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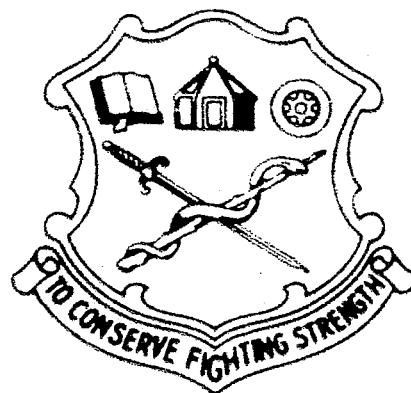
**WOMEN IN THE MILITARY: PREGNANCY,
COMMAND CLIMATE, ORGANIZATIONAL
BEHAVIOR, AND OUTCOMES**

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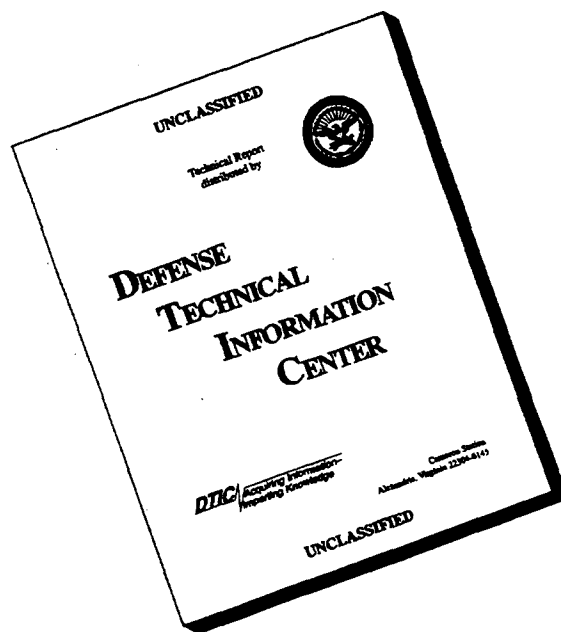
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Defense Women's Health Research Program

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

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13. ABSTRACT <i>(Maximum 200 words)</i> <p>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.</p> <p>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.</p> <p>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.</p>			
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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,

home, or her pregnancy (Caplan, 1957, 1964; Coleman & Coleman, 1971; Kleinman, 1977; Lederman, 1984; Leifer, 1980; Lubin, Gardner & Roth, 1975; Rubin, 1984).

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

distress than those who live off base (Splonskowski, 1992).

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

1. Pregnancy is a time of increased psychological stress (Caplan, 1957, 1964; Coleman & Coleman, 1971; Kleinman, 1977; Lederman, 1984; Lubin et al., 1975; Rubin, 1984).
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 measure 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

I. Demographic Variables

Table # Page #

a. DEMOGRAPHIC VARIABLES LIST	1	15
b. GRADE		
Military Pay Groups (E1 - 05) B	2	15
Enlisted - Officers P	3	15
c. AGE		
Year Groups (Quartiles) B	4	15
Year Groups B	5	15
d. TENURE		
Year Groups B	6	15
e. MARTIAL STATUS		
Martial Status (%) B	7	16
Martial Status (n) B	8	16
f. BRANCH		
Federal Services B	9	16
g. SPOUSE'S ACTIVE DUTY (AD) STATUS		
AD/Non-AD/NA P	10	16
h. ETHNICITY		
Ethnic Groups P	11	16
Spouse's Ethnic Group P	12	16
Mother & Father's Ethnicity - by Ethnic Group B	13	17
Mother & Father's Ethnicity - by Ethnic Group P	14	17
Mother & Father's Ethnicity - Mixed/Same Ethnicity P	15	17
i. EDUCATION		
Highest Level P	16	17
j. HOUSING		
Arrangement P	17	17
k. GESTATION		
Term B	18	17

I. Demographic Variable (Continuation)

Table # Page #

1. PRIOR PREGNANCIES		
Never - Five B	19	18
None/At least Once P	20	18
m. PREGNANT WOMEN IN UNIT		
None - Five/Don't Know B	21	18
None/At least one/Don't Know P	22	18
n. HOSPITAL		
Facility Used P	23	18
o. CURRENT MOS		
Appropriate P	24	18
p. WORK HOURS PER WEEK		
10 or less - >40 hours B	25	19
35 or less - >40 hours B	26	19
q. PREGNANCY PLANNING		
Planned P	27	19
r. PREGNANCY TIMING		
Planned P	28	19
s. PREGNANCY IN MILITARY CAREER		
Appropriate Time P	29	19

B = Bar chart

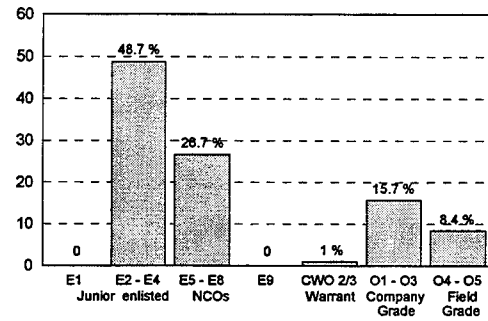
P = Pie chart

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

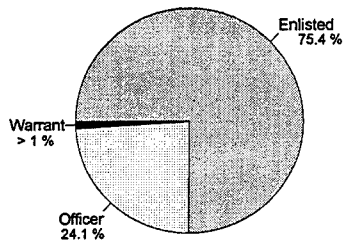
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Military Pay Group



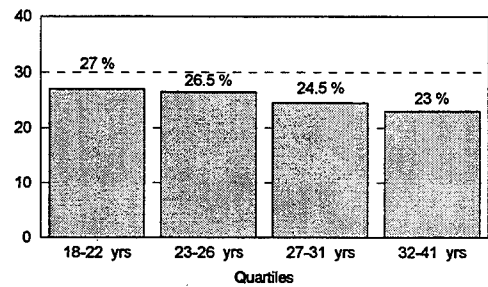
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Grade



3

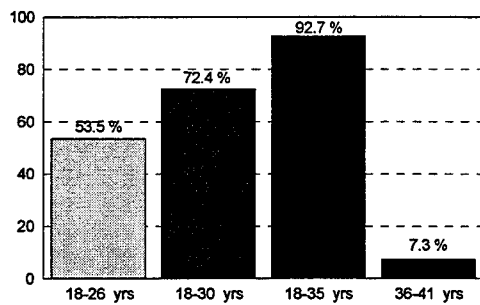
Age Group



Mean age = 26.9

4

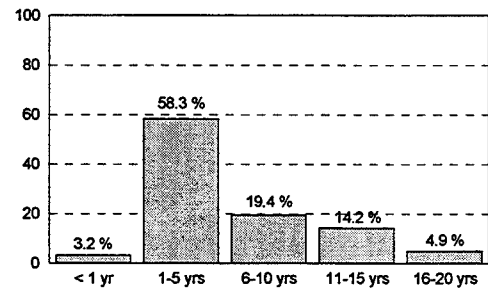
Age Group



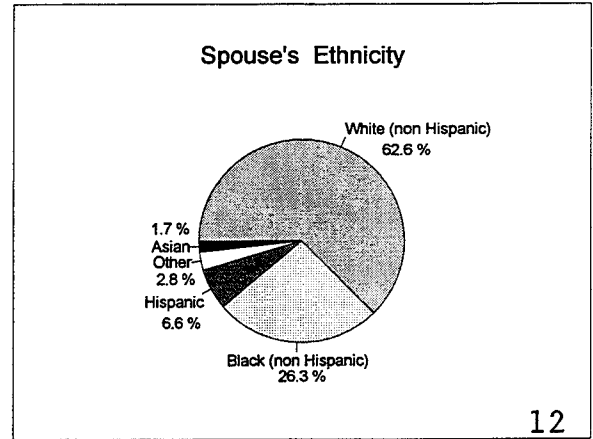
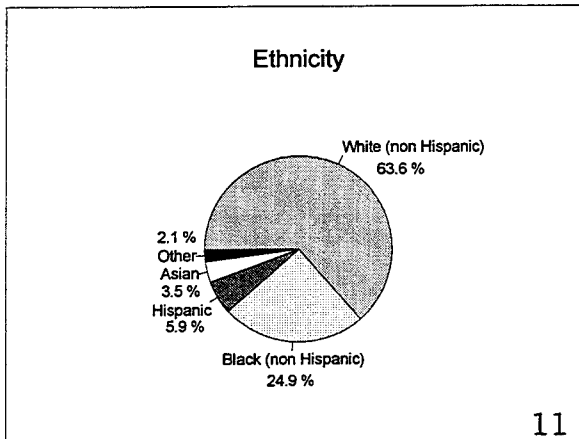
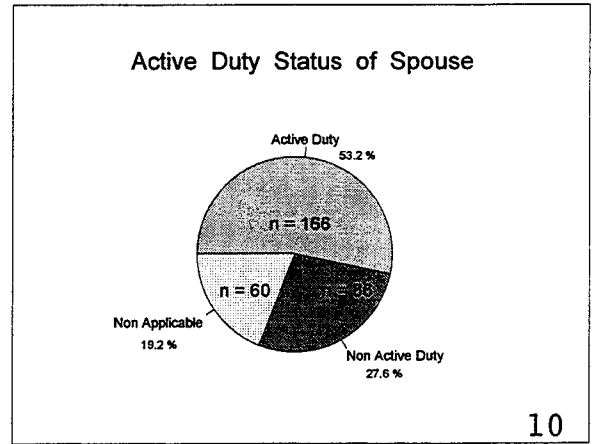
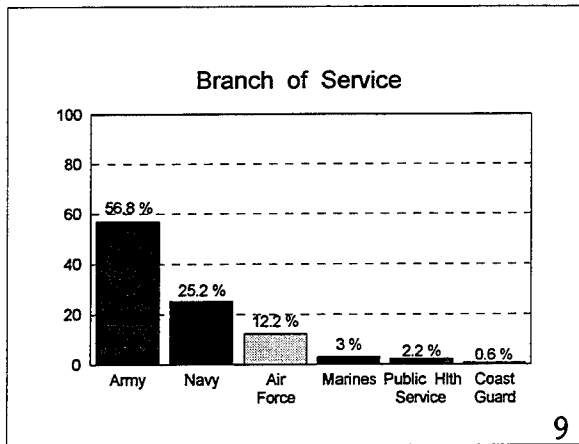
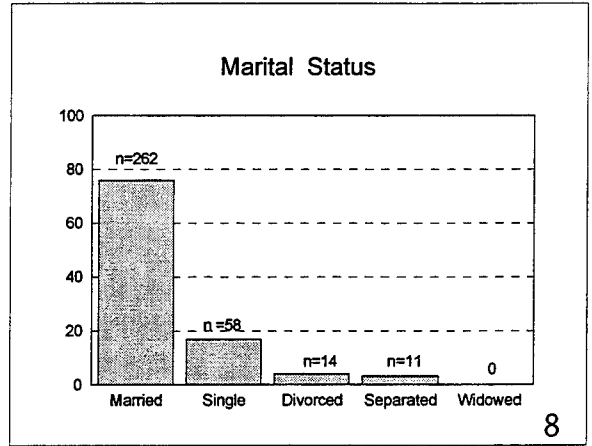
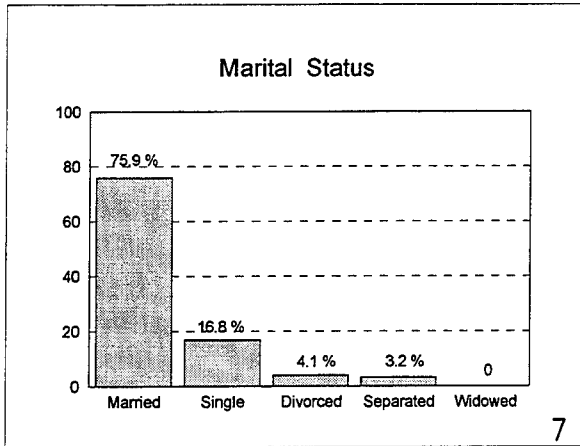
Mean age = 26.9

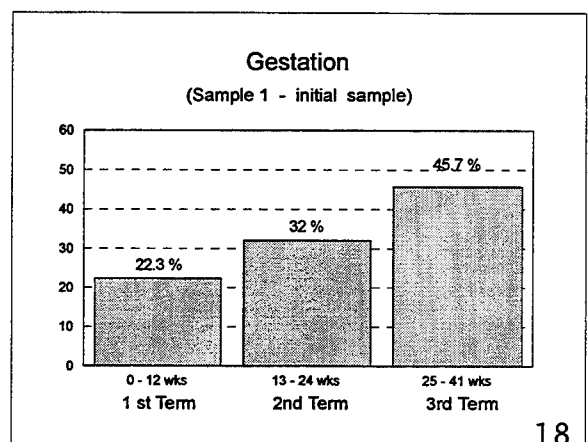
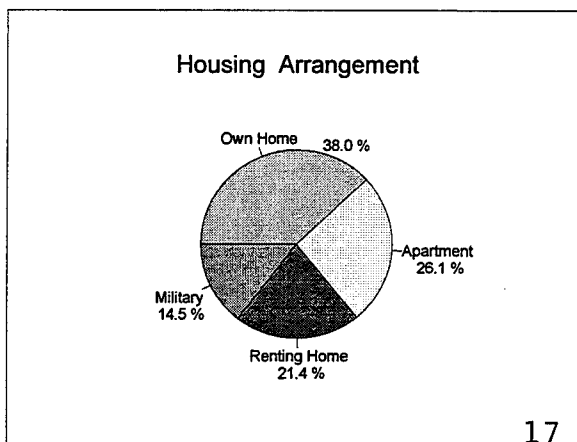
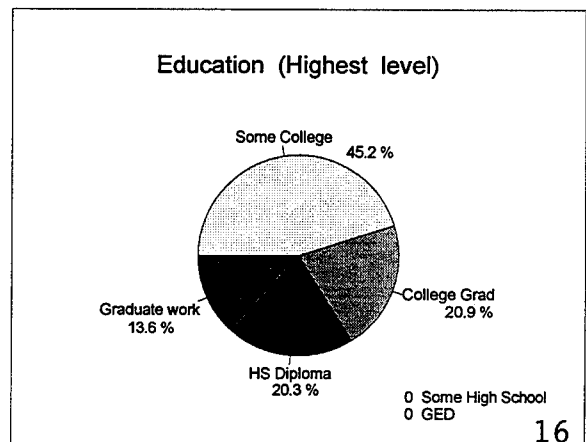
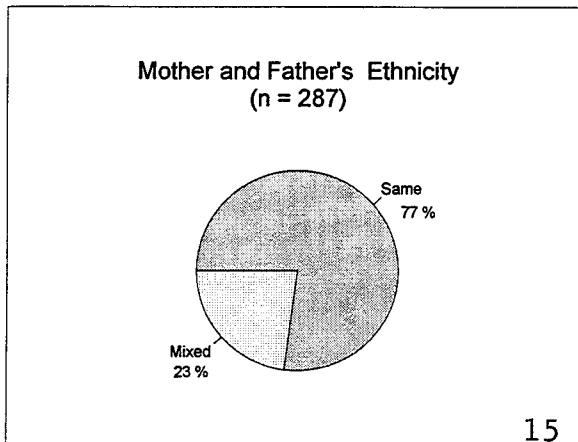
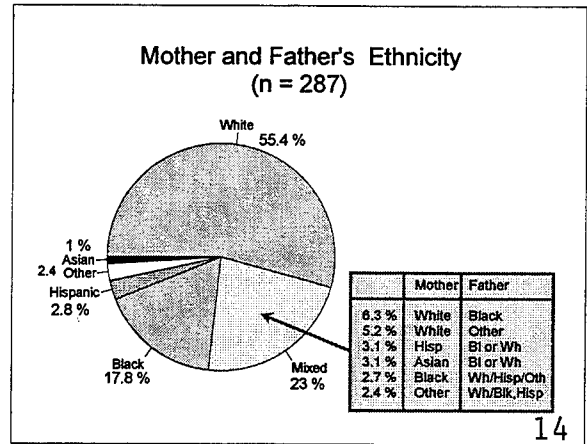
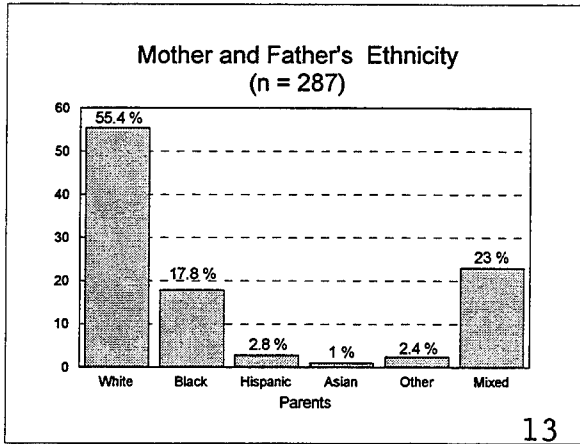
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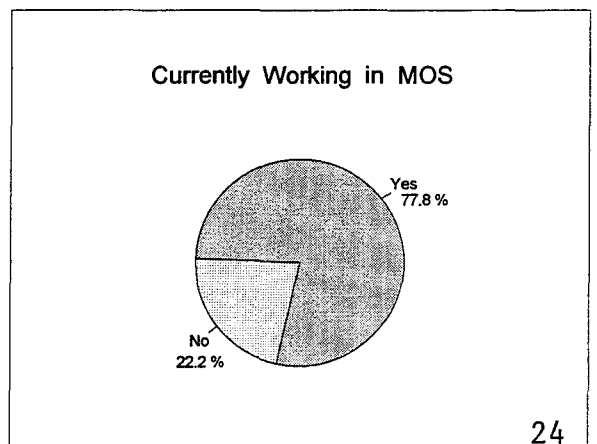
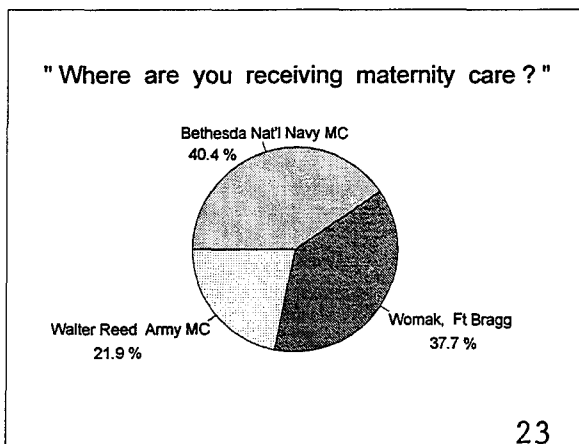
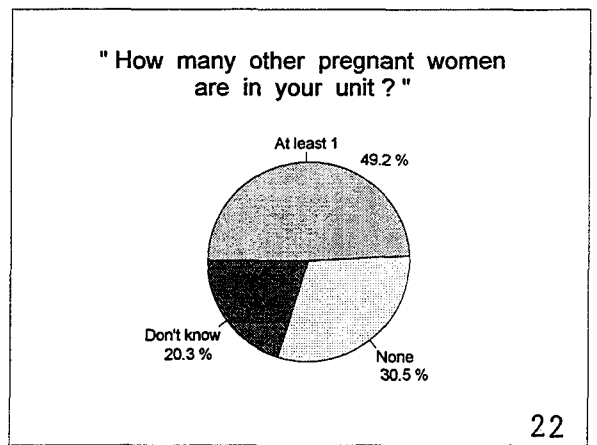
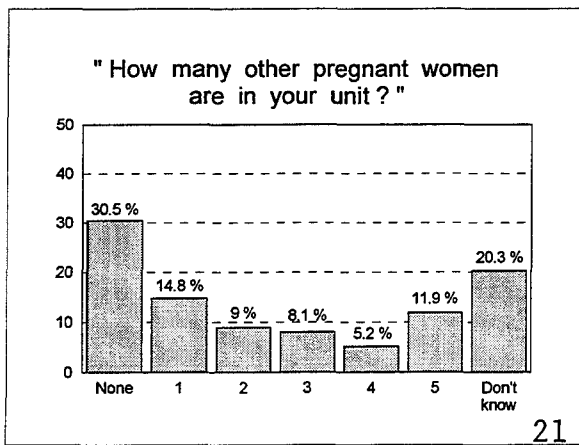
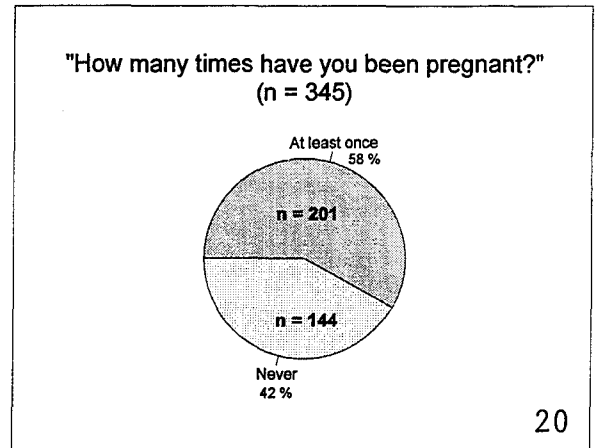
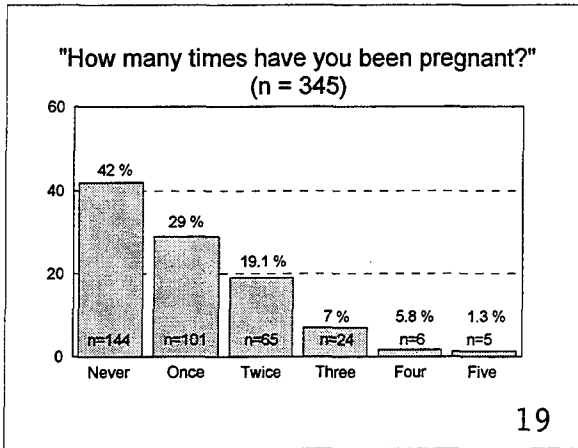
Tenure

