others not giving you proper credit for your achievements
113. Feeling so restless you couldn’t sit still
BSI58B  125  114. Feelings of worthlessness
BSI59B  126  115. Feeling that people will take advantage of you if you let them
BSI60B  127  116. Thoughts and images of frightening nature
BSI61B  128  117. Feelings of guilt
BSI62B  129  118. The idea that something is wrong with your mind
BSI63B  130  119. Spending less time with peers and friends

---Use the following scale to answer the questions below

1) Very unhelpful
2) Somewhat unhelpful
3) Neutral
4) Somewhat helpful
5) Very helpful
9) Not applicable

How helpful have the following been in helping you cope with your pregnancy and stress

COPE1  2  131  120. Family members
COPE2  2  132  121. Unit members
COPE3  2  133  122. Friends
COPE4  2  134  123. Professional therapist
COPE5  2  135  124. Chaplains/Ministers/Clergy
COPE6  2  136  125. Doctor (Physician)
COPE7  2  137  126. Marine/Navy/Army Community Services
COPE8  2  138  127. Family Support Groups
COPE9  2  139  128. Do you plan to attend childbirth education classes?
    1) yes
2) no

COPE10 2 140 129. Do you plan to attend preparation for parenting classes
1) yes
2) no

TIME1 2 141 130. My pregnancy was planned
1) yes
2) no

TIME2 2 142 131. My pregnancy happened in the time frame I planned
1) yes
2) no

TIME3 2 143 132. Is there a good time during a military career to become pregnant?
1) yes
2) no

TIME4 2 144-156 133. If yes, when?
1) TDA assignment
2) Field assignment
3) CONUS
4) OCONUS
5) Before a military school
6) During a military school
7) After a military school
8) After a PCS
9) Before a PCS
10) While in a leadership position
11) After a leadership position
12) While in a staff position
13) After a staff position

TIME5 2 157-169 134. I planned my pregnancy to occur during: (Check all)
1) TDA assignment
2) Field assignment
3) CONUS
4) OCONUS
5) Before a military school
6) During a military school
7) After a military school
8) After a PCS
9) Before a PCS
10) While in a leadership position
11) After a leadership position
12) While in a staff position
13) After a staff position

TIME6 2 170 135. In general, how many days of work have you missed SINCE you became pregnant?

1) Less than one day a month
2) One day a month
3) Two to three days a month
4) One day a week
5) Two days a week
6) More than two days a week

TIME8 2 171 136. Should maternity leave be extended?

1) yes
2) no

TIME9 2 not on computer data 137. If yes, how long?

MED15 2 172-189 138. Have you had any of the following problems during THIS pregnancy?

1) premature contractions
2) high blood pressure
3) diabetes
4) lung problems
5) kidney/bladder problems
6) vaginal bleeding
7) twins or triplets
8) water broke too early
9) vaginal/pelvic infection
10) intestinal/gall bladder/liver problems
11) toxemia
12) heart problems
13) lupus
14) swelling/edema
15) baby was not growing
16) placenta previa/abruption
17) incompetent cervix or cerclage seizures
18) other

--- Use the following scale:
   1) yes
   2) no
   3) never used

Since you found out you were pregnant,
have you reduced your use of:

MED16 2 190 139. Alcohol
MED17 2 191 140. Cigarettes
MED18 2 192 141. Caffeine
MED19 2 193 142. Have you been confined to bedrest during this pregnancy?
MED20 2 194 143. Have you been hospitalized for pregnancy complications?
MED21 2 195 144. Are you exposed to hazardous chemicals or materials at work?
MED22 2 196 145. If yes, how long?
## DELIVERY LOG

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>ITEM</th>
<th>FIELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SSN</td>
<td>Social Security Number</td>
<td>1-9</td>
</tr>
<tr>
<td>2. GESTATION</td>
<td>Number of weeks/days pregnant at delivery</td>
<td>10-13</td>
</tr>
<tr>
<td></td>
<td>i.e., 40 6/7 weeks: 40.86</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*round off to last full week in analyses</td>
<td></td>
</tr>
<tr>
<td>3. GRAV</td>
<td>The first number is the number of pregnancies</td>
<td>14</td>
</tr>
<tr>
<td>4. PAR</td>
<td>The second number is the number of live births</td>
<td>15</td>
</tr>
<tr>
<td>5. PRESENTATION</td>
<td>Head position:</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>1) OA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2) VTX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3) OP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4) Breech</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5) LOA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6) VTX &amp; OR (VTX)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7) ROA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8) OH (drop)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9) GA (drop)</td>
<td></td>
</tr>
</tbody>
</table>