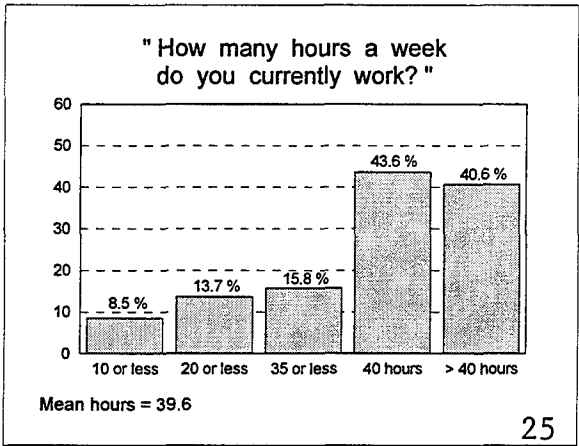


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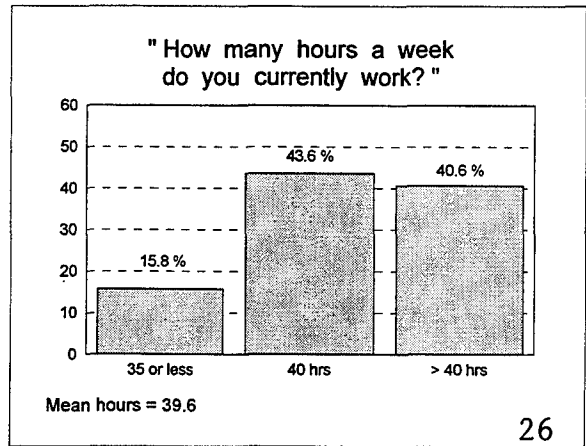




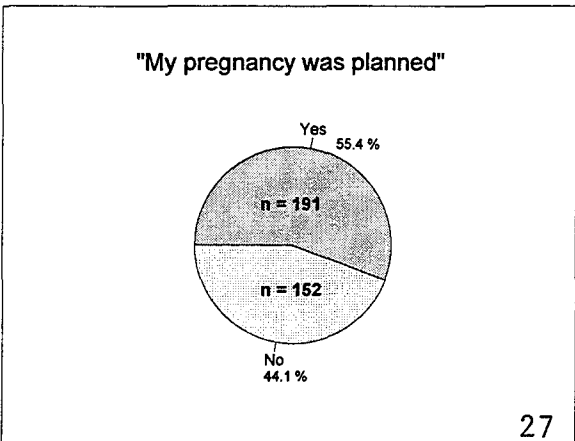




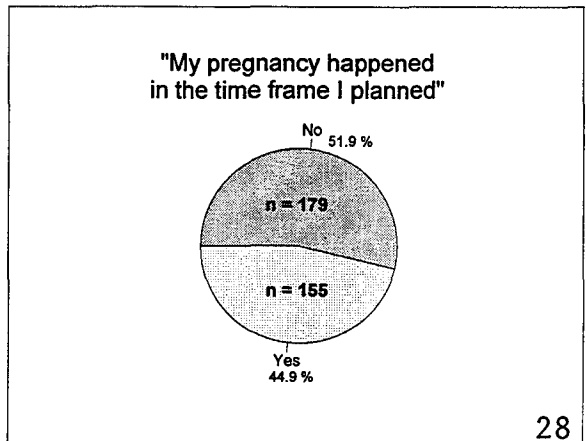
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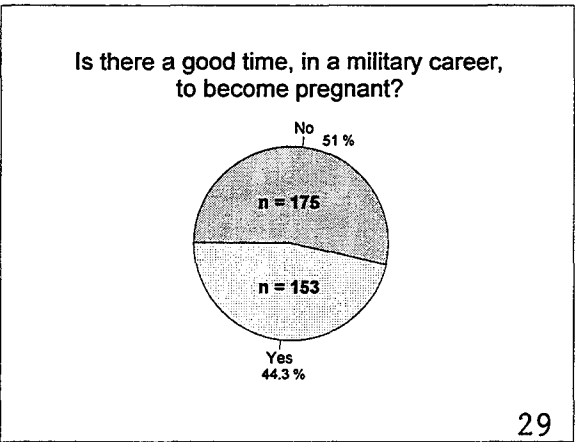
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27



28



29

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 (Derogotis 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

II. Summary Measures

	<u>Table #</u>	<u>Page #</u>
a. SUMMARY MEASURES LIST	30	25
b. BEHAVIORAL SYMPTOMS INVENTORY (BSI) LIST Nine Subscales; Two Summary Scales	31	25
c. EVALUATION CRITERIA	32	25
d. PREGNANCY PROFILE SUPPORT One Factor	33	25
e. COMMAND SUPPORT One Factor	34	25
f. COWORKER SUPPORT/COHESION One Factor	35	25
g. DISCRIMINATION/HARASSMENT One Factor	36	26
h. PRIOR COMMAND SUPPORT One Factor	37	26
i. PERFORMANCE One Factor	38	26
j. PRIOR PERFORMANCE One Factor	39	26
k. STRESS One Factor	40	26
l. TRANSITION - SPOUSE One Factor	41	26
m. TRANSITION - WORK One Factor	42	27
n. COPING One Factor	43	27

II. Summary Measures (continuation)

Table # Page #

o. BEHAVIORAL SUBSCALE INVENTORY (BSI) (Nine Subscales)		
Somatization	44	27
Obsessive-Compulsive	45	27
Interpersonal Sensitivity	46	27
Depression	47	27
Anxiety	48	28
Hostility	49	28
Phobic Anxiety	50	28
Paranoid Ideation	51	28
Psychoticism	52	28
p. SUMMARY SCALES (Two scales):		
Trauma	53	28
General Severity Inventory	54	29
q. RELIABILITY ESTIMATES	55	29
(Continuation)	56	29

B = Bar chart

P = Pie chart

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

30

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

31

EVALUATION CRITERIA

- Residual Analysis
- Fit Indices: FGI, χ^2 , CFI, NFI (null + incremental)
- Squared Multiple Correlations (SMCs)
- t - tests

32

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

33

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

34

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

35

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

36

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

37

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

38

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

39

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

40

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

41

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

42

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

43

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

44

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

45

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

46

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

47

BSI: ANXIETY

6 items total

- Nervousness or shakiness inside
- Suddenly scared for no reason
- Feeling fearful
- Feeling tense or keyed up
- Spells of terror or panic
- Feeling so restless you couldn't sit still

48

BSI: HOSTILITY

5 items total

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

49

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 uneasy in crowds
- Feeling nervous when you are alone

50

BSI: PARANOID IDEATION

5 items total

- Feeling others are to blame for most of your troubles
- Feeling that most people can't be trusted
- Feeling that you are watched or talked about by others
- Others not giving you proper credit for your achievements
- Feeling people will take advantage of you if you let them

51

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

52

TRAUMA

Weakness
Trouble remembering
Trouble concentrating
Feeling lonely
Feeling "Blue"
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/dying
Sleepless/disturbed
Thoughts/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

53

GENERAL SEVERITY INVENTORY

Faintness/dizziness	Feeling lonely	No credit for achievements
Pains in heart/chest	Feeling "Blue"	People might take advantage
Nausea	No interest in things	Thoughts controlled by others
Trouble getting breath	Feeling worthless	Feel lonely around others
Hot/cold spells	Nervous/shaky inside	Should be punished by sins
Numbness/tingling	Scared for no reason	Never feel close to others
Weakness	Feel fearful	Feel something wrong/mind
Trouble remembering	Feel tense/keyed up	Easily annoyed/irritated
Block accomplishments	Spells of terror/panic	Temper outbursts
Check/recheck actions	Feeling restless	Urges to harm someone
Making decisions	Afraid in open spaces	Urges to break things
Mind goes blank	Afraid to travel	Frequent arguments
Trouble concentrating	Avoid things/places	Poor appetite
Self conscious w/others	Uneasy in crowds	Trouble falling asleep
Feelings hurt easily	Nervous when alone	Thoughts of death/dying
Feel others dislike you	Blame troubles on others	Feelings of guilt
Feel inferior to others	Can't trust people	
Thoughts of suicide	Watched/talked about	

54

SUMMARY MEASURES: RELIABILITY ESTIMATES

	Cronbach	
	Alpha	Items
General Severity Inventory	.96	53
Trauma	.94	27
Transition - Spouse	.91	5
Prior Performance	.90	3
Coworker Support	.88	6
Obsessive Compulsive	.88	6
Depression	.86	6
Pregnancy Support	.86	4
Prior Climate	.85	4
Performance	.85	3
Command Support	.85	3
Harassment	.84	5
Discrimination	.84	6

continued 55

SUMMARY MEASURES: RELIABILITY ESTIMATES
(continued)

	Cronbach	
	Alpha	Items
Hostility	.83	5
Paranoid Ideation	.83	5
Anxiety	.81	6
Interpersonal Sensitivity	.80	4
Transition - Work	.79	3
Somatization	.78	7
Phobic Anxiety	.73	5
Psychoticism	.71	5
Coping	.70	4
Stress	.63	4

56

DEMOGRAPHICS & SUMMARY MEASURES

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

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III. Demographics & Summary Measures

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a. DEMOGRAPHIC VARIABLES	57	34
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III. Demographics & Summary Measures (Continuation)

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n. PRIOR PREGNANCIES	80	37
o. PREGNANT WOMEN IN UNIT		
Inversely & Positively related	81	38

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

57

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

58

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

59

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)

60

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

61

Grade (A): Demographics & Summary Measures

Grade (A) Inversly (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)

62

**Grade (B): Demographics & Summary Measures
Junior Enlisted Different Than All Others**

Smallest mean: Pregnancy Profile Supp Prior Cmd Support
 Command Support Performance
 Coworker Support Prior Performance
 ~ Discrimination Transition - Spouse

Highest mean: Stress
 Somatization Hostility
 Obsessive Comp Phobic Anxiety
 Interpersonal Sens Paranoid Ideation
 Depression Psychoticism
 Anxiety Discrimination/
 ~ Trauma Harassment
 GSI

63

**Grade (C): Demographics & Summary Measures
Officer & Enlisted Significant Differences**

Officer mean Higher: Pregnancy Profile Support
 Command Support
 Coworker Support
 Discrimination/Harassment
 Prior Command Support
 Performance
 Prior performance
 Transition - Spouse

Enlisted mean Higher: Stress
 Somatization Hostility
 Obsessive Comp Phobic Anx
 Interpersonal Sens Paranoid Idea
 Depression Psychoticism
 Anxiety Discrimination/
 Trauma Harassment
 GSI

64

Age: Demographics & Summary Measures

Age Positively related to:

Grade	Performance
Tenure	Prior Performance
Education	Transition - Spouse
Home Ownership	Transition - Work
Number of Pregnancies	Morale
Command Support	Commitment
Pregnancy Profile Support	Pregnancy Planned
Coworker Support	Pregnancy Time Frame
Prior Command Support	Pregnancy Timing in Military Career

65

Age: Demographics & Summary Measures

Age Inversely (negatively) related to:

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

66

Tenure: Demographics & Summary Measures

Positively related to:

Grade	Coworker Support
Age	Prior Command Supp
Education	Commitment
Married	Planned Pregnancy
Command Support	Pregnancy Timing
Pregnancy Profile Supp	Preg Time in Mil Career
Transition - Work	Home Owner

Inversely (negatively) related to:

Discrimination/Harassment	Somatization
Stress	Obsessive/Compulsive
Turnover	Interpersonal Sensitivity
Turnover (Prior)	Depression
Anxiety	Paranoid Ideation
Hostility	Psychoticism
Phobic Anxiety	Trauma
	GSI

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Marital Status: Demographics & Summary Measures

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

Single HIGHER mean than married

Stress
 Somatization, Interpersonal Sensi,
 Depression, Anxiety, Hostility,
 Phobic Anxiety, Paranoid Idea,
 Psychoticism
 Trauma
 GSI

No difference between all other groups

68

Branch

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

69

Branch: Demographics & Summary Measures

**Significant Differences
(Army + Navy)**

Discrimination/Harassment:	▶	Army higher mean
Somatization:		
Interpersonal Sensitivity:		
Hostility:		
Trauma:		
General Severity Inventory:		
Pregnancy Profile Support:	▶	Navy higher mean
Command Support:		
Prior Command Support:		
Performance:		
Prior Performance:		

70

Spouse Active Duty (AD): Demographics & Summary Measures

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

71

Ethnicity: Demographics & Summary Measures

White HIGHER mean than Black

Prior Command Support
Prior Performance

No difference between all other groups

72

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)

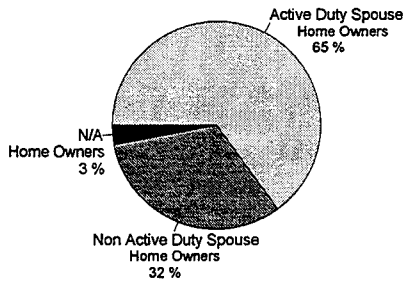
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Education: Demographics & Summary Measures

Positively related to:	
Grade	Pregnancy Profile Supp
Age	Prior Performance
Command Support	Transition - Spouse
Coworkers Support	Hours work per week
Prior Command Support	Morale
Performance	Commitment
Inversely (negatively) related to:	
Somatization, Obsessive Comp,	
Interpersonal Sensi, Depression,	
Anxiety, Hostility, Phobic Anxiety,	
Paranoid Idea, Psychoticism	
Trauma	
GSI	
Stress	

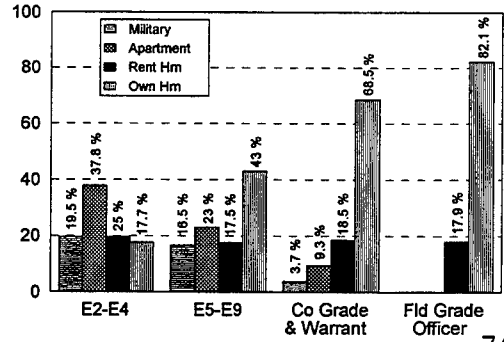
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Housing and Spouse-Active Duty



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Housing and Military Grade



76

Housing: Demographics & Summary Measures

Home Ownership Positively related to:

- | | |
|-------------------|-------------------------|
| Grade | Pregnancy Profile Supp |
| Age | Coworker Support |
| Tenure | Prior Command Supp |
| Married | Performance |
| Ethnicity (White) | Planned Pregnancy |
| Couple (White) | Pregnancy Timing |
| Education | Preg Time in Mil Career |
| Command Support | |

Inversely (negatively) related to:

- | | |
|--------------------|-------------------|
| Stress | Hostility |
| Turnover | Phobic Anxiety |
| Turnover (Prior) | Paranoid Ideation |
| Somatization | Psychoticism |
| Interpersonal Sens | Trauma |
| Depression | GSI |
| Anxiety | |

77

Pregnancy term: Summary Measures

No difference:

- Pregnancy Support
- Command Climate
- Coworker
- Discrimination/Harassment
- Performance
- Prior Performance
- Stress
- Coping
- BSI subscales

78

Gestation: Summary Measures

- Hours worked per week
- Absences
- + Performance

79

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

(Never to 5 +)

Positively related to:

- Age
- Hostility

80

"Number of other pregnant women in your unit":
Demographic & Summary Measures

Inversely (negatively) related to:

Grade	Performance
Age	Prior Performance
Coworker Support	Tenure
Command Support	Morale
Prior Command Sup	Commitment

Positively related to:

Stress
Discrimination/Harassment
Somatization, Obsessive Comp,
Interpersonal Sensi, Depression,
Anxiety, Hostility, Phobic Anxiety,
Paranoid Idea, Psychoticism
Trauma & GSI

81

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

EVANS4.PRS

IV. Medical History

Table # Page

a. NUMBER OF PRIOR PREGNANCIES		
Frequencies: Never - Five B	82	43
Frequencies: Never/At Least 1 P	83	43
b. PRIOR PREGNANCY HISTORY		
Full Term Deliveries B	84	43
Full Term Deliveries P	85	43
Premature Deliveries B	86	43
Abortions B	87	43
Miscarriages B	88	44
Summary of delivery outcomes P	89	44
Vaginal Deliveries B	90	44
Vaginal Deliveries P	91	44
Cesarean "C" Section B	92	44
Number Living Children B	93	44
Number Living Children P	94	45
c. PRIOR PREGNANCY PROBLEMS		
Frequencies: Problems	95	45
Frequencies: Number of problems (0-8)	96	45
Frequencies: Number of problems B	97	45
d. PRIOR WORK HISTORY		
Work during pregnancies P	98	45
Stop work before delivery P	99	45
Confined to bedrest P	100	46
Hospitalized for complications P	101	46
Exposure to hazardous chemicals P	102	46
e. CURRENT PREGNANCY PROBLEMS		
Frequencies: Problems	103	46
Frequencies: Number of problems (0-8)	104	46
Frequencies: Number of problems B	105	46
Frequencies: Confined to bedrest (Yes/No)	106	47
Hospitalized for complications (Yes/No)		
Exposed to hazardous chemicals (Yes/No)		
Confined to bedrest: Yes/No P	107	47
Hospitalized for complications: Yes/No P	108	47
Exposed to hazardous chemicals P	109	47
Demographics & Summary Measures: Multiple problems	110	47

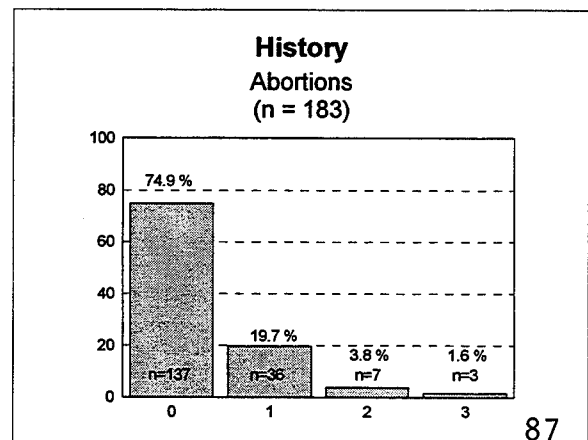
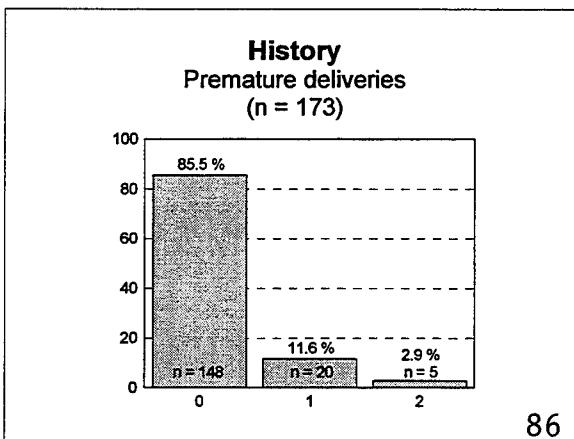
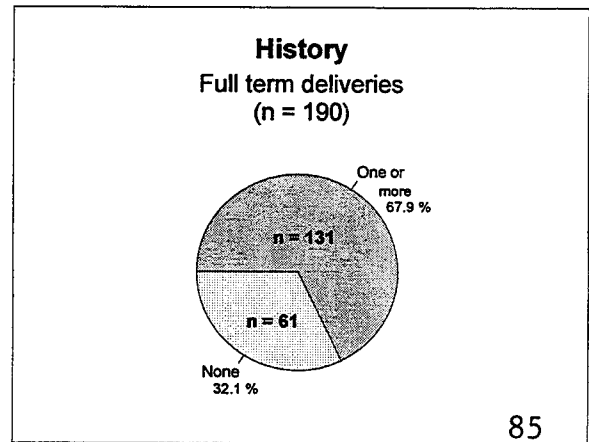
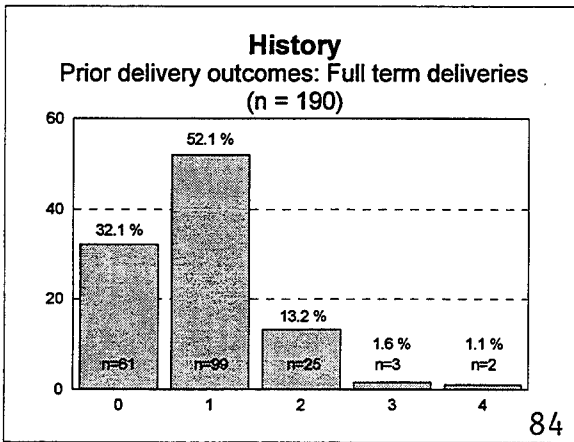
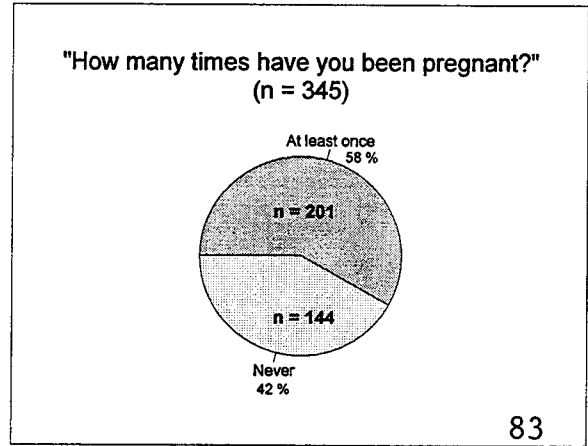
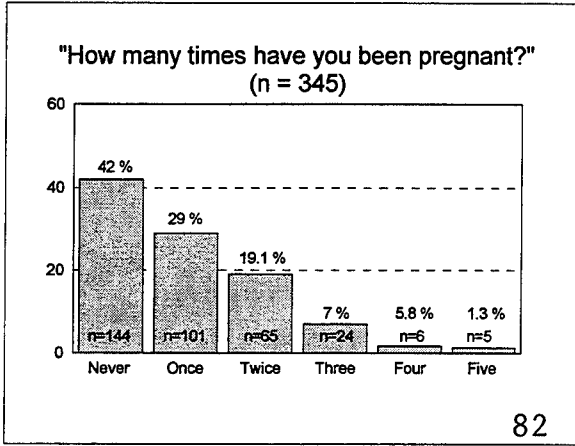
IV. Medical History (continuation)

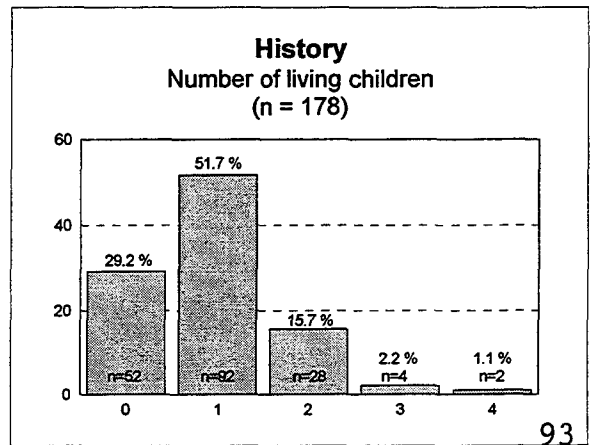
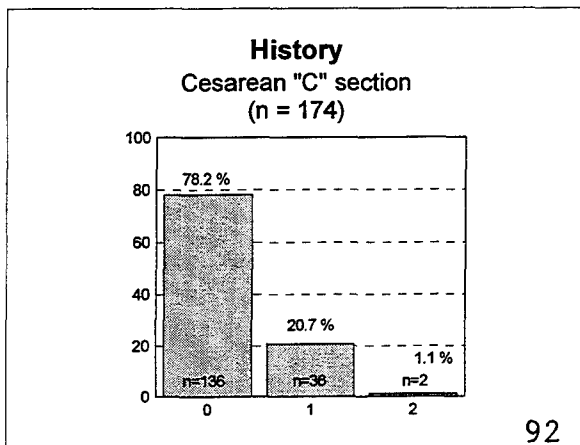
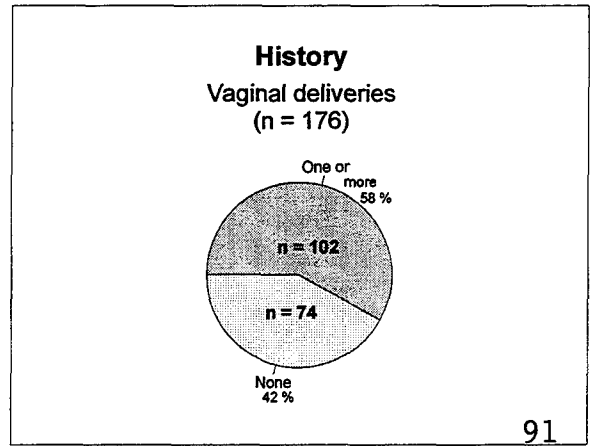
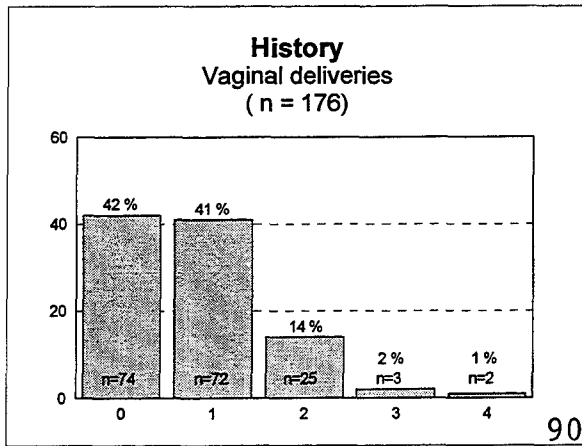
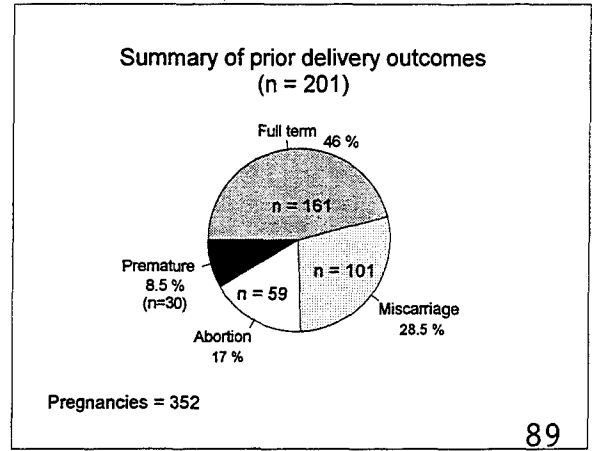
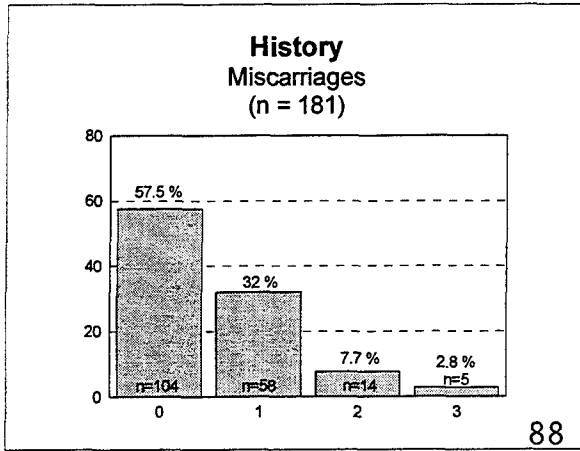
Table # Page #

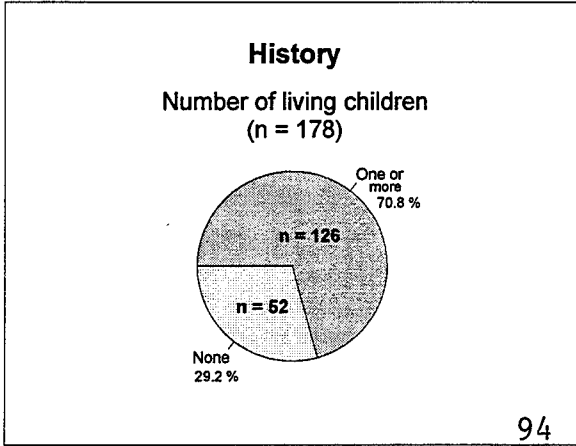
f. PRIOR AND CURRENT PROBLEMS (LONGITUDINAL)		
Frequencies: Medical problem history	111	47
Frequencies: Number of current problems w/No prior problems	112	48
Current problems with No Prior Problems B	113	48
Frequencies: Number of current problems w/One prior problem	114	48
Current problems with One prior problem B	115	48
Frequencies: Number of current problems w/Two prior problem	116	48
Current problems with Two Prior Problems B	117	48
Frequencies: Number of current problems w/Three prior problem	118	49
Current problems with Three prior problems B	119	49
Frequencies: Number of current problems w/Four prior problem	120	49
Current problems with Four Prior Problems B	121	49
Frequencies: Number of current problems w/Five prior problem	122	49
Current problems with Five prior problems B	123	49
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







Prior pregnancy problems (n = 201)

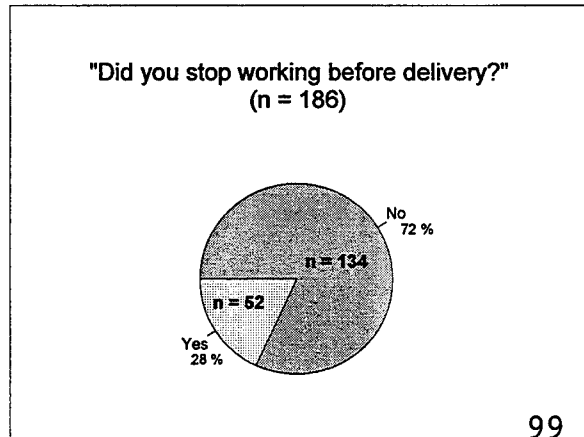
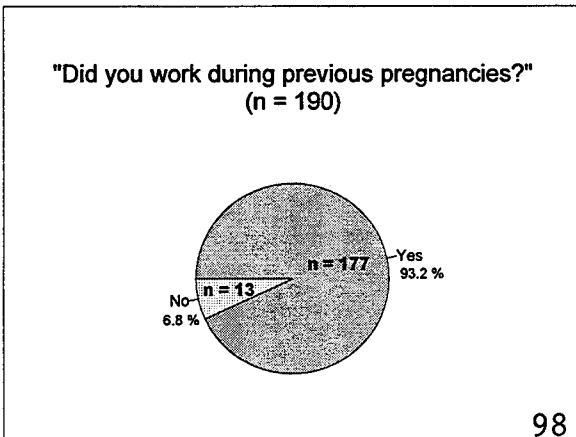
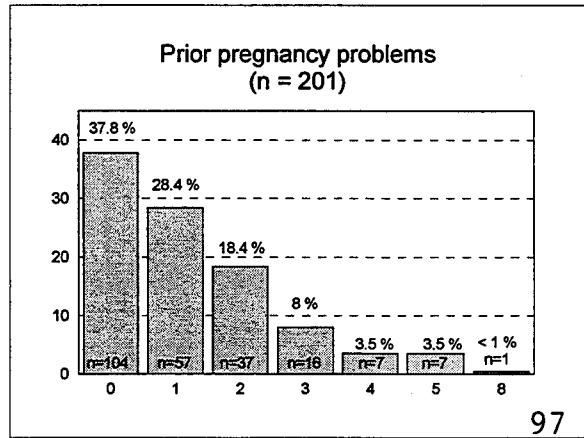
Premature contractions	21 %	n = 42
Vaginal Bleeding	19 %	n = 38
Swelling/Edema	15.4 %	n = 31
High blood pressure	13 %	n = 26
Other problems	10.4 %	n = 21
Water broke early	7 %	n = 14
Kidney/bladder problems	6.5 %	n = 13
Vaginal/Pelvic infection	6 %	n = 12
Toxemia	6 %	n = 12
Baby not growing	6 %	n = 12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

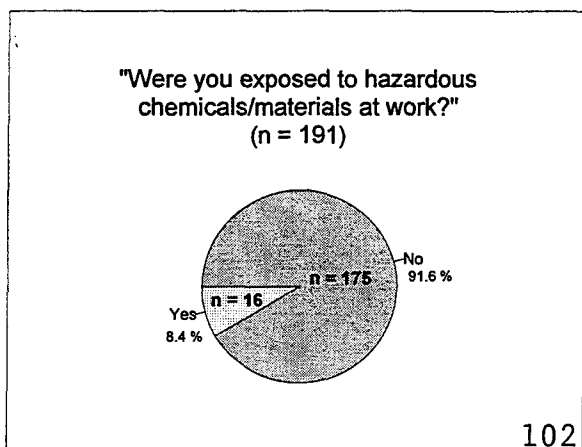
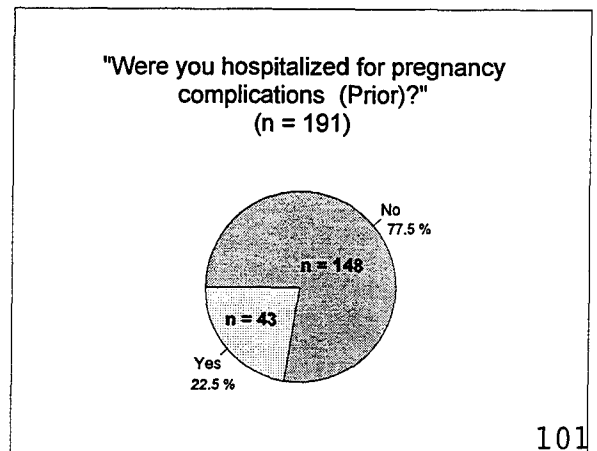
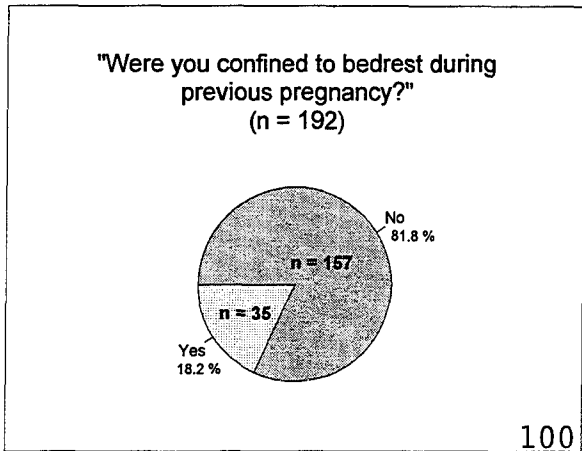
95

Prior pregnancy problems (n = 201)

No problem	37.8 %	n = 76
One problem	28.4 %	n = 57
Two problems	18.4 %	n = 37
Three problems	8 %	n = 16
Four problems	3.5 %	n = 7
Five problems	3.5 %	n = 7
Eight problems	< 1 %	n = 1

96





Current pregnancy problems (n = 345)

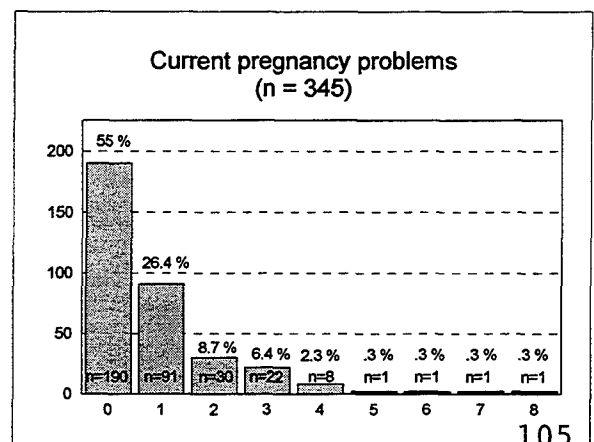
Premature contractions	13 %	n = 45
Swelling/Edema	13 %	n = 45
Vaginal bleeding	11.3 %	n = 39
Other problems	11 %	n = 38
Vaginal/Pelvic infection	8.7 %	n = 30
High blood pressure	7 %	n = 23
Kidney/Bladder problem	6.4 %	n = 22
Diabetes	2 %	n = 7
Twins/Triplets	2 %	n = 7
Lung Problems	2 %	n = 6
Heart problem	1 %	n = 4
Baby not growing	.9 %	n = 3
Placenta Previa/Abruption	.6 %	n = 2
Intestinal/Gall bladder/Liver problem	.6 %	n = 2
Toxemia	.3 %	n = 1
Lupus	.3 %	n = 1

103

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	.3 %	n = 1
Six problems	.3 %	n = 1
Seven problems	.3 %	n = 1
Eight problems	.3 %	n = 1

104



"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)

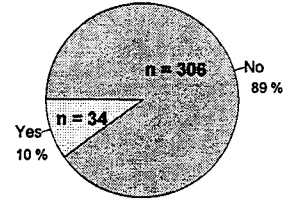
Yes	7 %	n = 25
No	91 %	n = 315

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

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

106

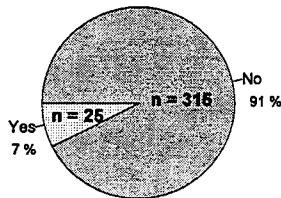
"Have you been confined to bedrest during this pregnancy?" (n = 345)



Missing n=5

107

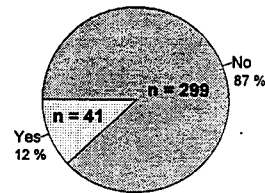
"Have you been hospitalized for pregnancy complications during this pregnancy?" (n = 345)



Missing n=5

108

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



109

**Multiple problems in current pregnancy:
Demographics & Summary Measures**

No difference across sites

- | | |
|-------------------|-----------------|
| + Enlisted | - Education |
| + Prior problems | - Homeowners |
| + Gestation | - Prior Climate |
| + GSI | - Morale |
| + 9 Subscales BSI | |

110

**Medical problem history
(n = 201)**

Prior problems	Current problems
-----------------------	-------------------------

n = 125 (62 %)	n = 97 (78 %)
-------------------	------------------

Prior problems	Current problems
-----------------------	-------------------------

None = 76	None = 104
One = 57	One = 58
Two = 37	Two = 17
Three = 16	Three = 15
Four = 7	Four = 6
Five = 7	Five = 1
Eight = 1	

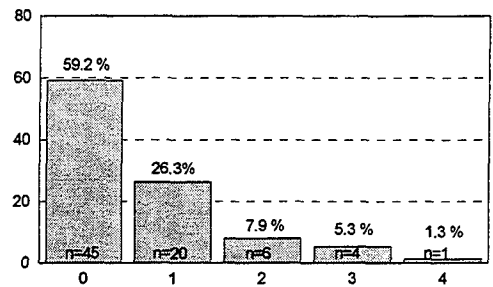
111

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

112

Current pregnancy problems with
no prior pregnancy problems
(n = 76, 38 %)



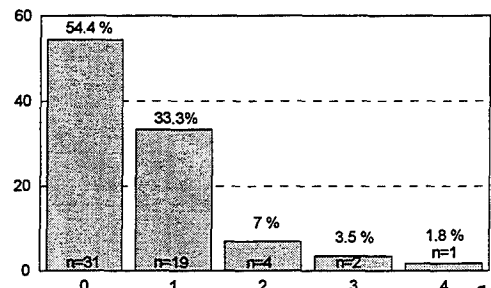
113

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

114

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



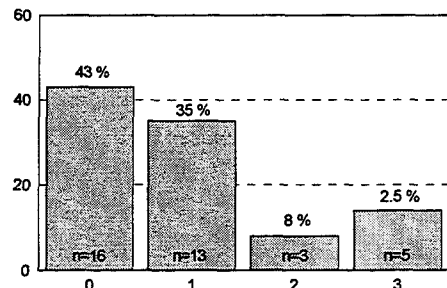
115

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

No current problems	43 %	n = 16
One current problems	35 %	n = 13
Two current problems	8 %	n = 3
Three current problems	14 %	n = 5

116

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



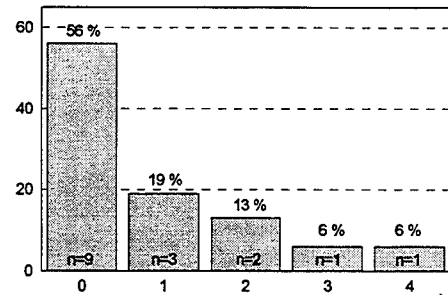
117

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

118

Current pregnancy problems with three prior pregnancy problems (n = 16, 8 %)



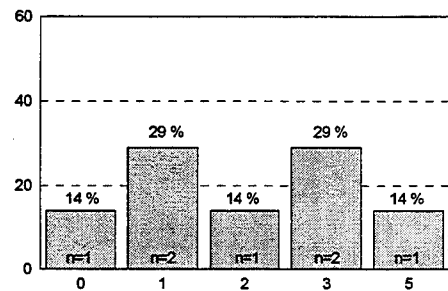
119

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
Five current problems	14 %	n = 1

120

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



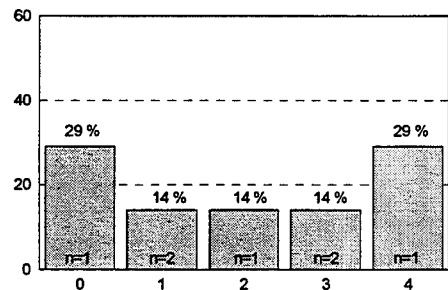
121

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

122

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



123

"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

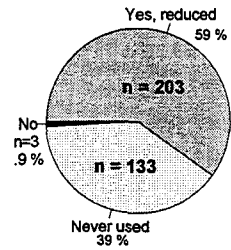
Yes, reduced	22 %	n = 75
No	1 %	n = 4
Never used	75 %	n = 259

CAFFEINE

Yes, reduced	81 %	n = 278
No	6 %	n = 20
Never used	12 %	n = 40

124

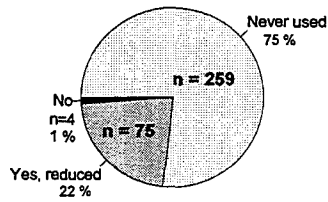
"Since you found out you were pregnant, have you reduced your use of ALCOHOL?" (n = 345)



Missing n=6

125

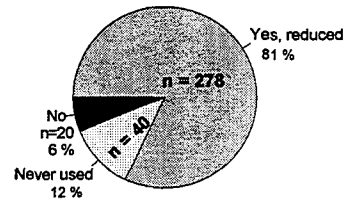
"Since you found out you were pregnant, have you reduced your use of CIGARETTES?" (n = 345)



Missing n=6

126

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



Missing n=7

127

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

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V. Ethnicity

Table # Page

a. GRADE

E-1 - E-4 B	128	54
E-1 - E-4 P	129	54
E-5 - E-9 B	130	54
E-5 - E-9 P	131	54
Company Grade & Warrant Officers B	132	54
Company Grade & Warrant Officers P	133	54
Field Grade Officers B	134	55
Field Grade Officers P	135	55
Enlisted	136	55
Officer	137	55
White Enlisted/Officer P	138	55
Black Enlisted/Officer P	139	55
Hispanic Enlisted/Officer P	140	56
Asian Enlisted/Officer P	141	56
Other Enlisted/Officer P	142	56
Enlisted and Officer B	143	56
Enlisted and Officer P	144	56

b. EDUCATION (HIGHEST LEVEL)