**Presentation**

1) VTX
2) Breech
3) other

**Position**

1) OA
2) OP
3) LOA
4) ROA

* all positions are VTX presentation, no position for other presentations

| 6. MEMBRANES RUPTURED | 1) AROM assisted rupture of membranes |
|                      | 2) SROM spontaneous rupture of membrane |
|                      | 3) ANON                                  |
|                      | 4) SKOM                                  |
7. MEMBRANE COLOR
1) clear (fluid yes)
2) cloudy (fluid yes)
3) mechonium (mech yes)
4) bloody (fluid bloody)
5) digo-no fluid (fluid not)

Fluid
1) no
2) yes
3) bloody

Mechonium
1) no
2) yes

[OPERATIVE INTERFERENCE]

8. INDUCTION
0) none
1) pitocin
2) IUFD (fetal death)
3) narcotics
4) pitocin & narcotics
5) intocin

Pitocin
1) none
2) pitocin induction
3) pitocin augmentation
4) pitocin unspecified

9. DELIVERY
1) no interference-vaginal: SVD
2) forceps delivery-vaginal
3) cesarean section
4) vacuum assisted
10. EPISIOTOMY & REPAIR

Episiotomy
1) none
2) MLE, 1, 2
3) MLE 3
4) MLE 4
5) NL

Laceration
1) none
2) labial tear
3) bilateral tear
4) labial abrasions
5) sidewall laceration
6) periurethral

11. APGAR
The first number is the APGAR at one minute (i.e., 07)

12. APGAR
The second number is the APGAR at five minutes (i.e., 07)

13. PLACENTA
1) in tact-complete
2) 3V/I
3) Complete w/3V
4) manual
5) to lab
6) frag membrane
7) spontaneous
8) incomplete/retained

Placenta
1) spontaneous
2) manual (exclude c section)

Placenta
1) Complete in tact
2) fram membrane
3) incomplete/retained
4) undetermined (to the lab)

21-22
07) NL
08) labial tear (lac)
09) bilat labial (lac)
10) labial abrasions (lac)
11) sidewall laceration (lac)
12) periurethral (lac)

Episiotomy
1) none
2) MLE, 1, 2
3) MLE 3
4) MLE 4
5) NL

Laceration
1) none
2) labial tear
3) bilateral tear
4) labial abrasions
5) sidewall laceration
6) periurethral

11. APGAR
The first number is the APGAR at one minute (i.e., 07)

12. APGAR
The second number is the APGAR at five minutes (i.e., 07)

13. PLACENTA
1) in tact-complete
2) 3V/I
3) Complete w/3V
4) manual
5) to lab
6) frag membrane
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8) incomplete/retained

Placenta
1) spontaneous
2) manual (exclude c section)

Placenta
1) Complete in tact
2) fram membrane
3) incomplete/retained
4) undetermined (to the lab)