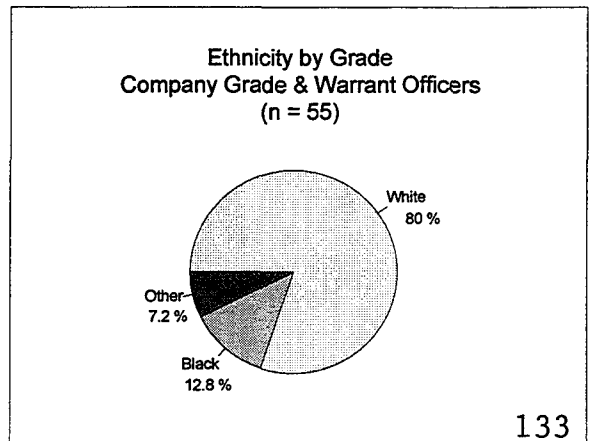
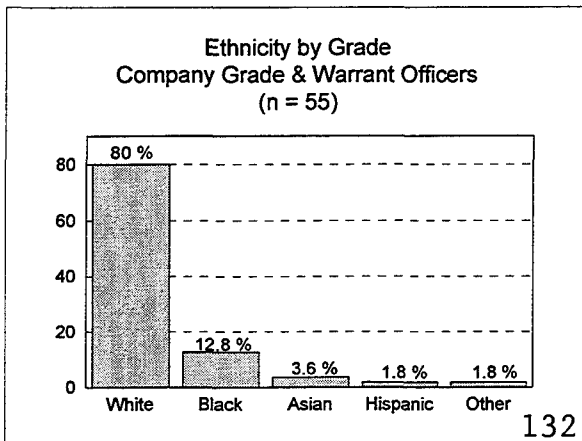
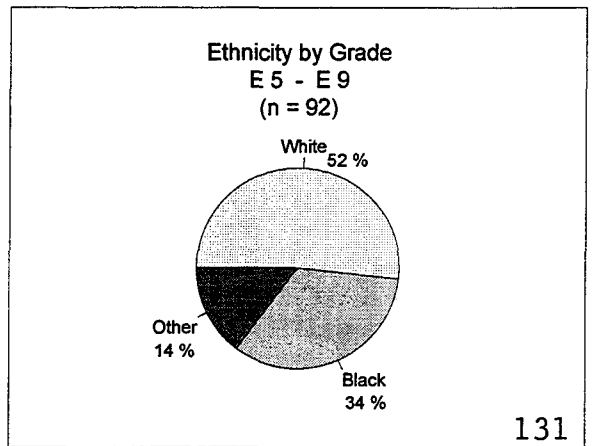
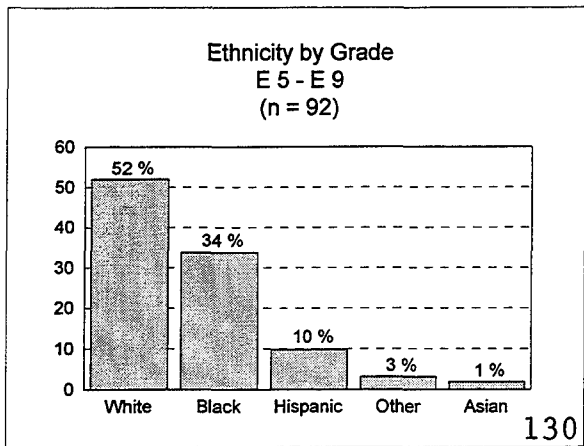
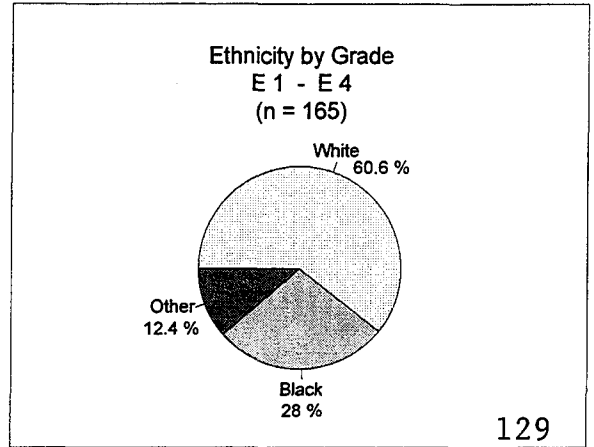
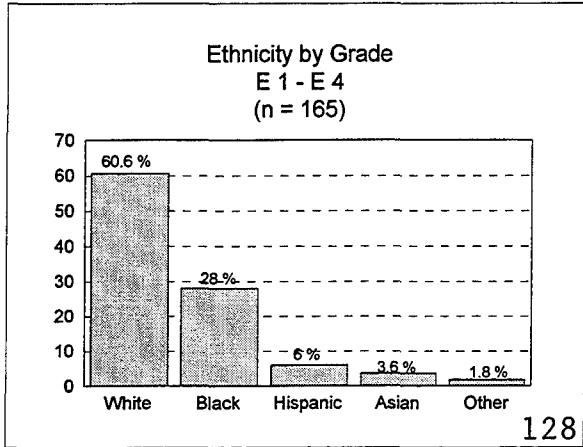
High School Diploma B	145	57
Some College B	146	57
College Graduate B	147	57
Graduate Work B	148	57
All Ethnic groups by Highest Education Level B	149	57
All Education Levels by Ethnic groups B	150	57

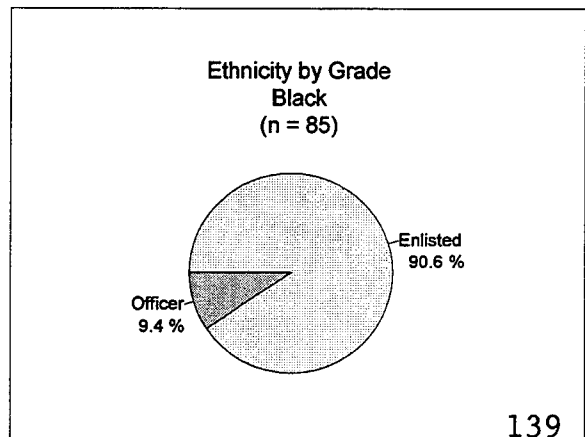
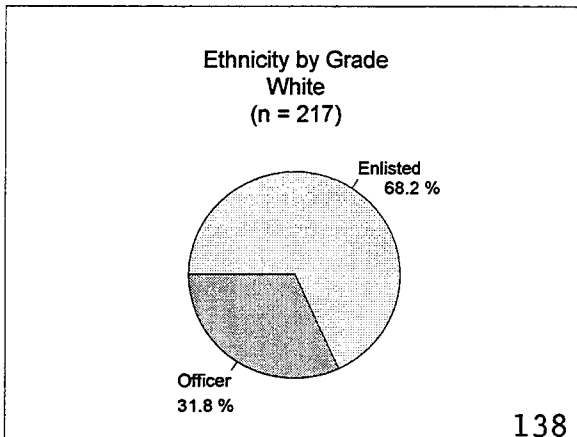
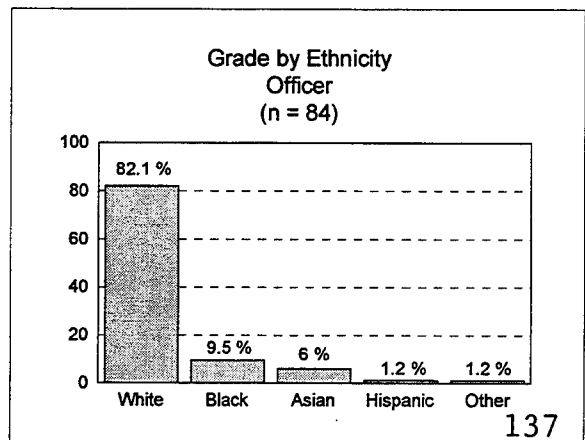
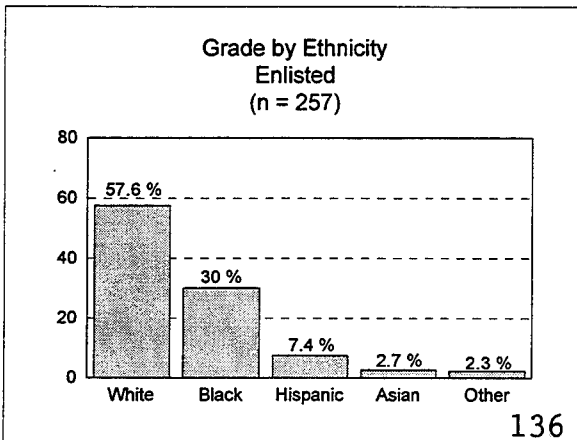
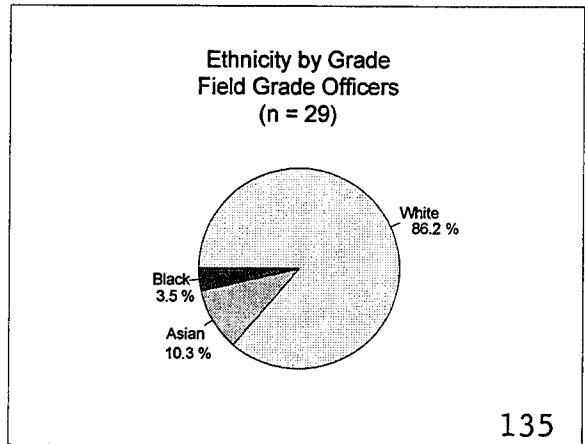
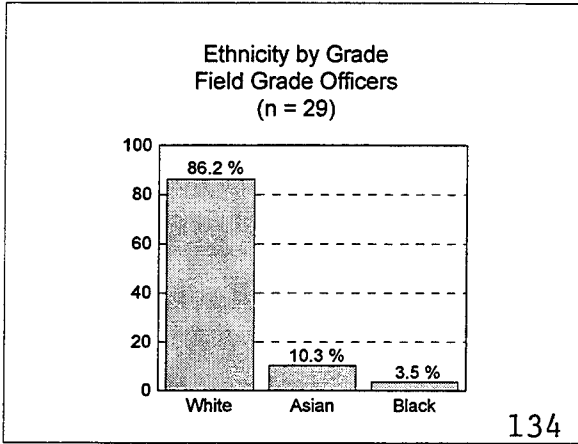
c. MARTIAL STATUS

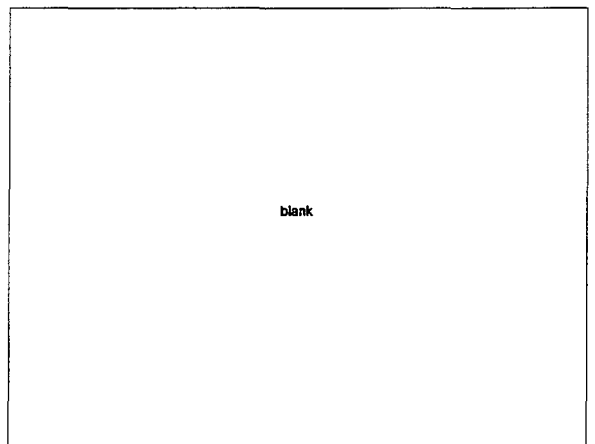
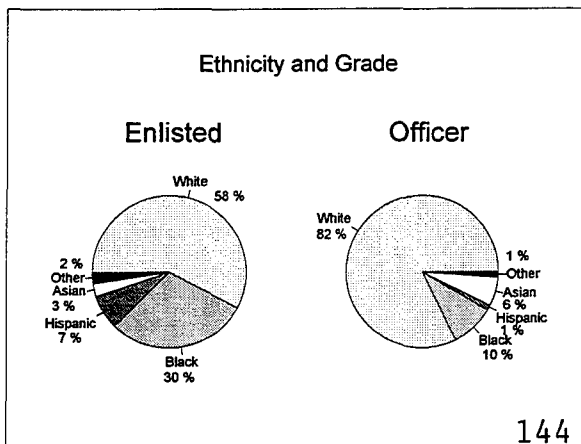
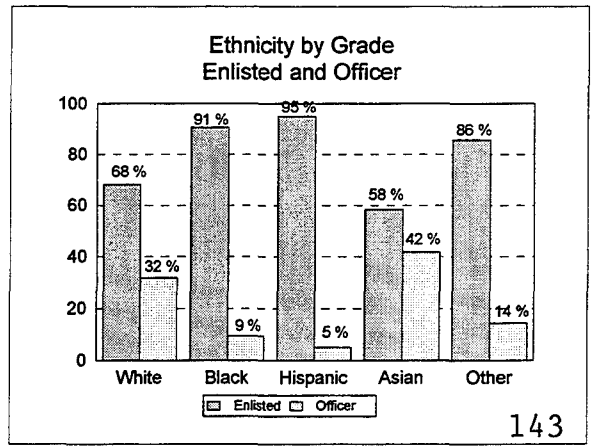
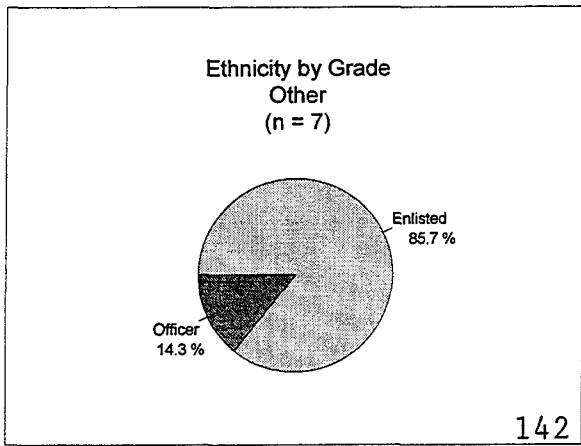
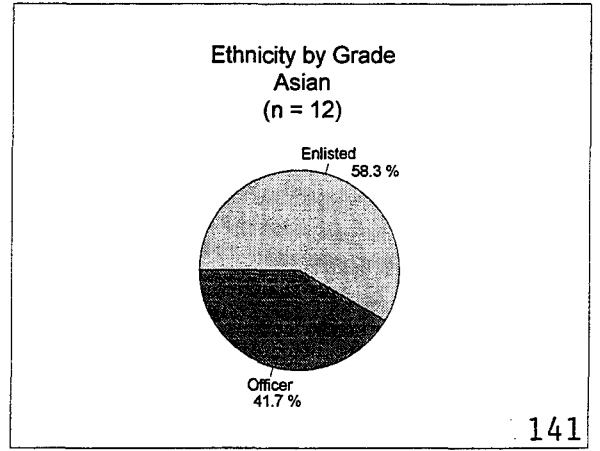
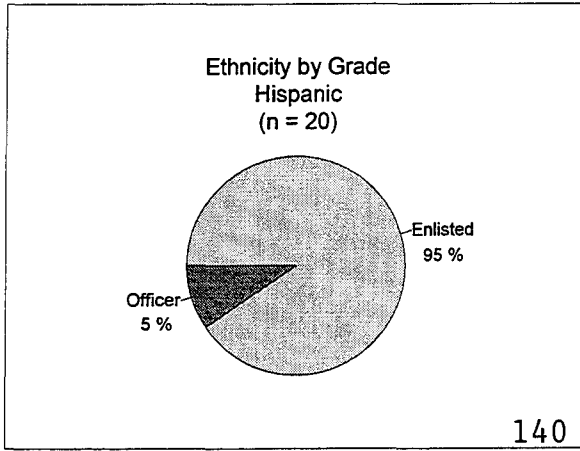
White Mothers B	151	58
White Mothers P	152	58
Black Mothers B	153	58
Black Mothers P	154	58
Hispanic Mothers B	155	58
Hispanic Mothers P	156	58
Asian Mothers B	157	59
Other Mothers B	158	59
Asian/Other Mothers P	159	59

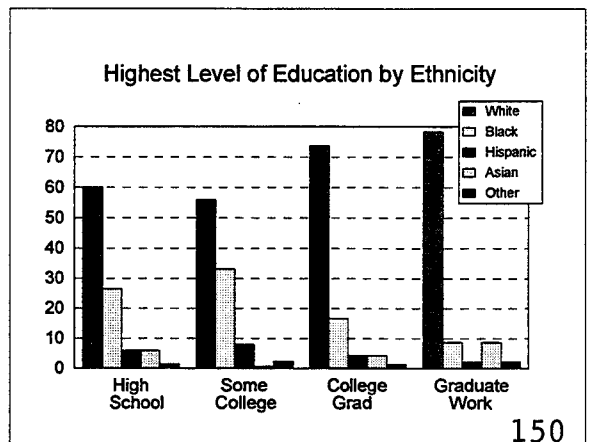
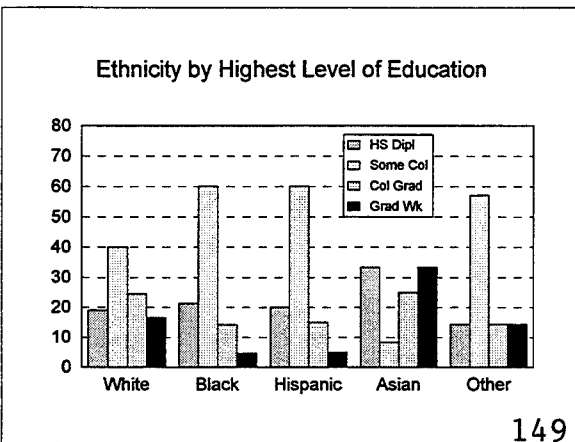
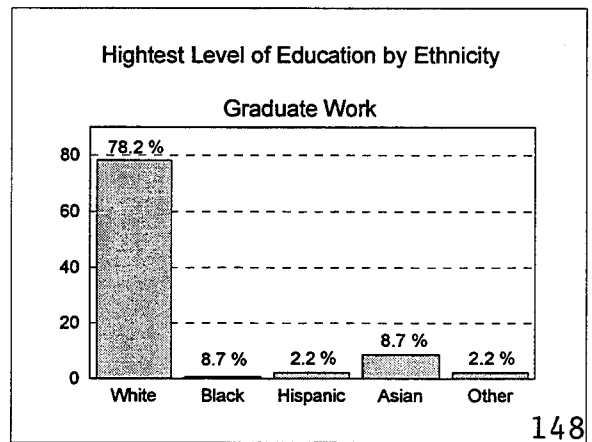
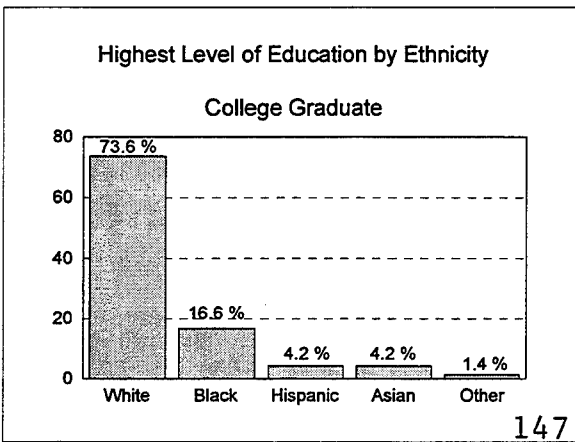
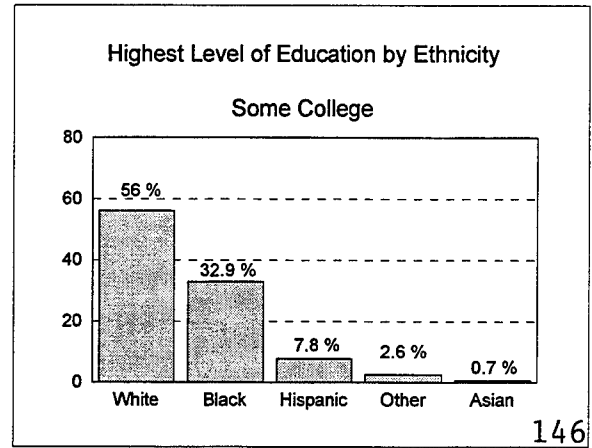
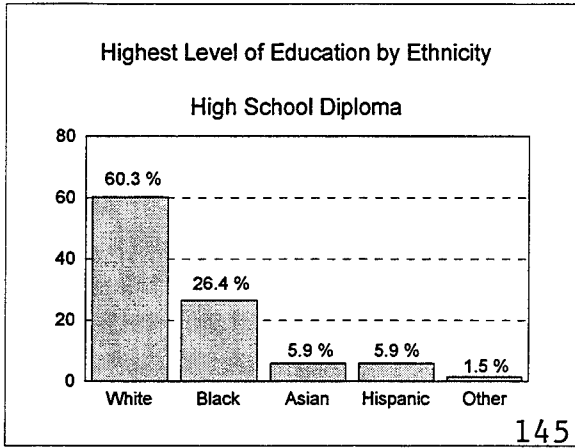
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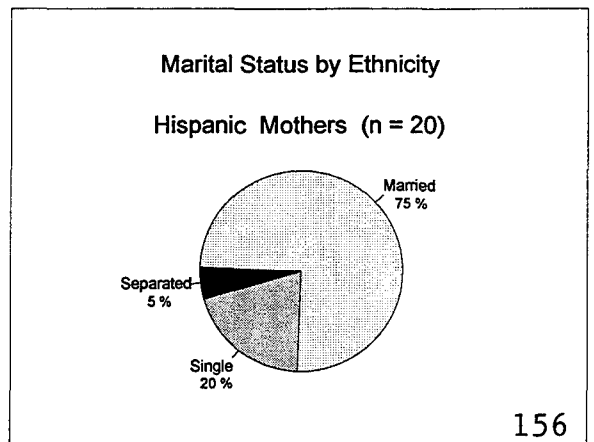
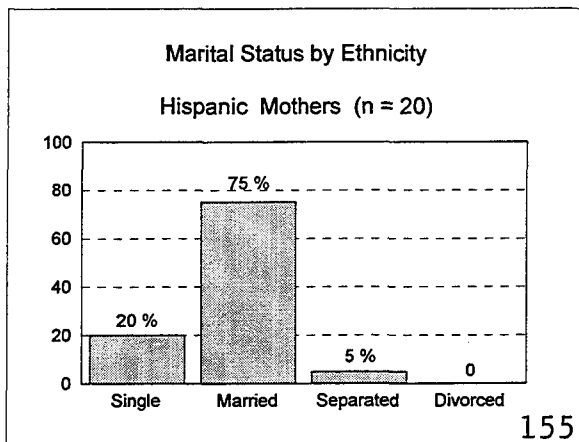
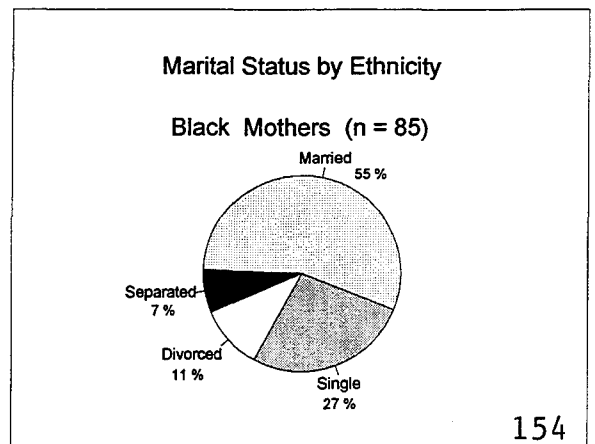
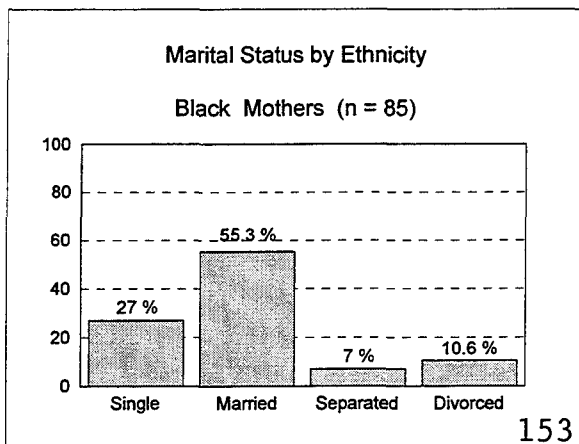
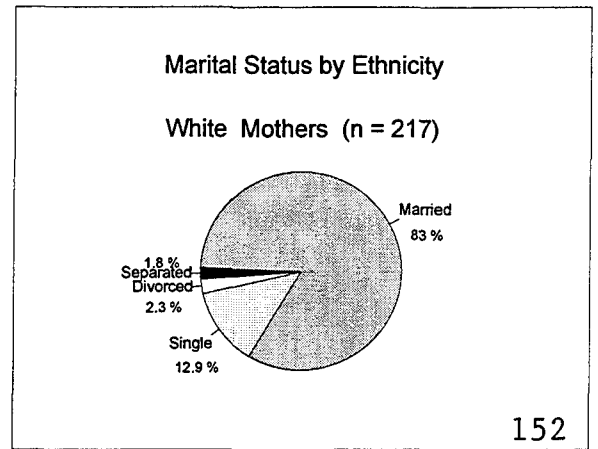
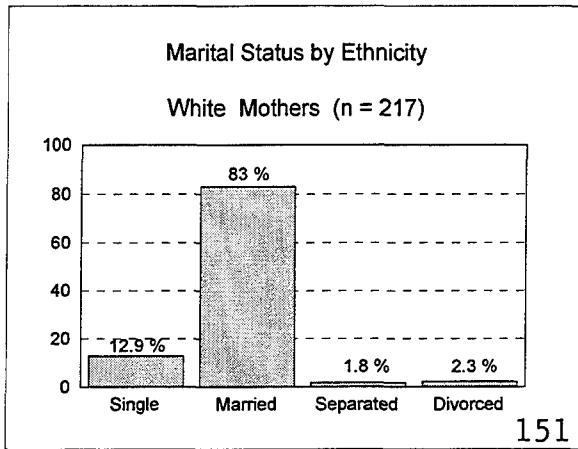
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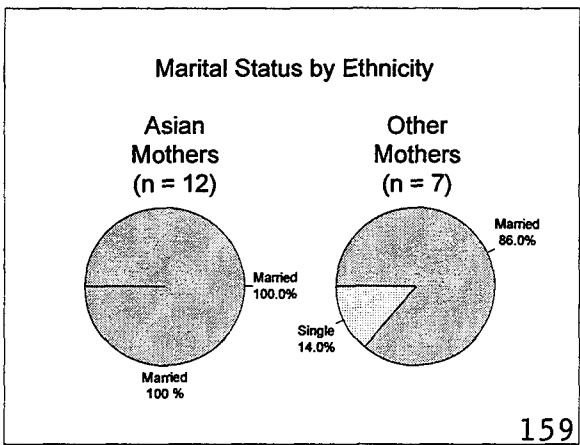
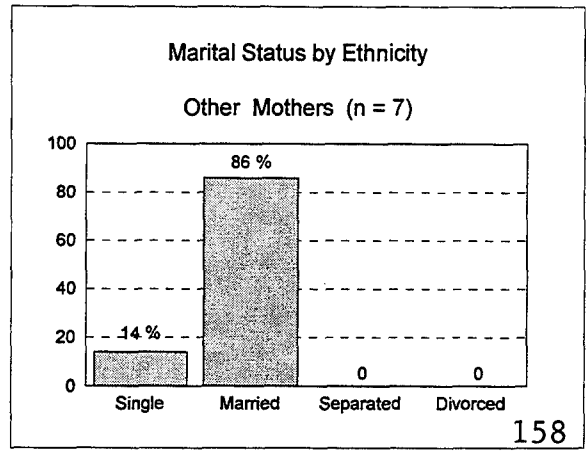
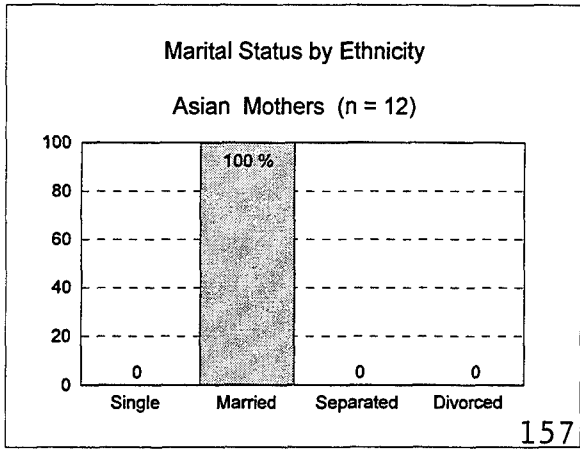












TURNOVER

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 planned 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 # Page #

a. PRIOR TO PREGNANCY

Planned to leave after enlistment - Stay > 20 yrs (w/missing) B	160	63
Planned to leave/Stay/Missing P	161	63
Planned to leave at end of enlistment n=345 B	162	63
Planned to leave at end of enlistment n=119 B	163	63
Planned to Reenlist, Undecided about career n=345 B	164	63
Planned to Reenlist n=93 B	165	63
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Planned to Stay 20 years n=108 B	167	64
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Intentions: Demographics - Positively related	170	64
Intentions: Summary Measures - Positively & Inversely related	171	64

b. CURRENT PREGNANCY

Intentions since pregnant: Leave early - Stay > 20 yrs B	172	65
Intentions since pregnant: Leave/Stay/Missing P	173	65
Intentions Demographics - Positively related	174	65
Intentions Summary Measures - Positively & Inversely related	175	65

c. LONGITUDINAL (INTENTIONS)

1. Before & After Pregnancy

Stay longer/Leave early/No change P	176	65
Change/No change P	177	65

2. Prior & Present

Stay/Leave (w/missing) P	178	66
Demographics & Summary Measures (Leave/Stay)	179	66

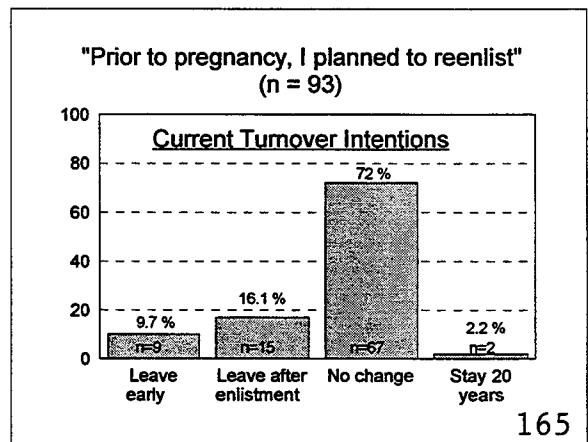
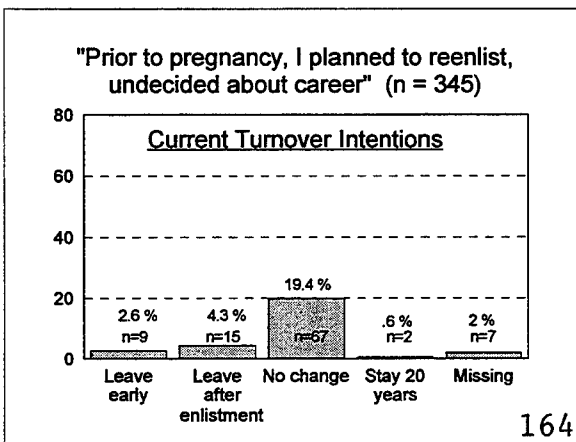
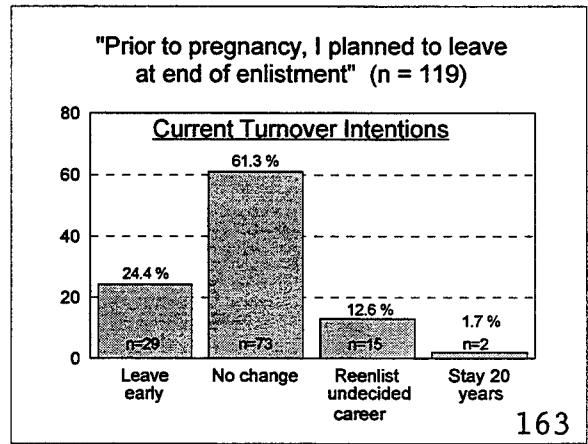
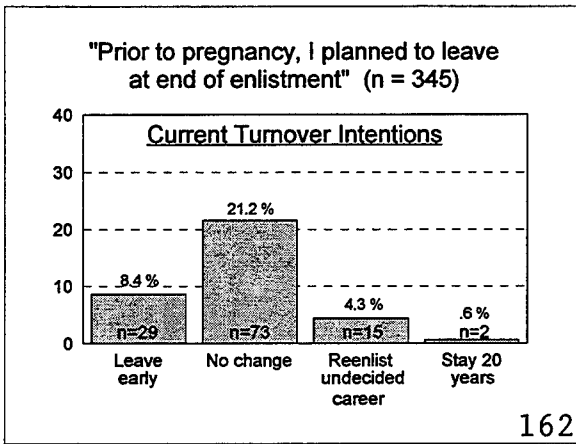
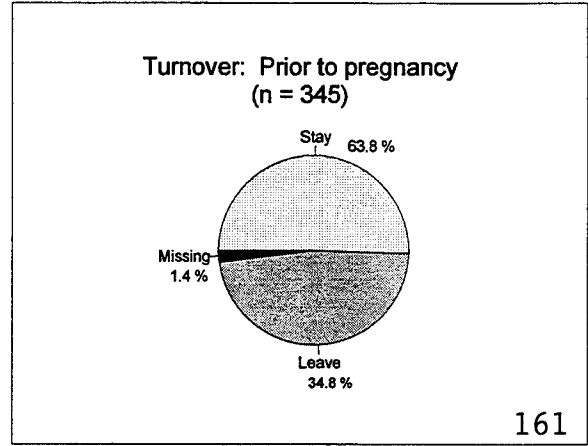
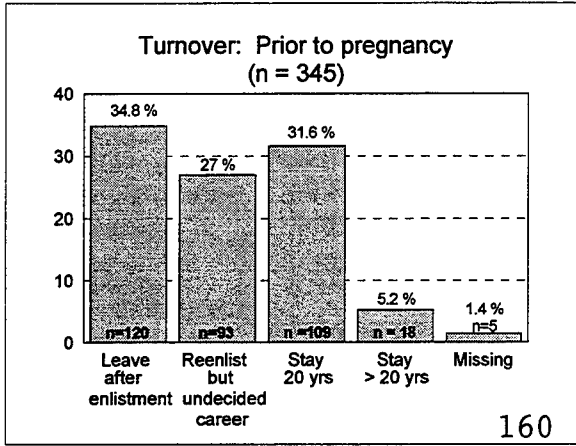
3. Change in intentions

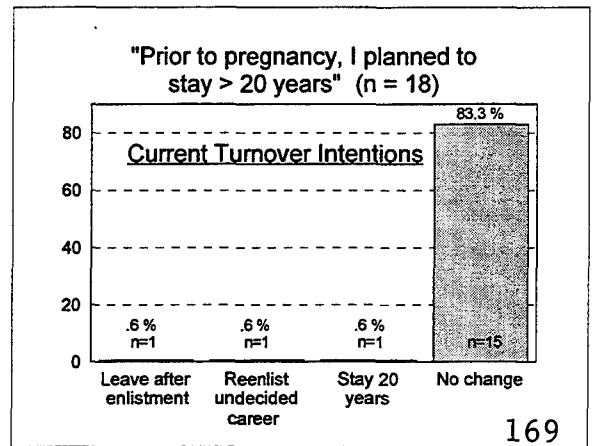
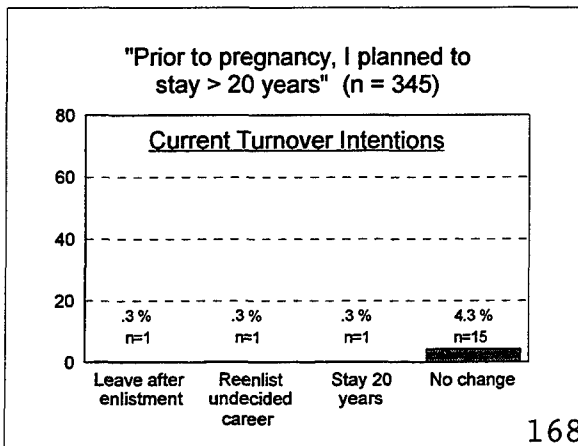
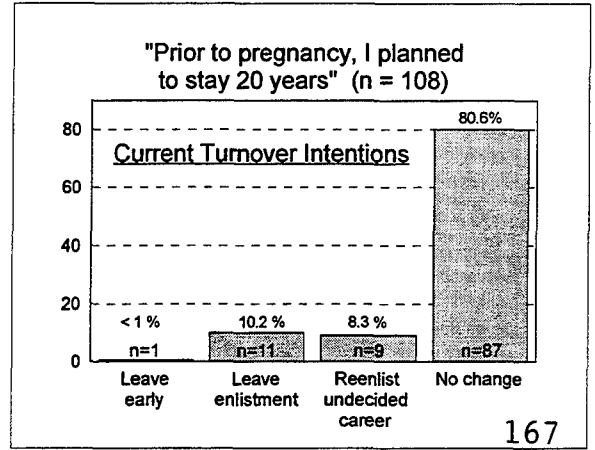
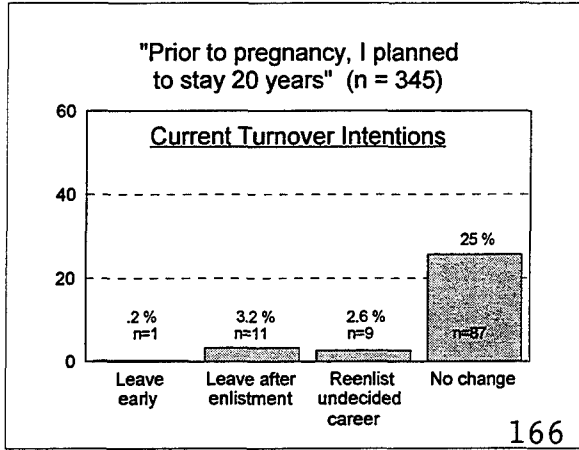
Plan to Stay Longer/Plan to Leave Earlier P	180	66
Stay Longer	181	66
Leave Earlier	182	66
Change/No Change w/Demographics P	183	66
Stay Longer/Leave Earlier w/Demographics P	184	67
Summary Measures	185	67
Summary Measures: No Change/Leave earlier/ Stay longer (w/missing) B	186	67
Change Intentions Summarized: Change/No Change	187	67

4. No Change in intentions

Plan to Stay > 20 yrs - Plan to Leave P	188	67
Plan to Stay/Plan to Leave	189	67
Demographics: Leave/Stay	190	68
Summary Measures: Leave/Stay	191	68

B = Bar chart, P = Pie chart





Prior turnover intentions: Demographics

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

Positively related to:

- Education
- Grade
- Tenure
- Married & Divorced, more likely to stay
- Navy more likely to stay than Army
- Homeowners more likely to stay than renters

170

Prior turnover intentions: Summary Measures

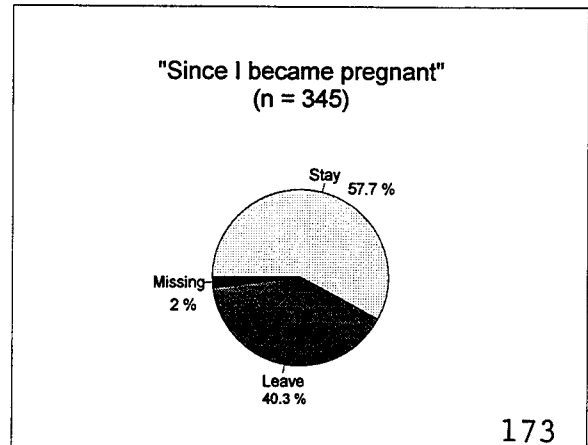
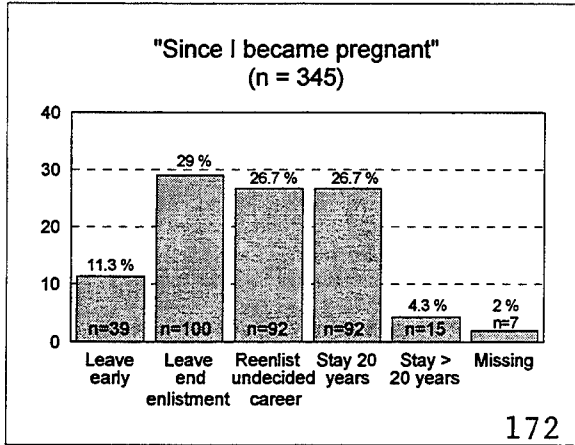
Positively related to:

- Command Support
- Pregnancy Profile Support
- Coworker Support
- Prior Climate
- Prior Performance
- Morale
- Commitment

Inversely related to:

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

171



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

174

Present turnover intentions: Summary Measures

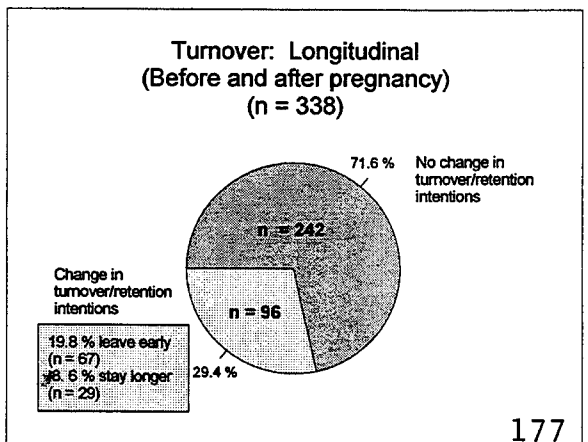
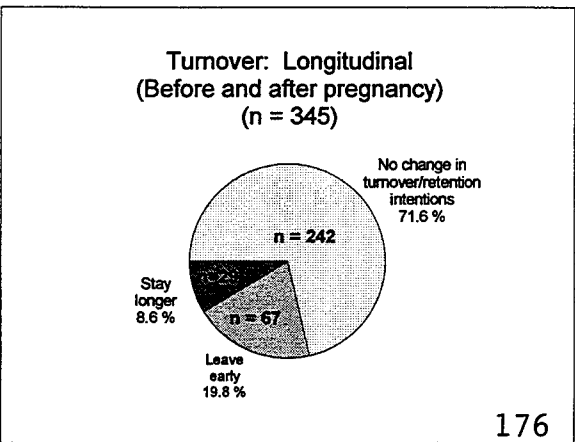
Positively related to:

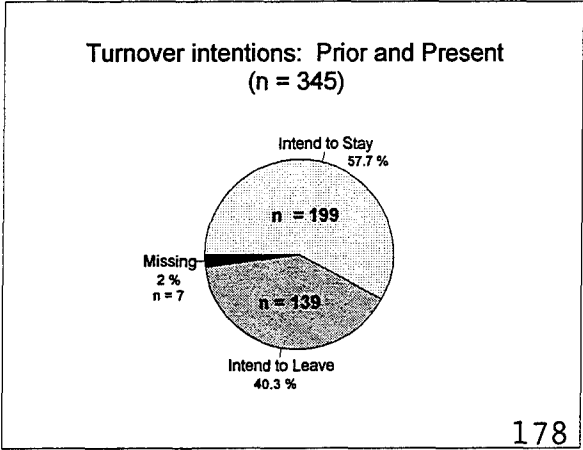
- Command Support
- Pregnancy Profile Support
- Coworker Support
- Prior Climate
- Performance
- Morale
- Commitment
- Transition - Work

Inversely related to:

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

175

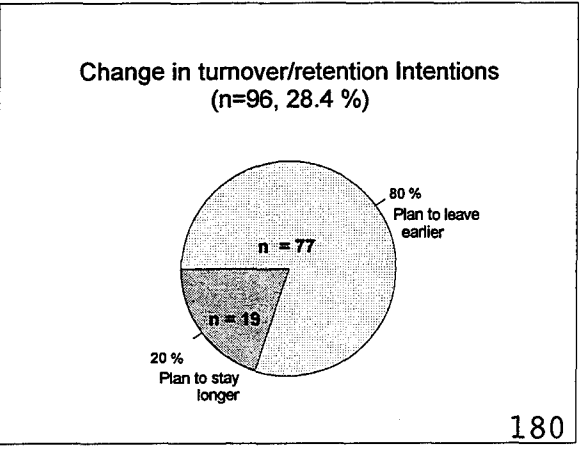




Turnover intentions: Prior & Present Demographics & Summary Measures (n = 242)

LEAVE	STAY
E2-E4	Officers
Less than 5 years	6 or more years
Army	Navy
High School	College Graduates
Renters	Homeowners
More Pregnant Women in Unit	Fewer pregnant women in unit
Age (Younger)	Age (older)
Discrim/Harassment	Command Support
Sources of Stress	Pregnant Profile Support
Somaticization	Coworker Support
Obsessive Compulsive	Prior Climate
Interpersonal Sensitivity	Performance
Depression	Prior Performance
Anxiety	Morale
Hostility	Commitment
Phobic Anxiety	Pregnant Timing Military Career
Paranoid Ideation	
Psychoticism	
Trauma	
GSI	

179



Changed turnover intentions

STAY LONGER

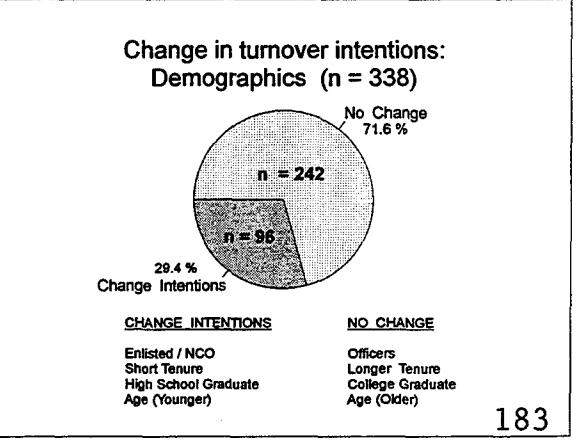
- + Command Support
- + Pregnancy Profile Support
- Transition - Work
- + Coworker Support
- + Prior Climate
- + Performance
- + Morale
- + Commitment
- Pregnancy Timing