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register #

Do not code-do not data enter

14. BABY’S GENDER
   1) male
   2) female

15. BABY’S WEIGHT
   Gram weight
   29-32

16. ANALGESIA
   1) nubain
   2) phenegran
   3) nubain & phenegran
   4) demeral & phenegram
   5) morphine

   Anaelgesia
   1) no
   2) yes

OXYTOCIN

refer information back to INDUCTION #8

17. COMPLICATIONS:
   List of text for mother
   MOTHER
   (up to 3)
   01) asthma
   02) sickle cell trait
   03) GBS
   04) maternal temp
   05) repeat “C” section
   06) Failure to progress/arrest of descent
   07) suspected chorio
   08) arrest of dialation
   09) IUGR
   10) GDM compound
   11) presentation of hand
   12) chorio (AMP-GET)
   13) prolonged 2nd stage
   14) maternal exhaustion
   15) thick mec.
   16) cystotomy & repair
   17) temperature
18) low platelets
19) uterine rupture
20) short cord
21) non-reassuring tracing
22) pseudotumor cerebri
23) twin gest
24) Rx’d w/emycin
25) AFI
26) brady cardig
27) severe predcompsia
28) IUCD
29) gest. Diabetes A1
30) maternal adrenal insufficiency
31) anemia
32) hep A, B carrier
33) obesity
34) D&C (retained placenta)
35) preclampsia
36) low lying placenta
37) kidney stones
38) hypothyroids
39) rectal fistula
40) active HSV in labor
41) hemorrhoids
42) hypertension
43) urinary tract infection
44) no amnio fluid
45) STD clamedia
46) smoker
47) fibroid group strep
48) Hx rape - VIP
49) Oligo-amniotic fluid
50) Precipitous
51) Rubella
52) HSV-herpes
53) Transverse lin
54) vaginal wall laceration repair
55) mechanium in abd
56) positive PPD (TB)
57) diabetes ADM
58) xxdammosisxxxxx
59) PTL-TXC xxx
61) paynephytisxxxx recurrent xxx (kidneys)
62) PROM prolonged rxxx x + 72 hrs
63) Staph infection
64) Cyst xxx ADNX
65) Malpresentation of baby
66) hemajemesis (pure blood)
67) condylane xxx
68) rape (see code 49)
69) amnio infusion
70) AMA (advanced maternal age)
71) PIH (pg induced hypxxxsion
72) Thrombxxxptopena (low platelets) (see #18)
73) HGSIL (high grade squaemaus intrax lesion dysplasia
74) history pelem labor

17. COMPLICATIONS:

List of text for mother

MOTHER

(up to 3)

01) asthma
02) sickle cell trait
03) GBS
04) maternal temp
05) repeat “C” section
06) Failure to progress/arrest of descent
07) suspected chorio
08) arrest of dilation
09) IUGR interuniterine growth retardation
10) GDM gestational diabetes
11) chorio (AMP-GET)
12) prolonged 2nd stage
13) maternal exhaustion
14) cystotomy & repair
15) low platelets
16) uterine rupture
17) non-reassuring tracing, brady cardia, tachycardia, severe
variables
18) pseudotumor-cerebri
19) twin gest
20) severe preeclampsia
21) IUFD
22) maternal adrenal insufficiency
23) anemia
24) hep A, B carrier
25) obesity

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26) D&C (retained placenta)
27) preclampsia
28) low lying placenta
29) kidney stones
30) hypothyroids
31) rectal fistula
32) active HSV in labor
33) hemorrhoids
34) hypertension
35) urinary tract infection
36) no amino fluid, oligo
37) STD chlamidia
38) smoker
39) fibroid group strep
40) rape
41) Precipitous
42) Rubella
43) HSV-herpes
44) meconium in abd
45) positive PPD (TB)
46) diabetes ADM adult onset
47) Hydramnosys??
48) PTL preterm labor
49) pyelonephritis (kidneys)
50) PROM + 72 hrs
51) Staph infection
52) Cyst xxx ADNX
53) hematemesis (puke blood)
54) condylone
55) amino infusion
56) AMA (advanced maternal age)
57) PIH (pg induced hypxxxsion
58) HGSIL (high grade squaemaus intrax lesion dysplasig
59) ASB asymptomatic bacteria
60) intolerance to contractions
61) fetal distress

18. COMPLICATIONS: List of text for baby
BABY (up to 3)
01) nuchal chord problem
02) shoulder dystocia
03) intolerance to contractions
04) knot in cord
05) terminal mec.
06) fetal distress  
07) RO sepsis  
08) fetal tachycardia  
09) severe variables  
10) IUFD  
11) infant death  
12) apnea (primary)  
13) twins  
14) NICU  
15) compound presentation  
16) temperature  
17) abdominal wall defect  
18) ruptured xxxx cord  
19) deceleration  
20) nonreassuring tracing  
21) omphalocele  
22) terminal bradycardia  
23) hypoplasig  
24) bilateral fetal renal cysts  

18. COMPLICATIONS: List of text for baby  
BABY (up to 3)  
01) nuchal chord problem  
02) shoulder dystocia  
03) RO sepsis  
04) IUFD  
05) infant death  
06) apnea (primary)  
07) twins  
08) NICU  
09) temperature  
10) abdominal wall defect  
11) omphalocele  
12) hypoplasig bilateral fetal renal cysts  

19. ANESTHESIA  
1) none  
2) epidural  
3) spinal  
4) caudal  
5) general  
6) local  
7) epidural & local/spinal
8) Pudendal
9) Nubain & Phenergan

**Anesthesia**

1) none
2) epidural
3) spinal-caudal
4) general
5) local
6) epidural & local/spinal
7) pudendal
8) nubain & phenergan

20. **EBL**  Estimated blood loss  47-50
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