181

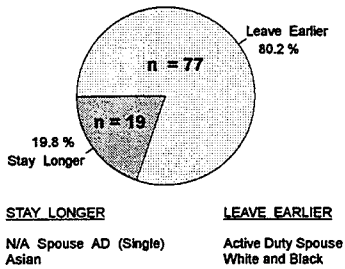
Changed turnover intentions

LEAVE EARLIER	
- Command Support	- Time Preg Military Career
- Pregnancy profile support	+ Somaticization
+ Transition - Work	+ Obsessive/Compulsive
+ Discrimination/Harassment	+ Internal Sensitivity
- Coworker Support	+ Depression
- Prior Climate	+ Anxiety
- Performance	+ Hostility
- Coping	+ Paranoid Ideation
- Morale	+ Psychoticism
- Commitment	+ Trauma
	+ GSI

182



Changed turnover intentions:
Demographics (n = 96)



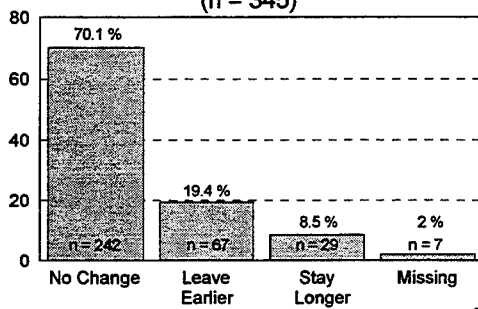
184

Changed turnover intentions:
Summary Measures
(n = 345)

No Change	70.1 %	(n = 242)
Leave Earlier	19.4 %	(n = 67)
Stay Longer	8.5 %	(n = 29)
Missing	2 %	(n = 7)

185

Changed turnover intentions:
Summary Measures
(n = 345)



186

Turnover - Changes in Intentions (n = 338)

Changed intentions	29.4 %	(n = 96)
No Change	71.6 %	(n = 242)

CHANGE

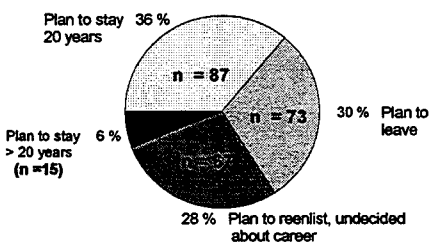
- + Harassment
- + Stress
- + Somatic
- + Interpersonal Sens
- + Anxiety
- + Hostility
- + Paranoid Ideation
- + Psychoticism
- + Trauma
- + GSI

NO CHANGE

- + Command Support
- + Pregnancy Profile Support
- Harassment
- Stress
- + Coworker Support
- + Prior Climate
- + Coping
- + Morale
- + Commitment

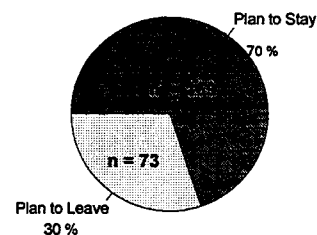
187

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



188

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



189

No change in turnover intentions:
Demographics (n = 242)

LEAVE

(E2 - E4) Enlisted
Shorter Tenure
Army
High School Graduate
Apartment
Age (Younger)

STAY

Officers
Longer Tenure
Navy
College Graduate
Home Owners
Age (Older)

190

No change in turnover intentions:
Summary Measures (n = 242)

LEAVE

+ Stress
+ Somaticism
+ Obsessive Compulsive
+ Interpersonal Sensitivity
+ Depression
+ Anxiety
+ Hostility
+ Phobic Anxiety
+ Paranoid Ideation
+ Psychoticism
+ Trauma
+ GSI

STAY

+ Command Support
+ Pregnancy Profile Support
+ Transition - Work
+ Coworker Support
+ Prior Climate
+ Performance
+ Prior Performance
+ Morale
+ Commitment

191

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. Multi variate models were explored based on univariate results.

RESULTS

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

Univariate and Multi variate 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 Multi variate 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 report 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.

Junior enlisted participants reported less coworker support than all other ranks. 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**Table # Page #****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
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4. Marital 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	83
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)**Table # Page #**

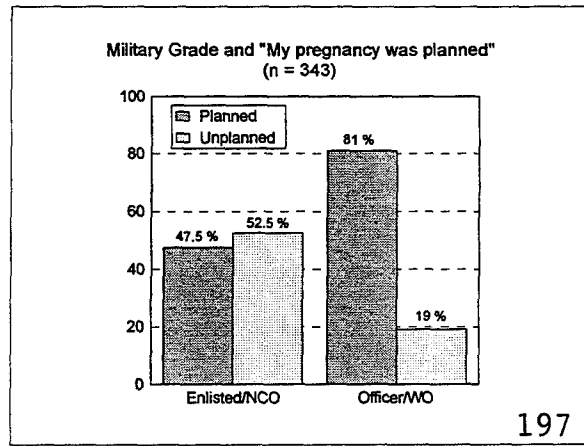
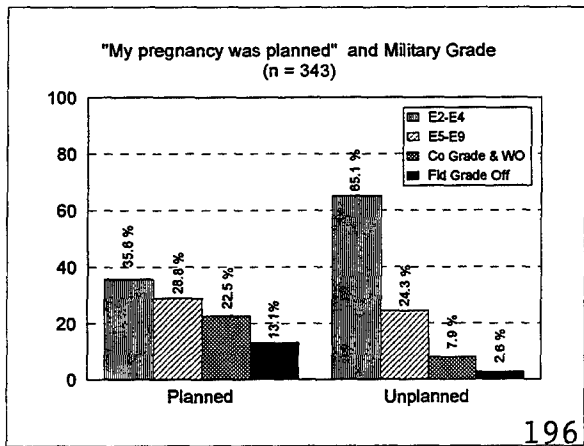
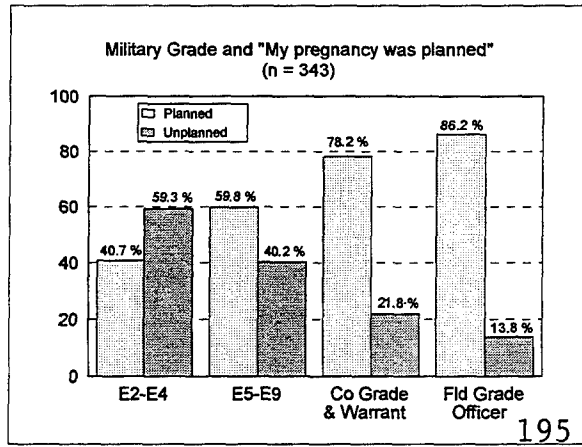
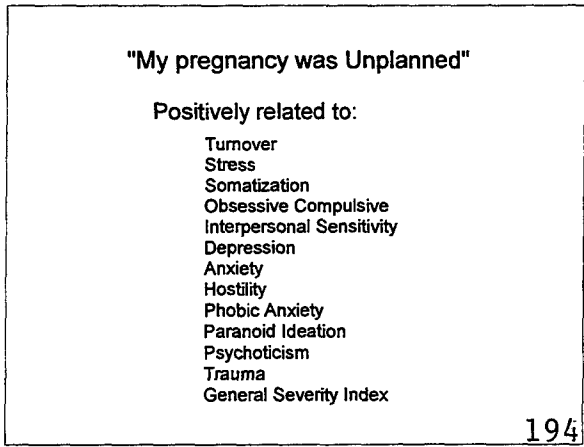
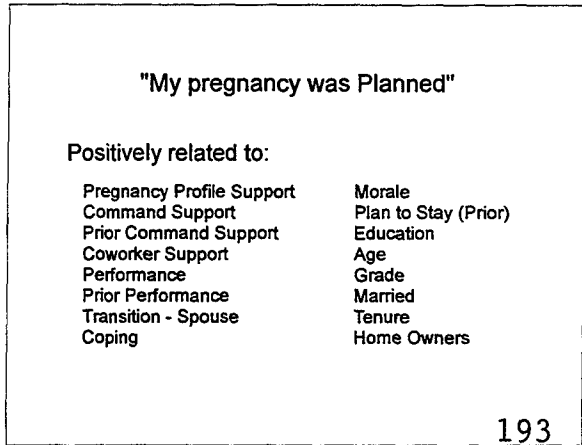
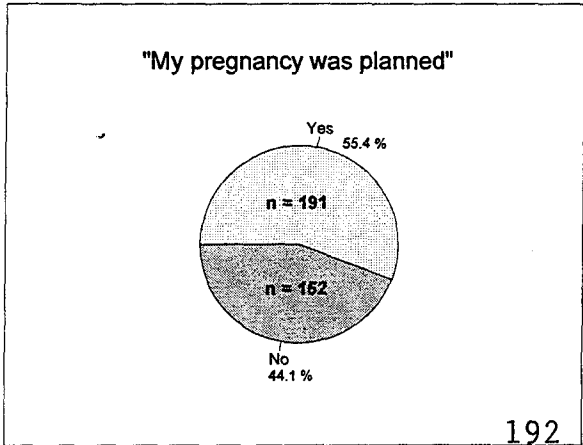
2. Grade			
Grade groups by Happened in Planned Time Frame:			
Yes/No B	213	83	
Enlisted/Officer by Planned Time Frame: Yes/No B	214	83	
3. Tenure			
<1 yr/1-5 yrs/6-10 yrs/11-15 yrs/16-20 yrs by			
Happened in Planned Time Frame: Yes/No B	215	83	
4. Martial Status			
Status by Happened in Time Frame B	216	84	
Status by Happened in Time Frame: Yes/No B	217	84	
5. Spouse Active Duty (AD) Status			
Spouse's AD Status by Happened in Planned Time			
Frame: Yes/No B	218	84	
6. Ethnicity			
Ethnic groups by Happened in Planned Time Frame:			
Yes/No B	219	84	
7. Housing			
Housing by Happened in Planned Time Frame:			
Yes/No B	220	84	
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			
happend in planned time frame/neither B	226	85	

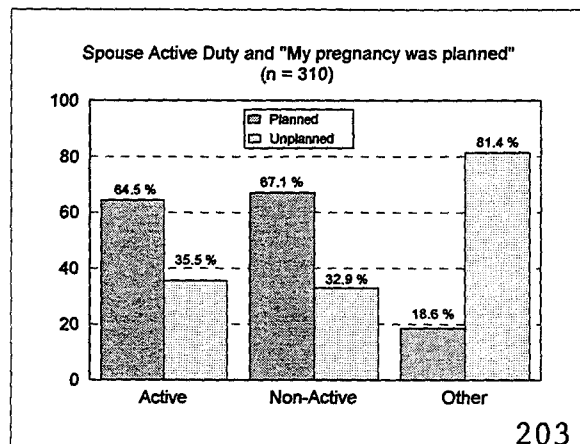
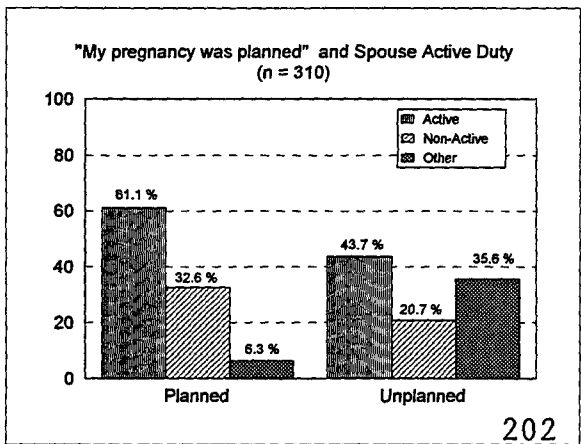
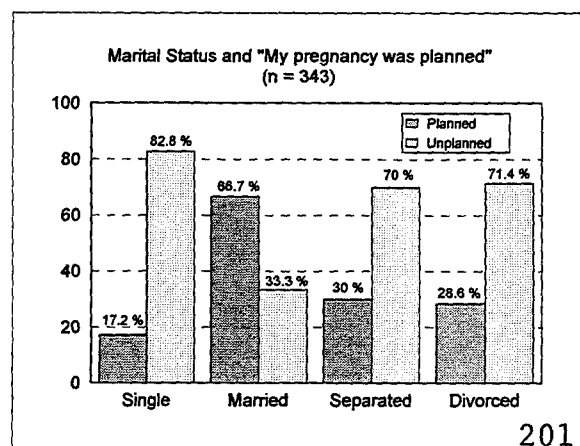
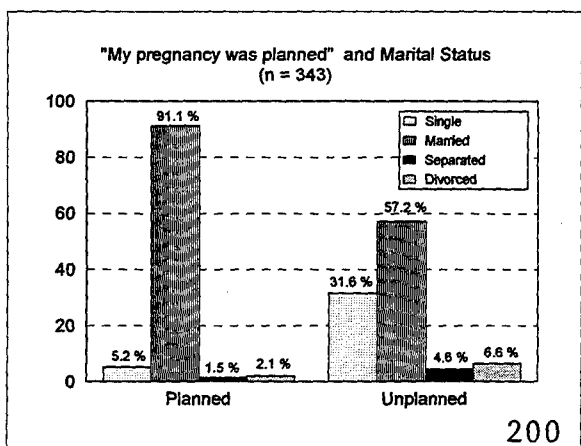
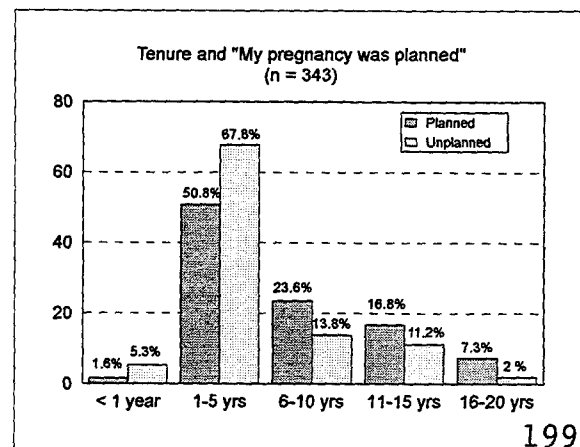
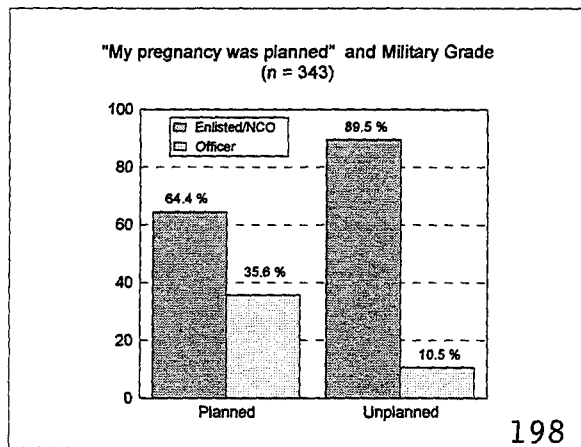
VI. Pregnancy Planning & Timing (continuation)

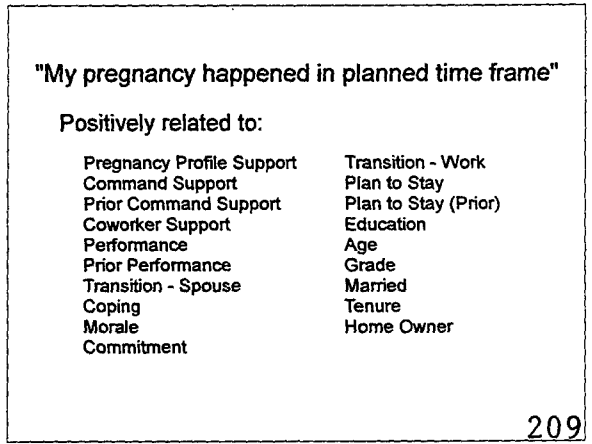
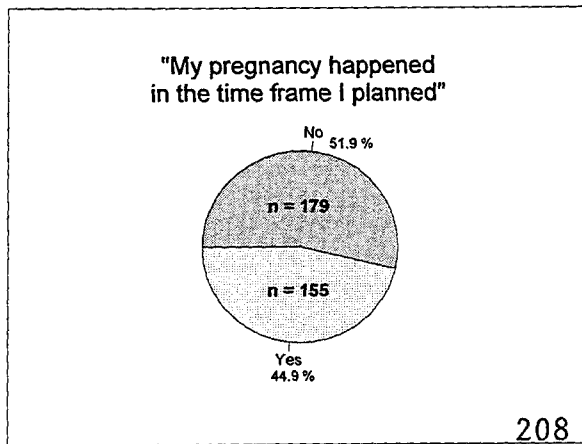
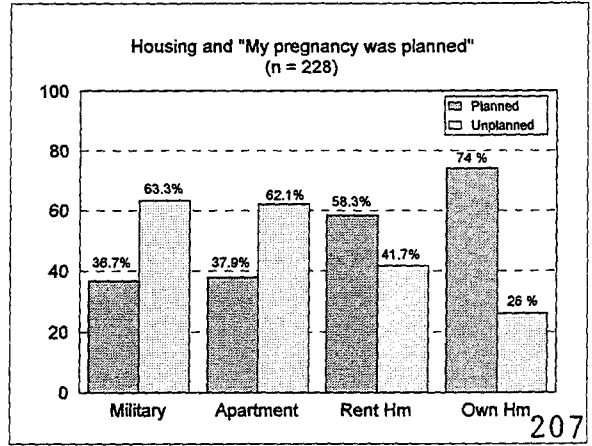
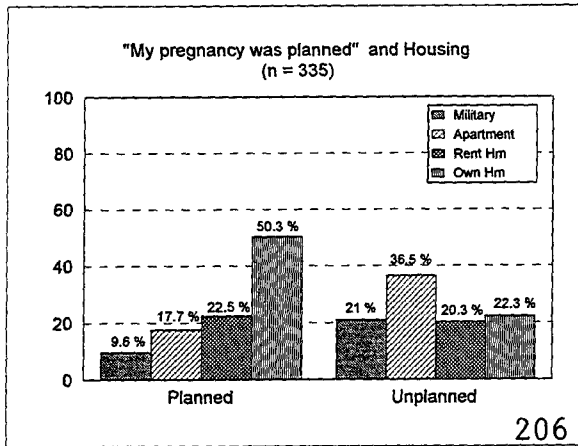
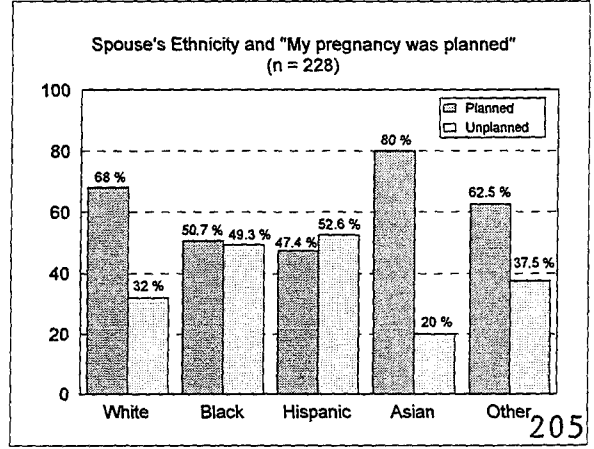
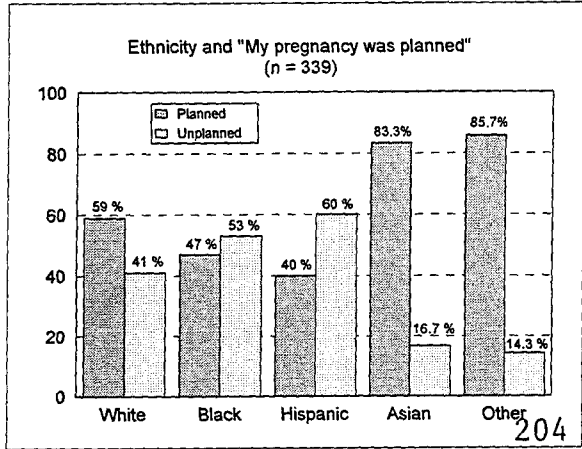
Table # Page #

Planned AND there is a good time in military career to become pregnant AND Happened in planned time frame/Planned AND there is a good time in military career to become pregnant BUT Did Not happened in planned time frame B	227	85
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	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







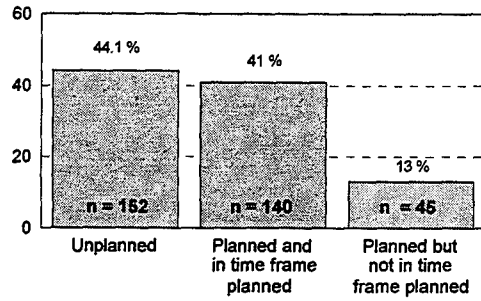
"My pregnancy didn't happen in planned time frame"

Positively related to:

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

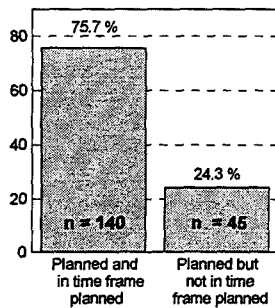
210

Pregnancy Planning and Time Frame (n = 345)



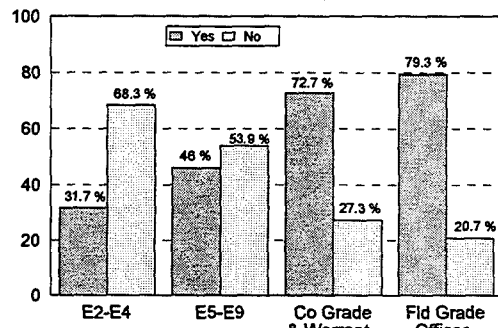
211

Pregnancy Planning and Time Frame (n = 185)



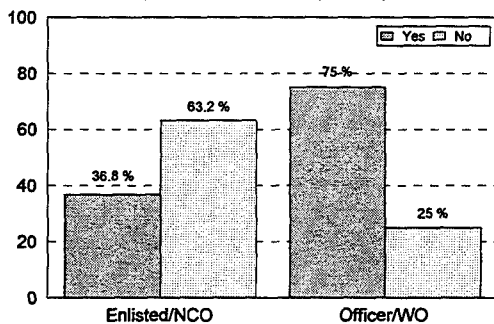
212

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



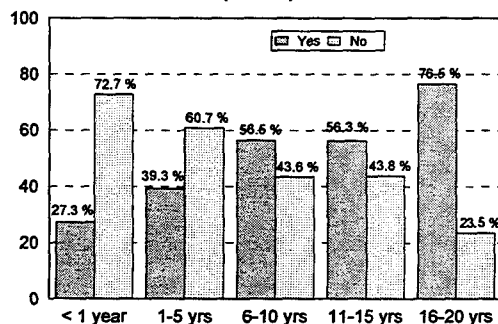
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Military Grade and "My pregnancy happened in planned time frame" (n = 334)

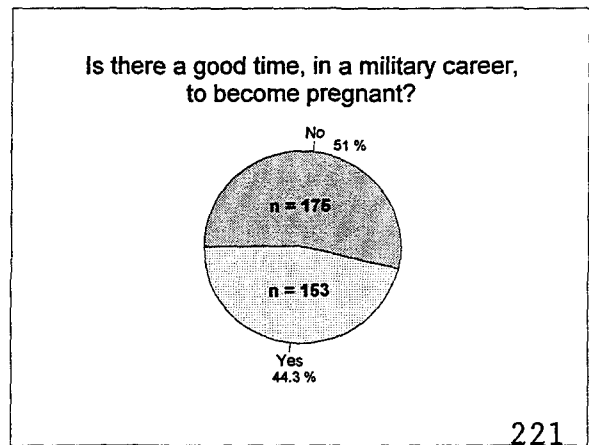
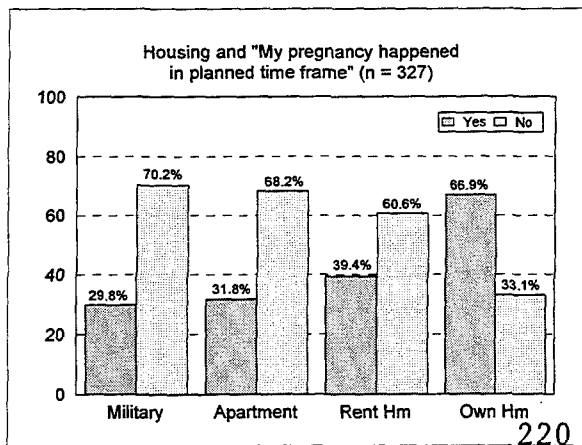
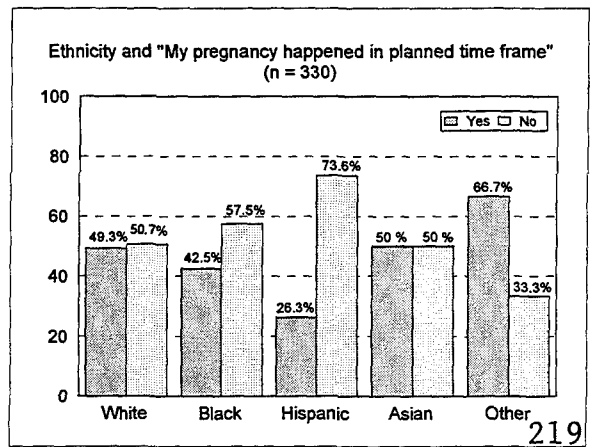
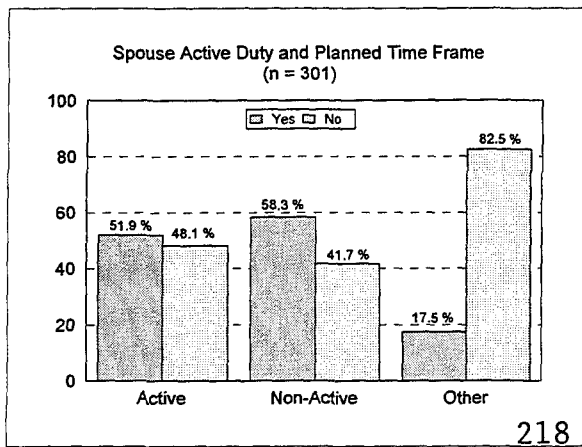
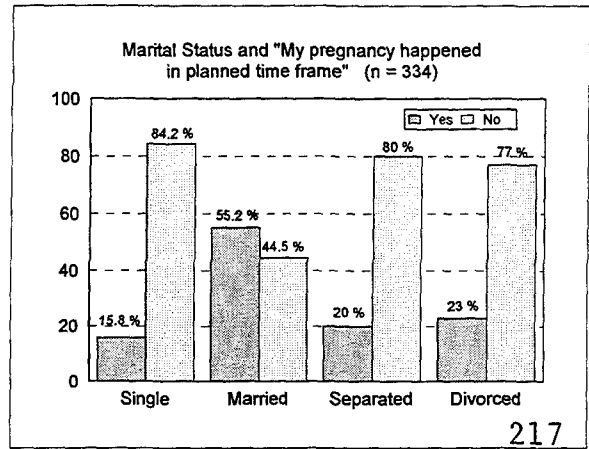
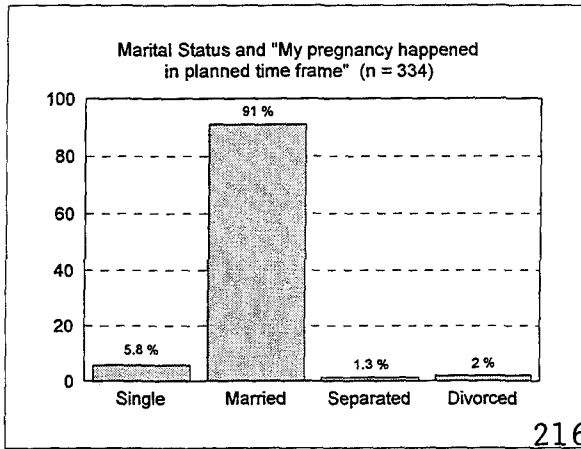


214

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



215



"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

222

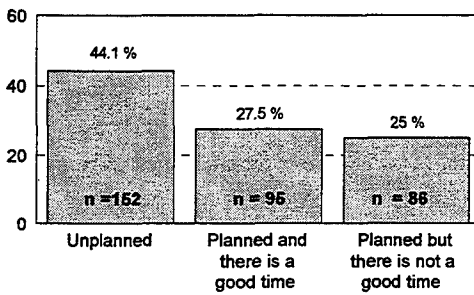
"No, there is NOT a good time in a military career to become pregnant"

Positively related to:

- Stress
- Paranoid Ideation
- Discrimination/Harassment
- Turnover
- Single

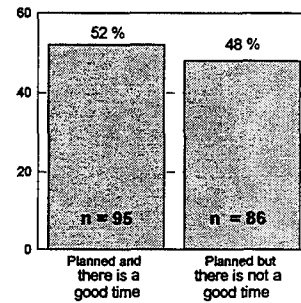
223

Pregnancy Planning and Military Career Timing (n = 345)



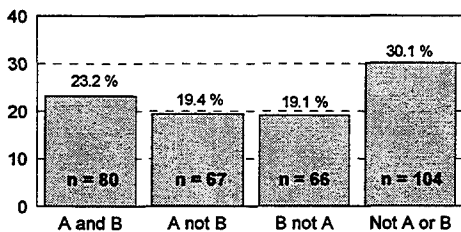
224

Pregnancy Planning and Military Career Timing (n = 181)



225

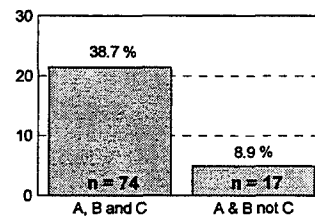
Pregnancy Time Frame and Military Career (n = 345)



A = Pregnancy happened in time frame planned
 B = There is a good time, in military career, to become pregnant
 Note: n=14 Reported unplanned pregnancy, happened in time frame planned

226

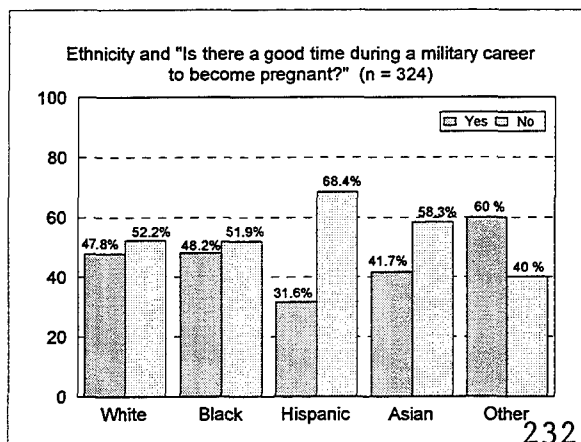
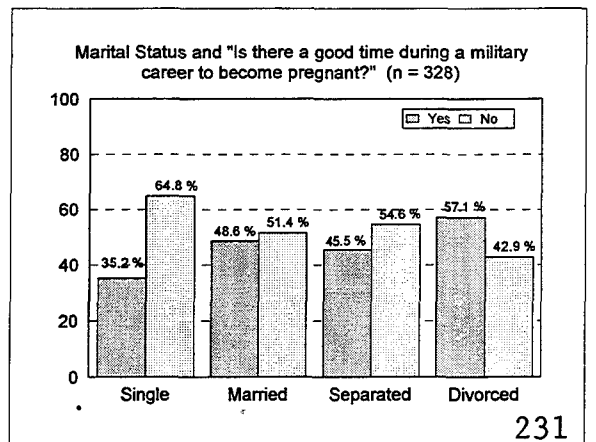
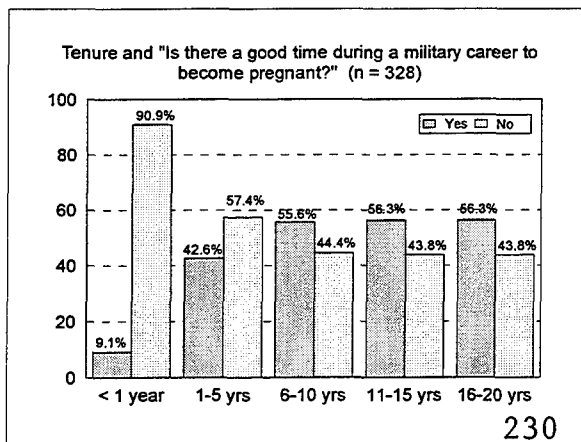
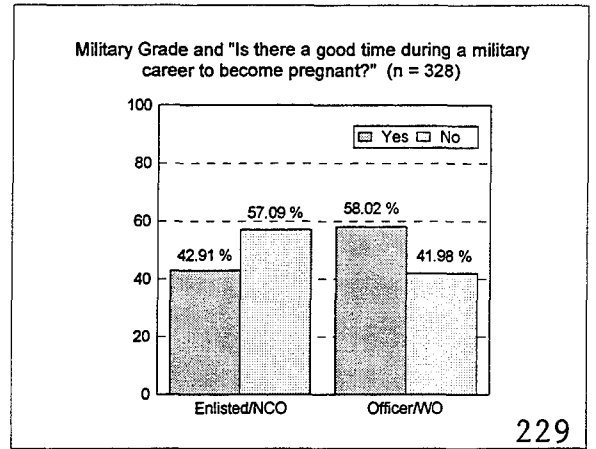
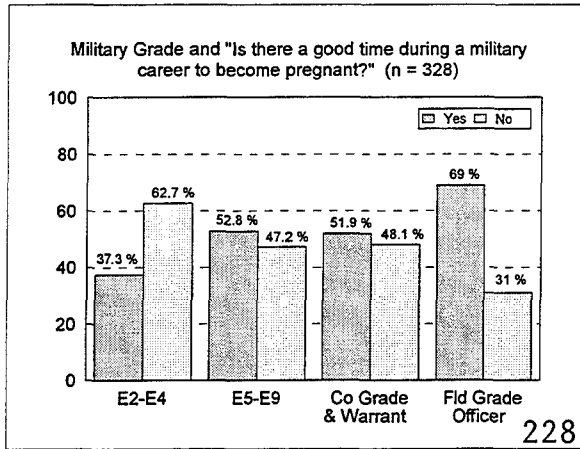
Pregnancy Planned, Pregnancy Time Frame and Military Career (n = 191)



A = Pregnancy planned
 B = There is a good time, in military career, to become pregnant
 C = Pregnancy happened in time frame planned

NOTE: Unplanned pregnancy, n=148
 No good time in military career to become pregnant, n=192

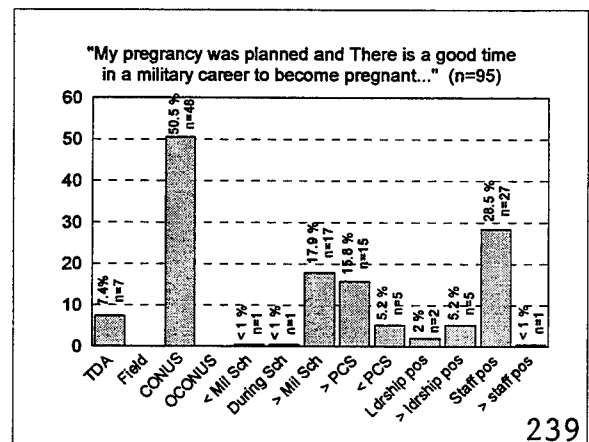
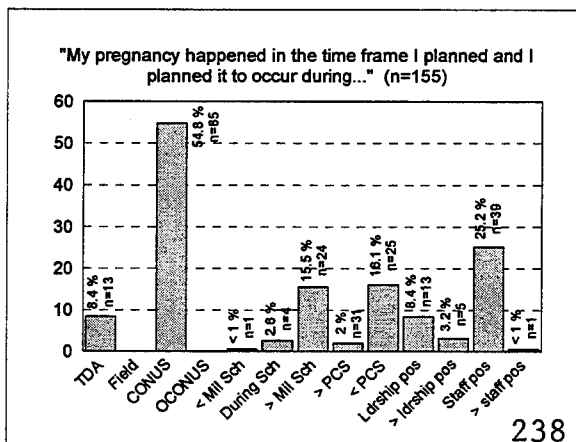
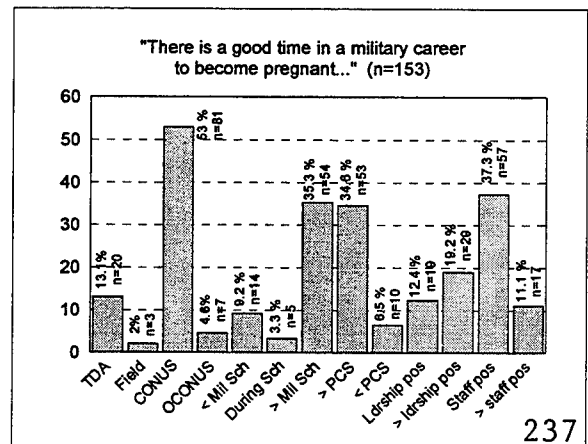
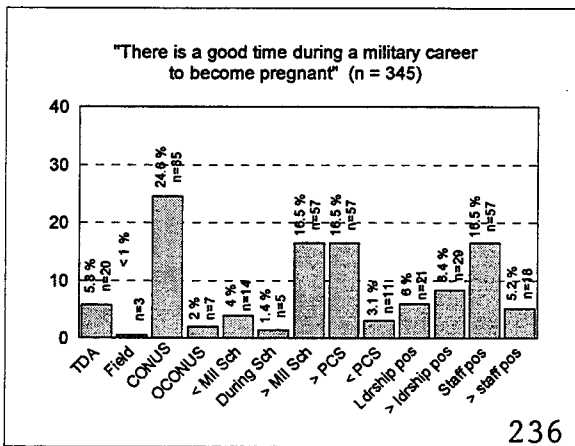
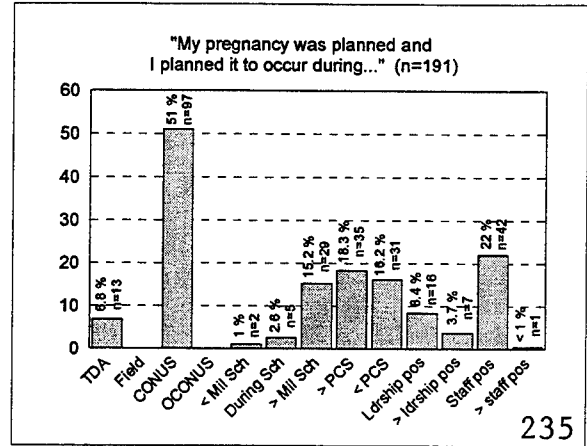
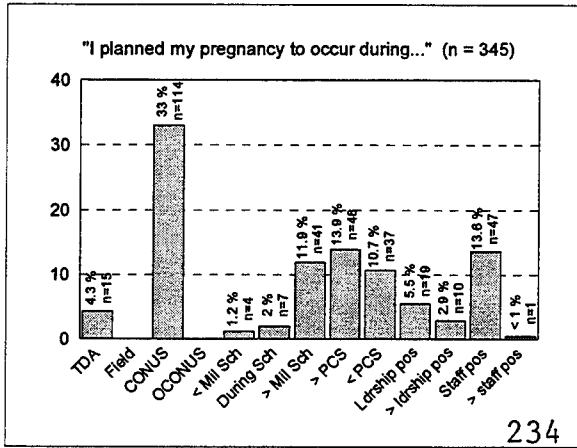
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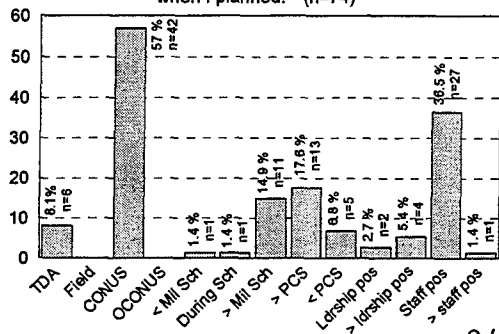
Timing of Pregnancy:

<p>A. I planned my pregnancy to occur during:...</p> <p>PLAN</p> <p>TDA assignment Field assignment CONUS OCONUS Before a military school During a military school After a military school After A PCS Before a PCS While in a leadership position After a leadership position While in a staff position After a staff position</p>	<p>B. Yes, there is a good time during a military career to become pregnant.</p> <p>WHEN</p> <p>TDA assignment Field assignment CONUS OCONUS Before a military school During a military school After a military school After A PCS Before a PCS While in a leadership position After a leadership position While in a staff position After a staff position</p>
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233



"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)



240

SUMMARY OF DEMOGRAPHICS AND PREGNANCY TIMING

1. Dependent Variable: Pregnancy Planning

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

2. Dependent Variable: Pregnancy Timing in Career

<u>Independent Variable</u>	<u>Items</u>	<u>Result</u>
Rank	Officers=2 enlisted=1	$z=2.35, p=.05$
Marital status	Married=1 single=2 Separated=3 Divorced=4	single $z=1.87, p=.05$
Race		NS
Age		NS

Education	3=high school	5-6: NS
	4=some college	5/6-4: $z=2.17$
	5=college graduate	5/6-3: $z=3.48$
	6=graduate work	
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

<u>DEPENDENT VARIABLE</u>	<u>INDEPENDENT VARIABLE</u>	<u>Estimate</u>	<u>Significance</u>
Pregnancy Planning	Rank (enlisted)	-1.46	0.02
	Married	1.37	0.03
	Housing (apartment)	-0.71	0.04
	Age		NS
	Education		NS
	Race		NS
Pregnancy Timing in Career	Rank (enlisted)	-1.32	0.002
	Married		NS
	Housing		NS
	Age		NS
	Education		NS
	Race		NS

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 # Page #**

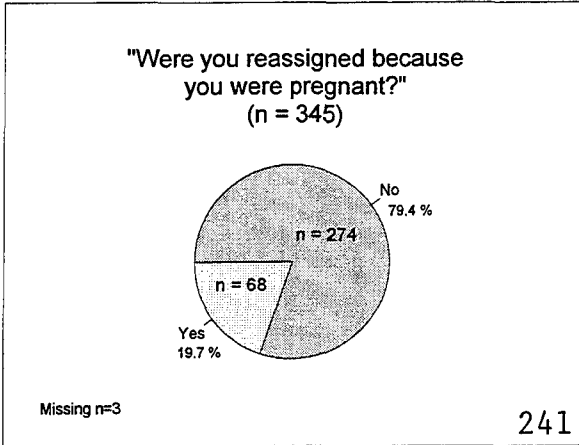
a. FREQUENCY		
Reassigned due to pregnancy: Yes/No P	241	96
Demographics: Reassigned/Not Reassigned	242	96
Summary Measures: Reassigned/Not Reassigned	243	96
b. REASONS FOR REASSIGNMENT		
Physical requirements/Hazardous material/Both/Other B	244	96
Physical requirements/Hazardous material/Both/Other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

VIII. Work Reassignment (continuation)

Table # Page #

Negative/Positive/No Effect P	263	99
Meaningful reassignment (+/-): Positively effects/ Negatively effects/No effect P	264	99
Necessary reassignment (+/-): Positively effects/ Negatively effects/Undecided P	265	100
Summary Measures: Performance evaluations	266	100
f. PROMOTION		
Frequencies: Unnecessary/Necessary Reassignment effects	267	100
Very Negatively - Very Positively B	268	100
Negatively/Positively/No Effect P	269	100
Summary Measure: Promotion	270	100
Frequencies: Meaningful reassignment (+/-) by Promotion effects (+/-)	271	101
Meaningful reassignment (+/-): Positively effects/Negatively effects/Undecided P	272	101
Necessary reassignment (+/-): Positively effects/Negatively effects/Undecided P	273	100

B = Bar chart
P = Pie chart



Work Reassignment and Demographics

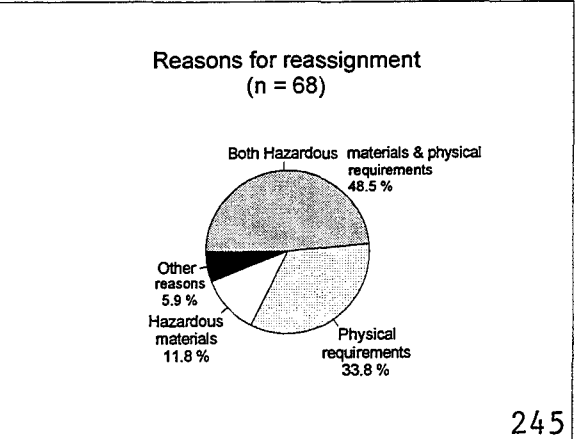
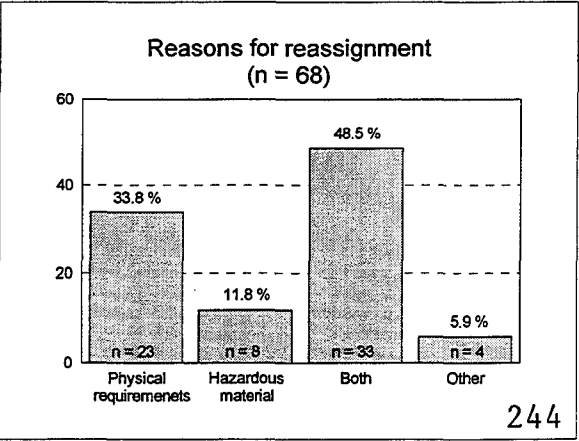
<u>REASSIGNED</u>	<u>NOT REASSIGNED</u>
Enlisted (E2-E4)	Field Grade Officers
NCOs (E5-E9)	Company Grade Officer
Shorter tenure	Longer tenure
High school Diploma	College graduate
Age (Younger)	Age (Older)

242

Reassignment and Summary Measures

<u>REASSIGNED</u>	<u>NOT REASSIGNED</u>
+ Discrimination/Harass	+ Command support
+ Sources of stress	+ Pregnancy profile support
+ Turnover	+ Transition - work
+ Somatization	+ Coworker support
+ Depression	+ Prior climate
+ Anxiety	+ Performance
+ Hostility	+ Prior performance
+ Paranoid ideation	+ Coping
+ Psychoticism	+ Morale
+ Phobic anxiety	- Turnover
+ Trauma	+ Fewer work absences
+ GSI	
+ 2 or more medical probs	
+ Work absences	

243



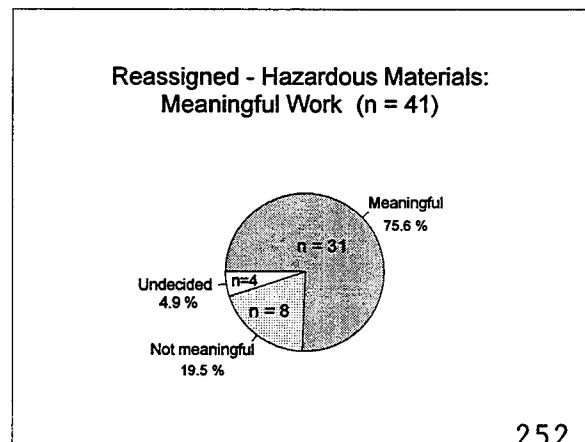
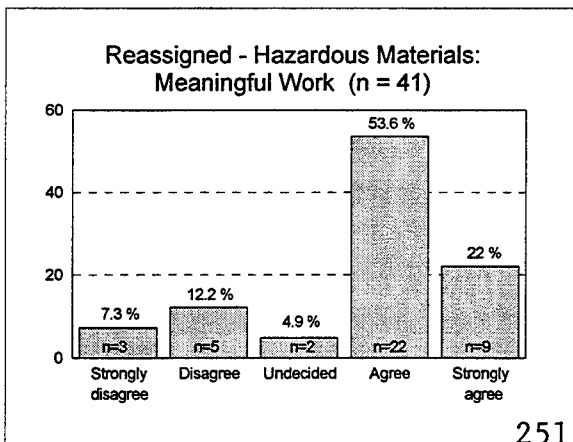
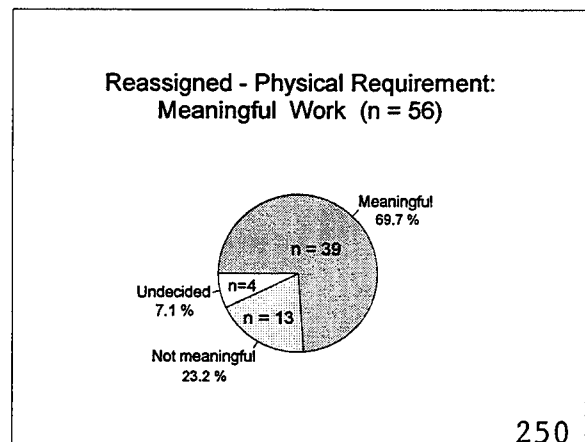
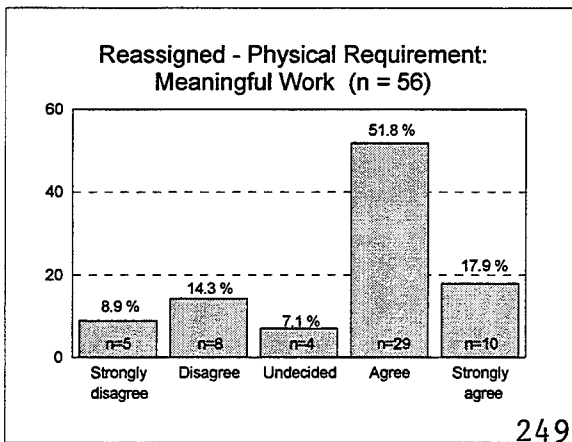
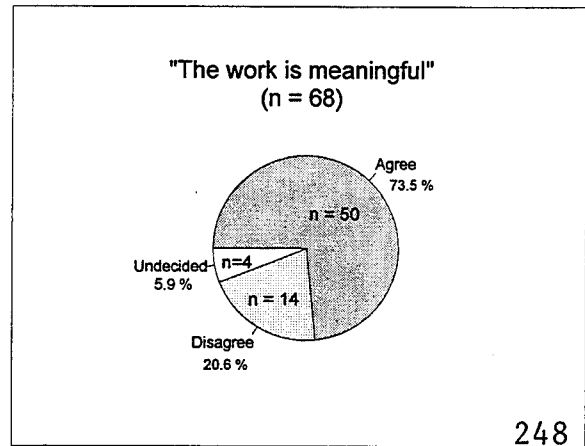
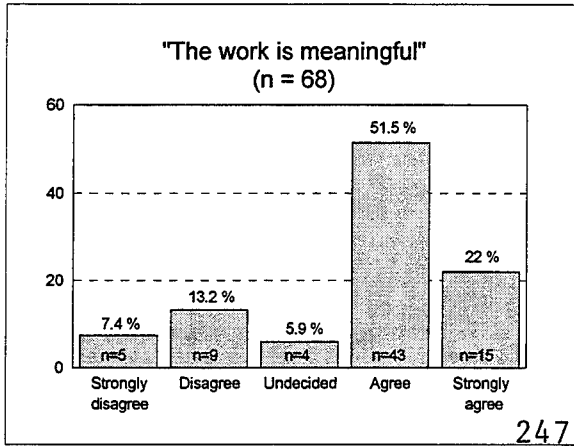
Reasons For Reassignment and Summary Measures

<u>Other</u>	<u>Hazardous Material</u>
- Command support	++ Command support
- Coping	++ Coping
+ Leave	+ Stay

<u>Physical requirement</u>	<u>Both</u>
+ Command Support	+ Command support
+ Coping	+ Coping
+ Stay	+ Leave

No difference on BSI Subscales or Summary Measures

246



Meaningful Reassignment and Performance Evaluation (n = 68)

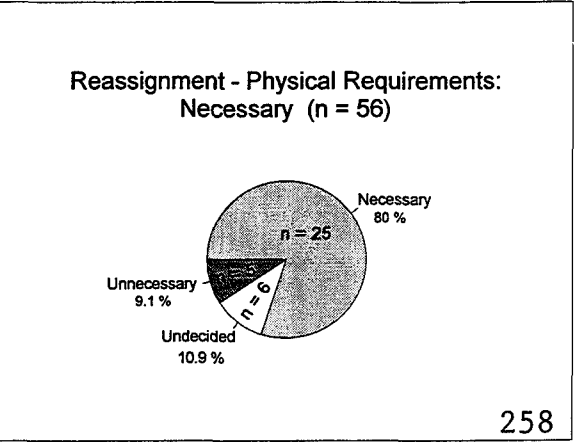
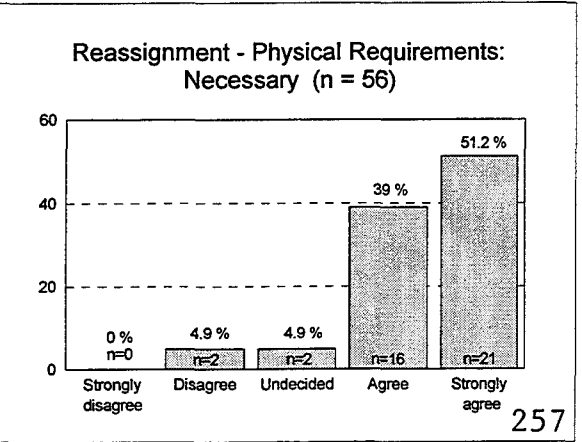
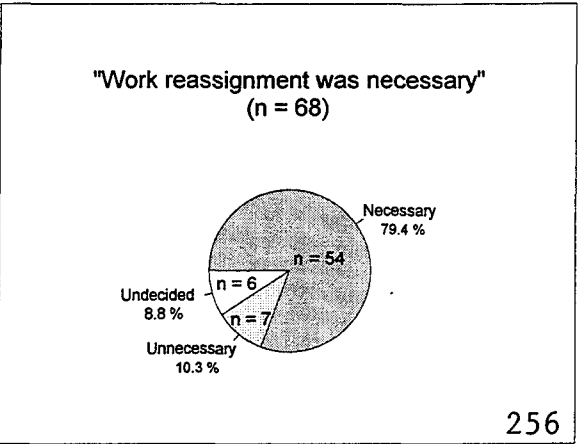
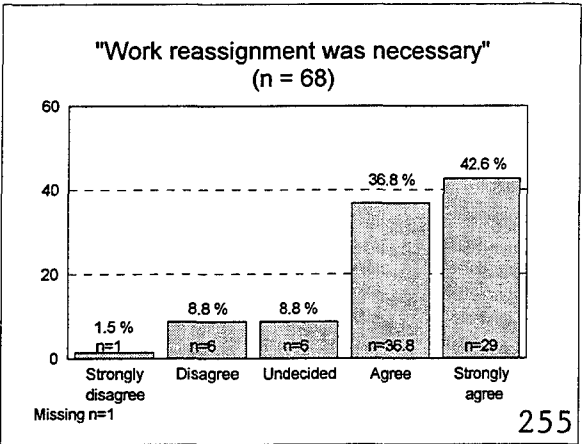
Work not meaningful and positively effects performance evaluation	1.5 %	n = 1
Work meaningful and negatively effects performance evaluation	7.4 %	n = 5
Work not meaningful and negatively effects performance evaluation	11.7 %	n = 8
Work meaningful and positively effects performance evaluation	29.4 %	n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

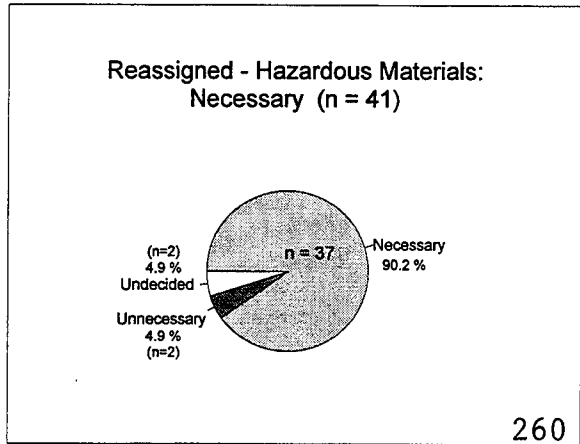
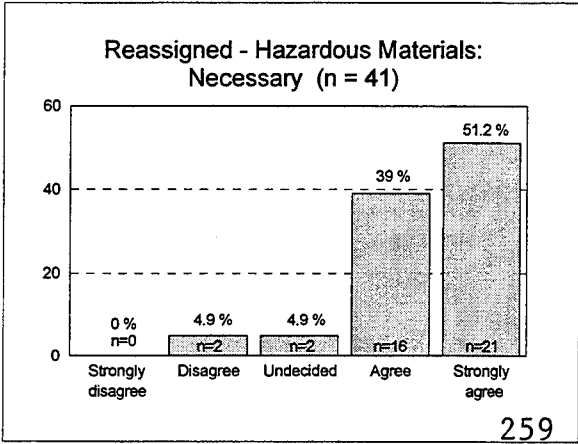
253

Work reassignment is meaningful: Summary Measures

	Variance
+ 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 %
- Multiple Medical problems	

254

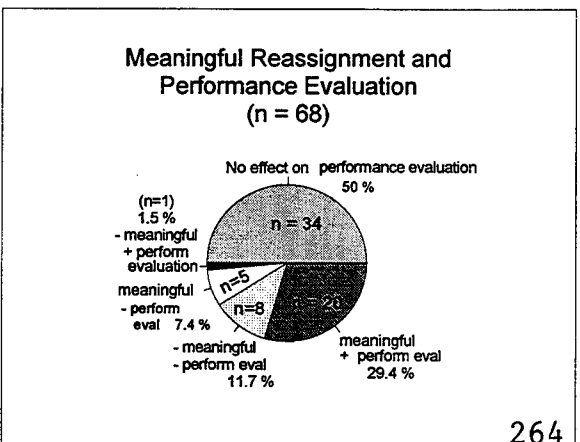
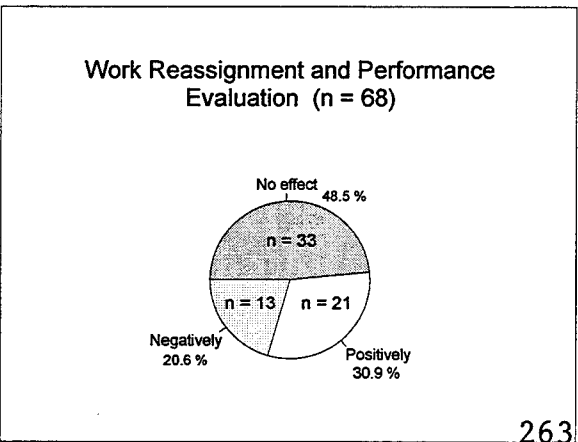
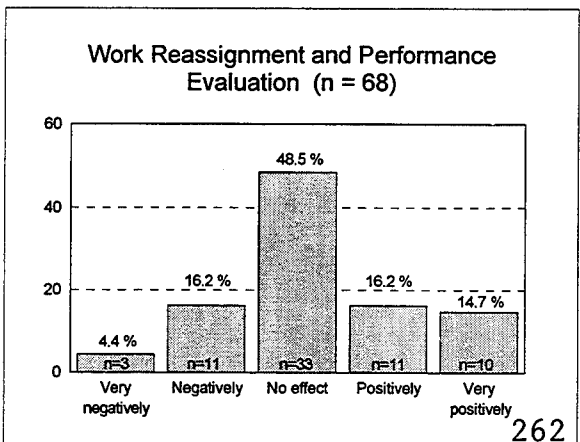




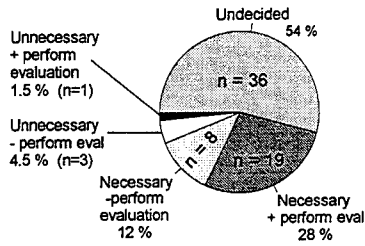
Work reassignment was necessary: Summary Measures

No difference on summary measures

261



Necessary reassignment and Performance evaluation (n = 67)



265

Work reassignment and performance evaluations: 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 %

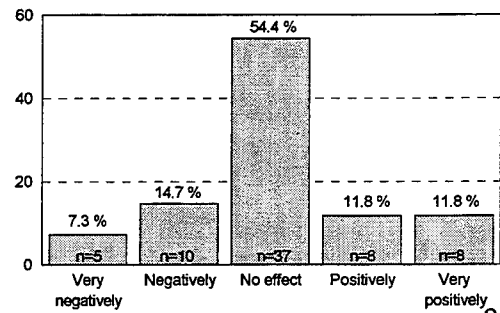
266

Necessary Reassignment and Promotion (n = 67)

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

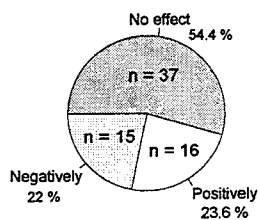
267

Work Reassignment and Promotion (n = 68)



268

Work Reassignment and Promotion (n = 68)



269

Work reassignment and Promotion

	Variance
+ Sources stress	5.8 %
+ Performance	11.9 %
- Prior Performance	6.2 %
- Obsessive compulsive	6.3 %
- Paranoid ideation	9.7 %

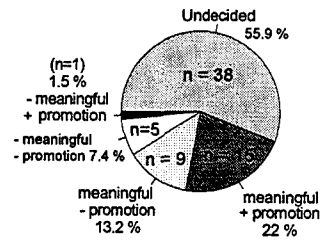
270

**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

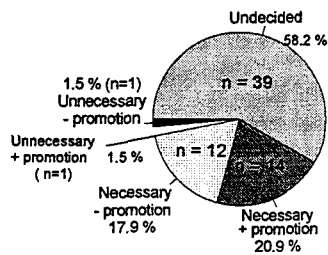
271

**Meaningful Reassignment
and Promotion
(n = 68)**



272

**Necessary Reassignment
and Promotion
(n = 67)**



273

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 # Page #

a. PROGRESSION/PROMOTION

Pregnancy affect: Very Negatively - Very Positively B	274	105
Pregnancy affect: Positively/Negatively/No effect P	275	105
Demographics: Pregnancy affects on Progression/Promotion	276	105
Summary Measures: Effects of pregnancy on promotion	277	105

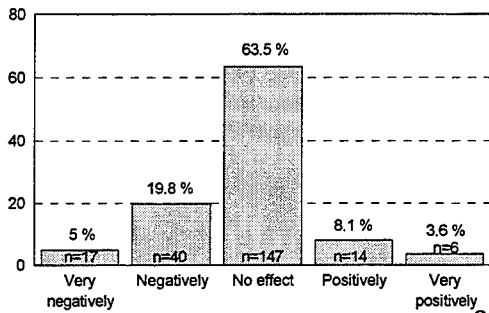
b. CAREER

Pregnancy affect: Very Negatively - Very Positively B	278	105
Pregnancy affect: Very Negatively - Very Positively P	279	105
Demographics: Pregnancy affects on chances for military career	280	106
Summary Measures: Effects of pregnancy on military career	281	106

B = Bar chart

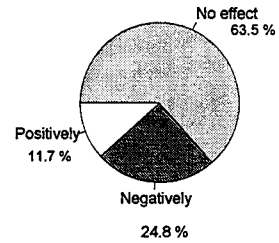
P = Pie chart

"How do you think your pregnancy will affect your career progression/promotion?"
(n = 222)



274

"How do you think your pregnancy will affect your career progression/promotion?"
(n = 222)



275

"How do you think your pregnancy will affect your career progression/promotion?"
(n = 222)

- No difference
- Age
 - Education
 - Race
 - Tenure
 - Grade

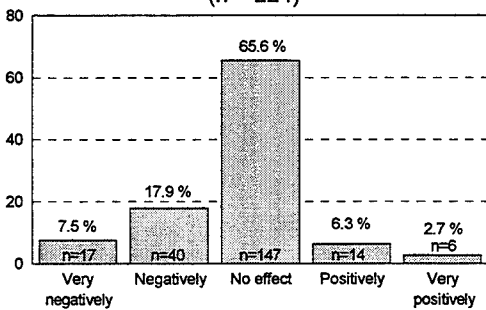
276

Effects of pregnancy on promotion

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

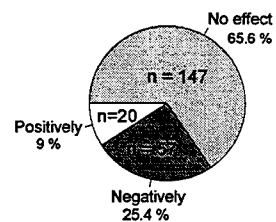
277

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



278

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



279

"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

280

Effects of pregnancy on military career:
Summary Measures

	<u>Variance</u>
+ Transition - Spouse	2.4 %
+ Coworker support	2.7 %
+ Commitment	2.8 %
- Obsessive compulsive	3.3 %
- Interpersonal sensitivity	3.2 %
- Anxiety	3.1 %
- Hostility	1.8 %
- Phobic anxiety	2.8 %
- Paranoid ideation	5.2 %
- Trauma	2.4 %
- General Symptoms Inventory	3.4 %
- Turnover	5.1 %
- Absences from work	2.6 %

281

ABSENCES

The examination of work absences addressed objectives A and D of the proposal. Work absences are a manpower issues. 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

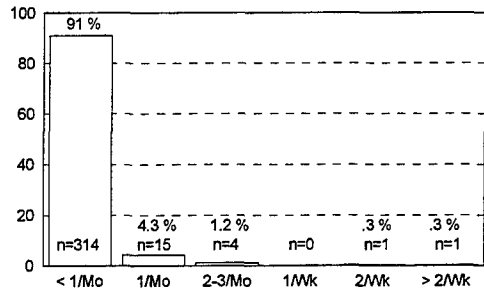
X. Absences**Table # Page #**

a. PRIOR TO PREGNANCY		
Number work days missed: <1/mo - >2/wk B	282	110
Demographics & Summary Measures: History	283	110
b. CURRENT PREGNANCY		
Number work days missed: <1/mo - >2/wk B	284	110
Miss work 2-3 days per month by		
Number of medical problems (0-8)	285	110
(continued)	286	110
(continued)	287	110
Miss work 1 day per week by		
Number of medical problems (0-3)	288	111
Miss work 2 days per week by		
Number of medical problems (0-2)	289	111
Miss work more than 2 days per week by		
Number of Medical Problems (0-4)	290	111
(continued)	291	111
Demographics & Summary Measures: Current Absences	292	111
c. LONGITUDINAL (PRIOR AND CURRENT)		
Frequencies: Increased Absences	293	111
Frequencies: No change	294	112
Frequencies: Reduced Absences (Prior/Current)	295	112
Absences: Increased/No Change/Reduced B	296	112
Frequencies: Prior (<1 per month/1 per month/2-3 per month)		
by Current Absences	297	112
Prior absences <1 per month by Current Absences B	298	112
Prior absences 1 per month by Current Absences B	299	112
Absences and pregnancy problems (current & longitudinal)	300	113

B = Bar chart

P = Pie chart

"In general, how many days of work did you miss before you became pregnant?" (n = 345)



Missing 2 % (n=7)

282

Absence History

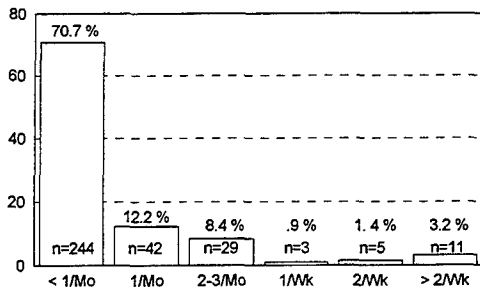
Absence from work prior to pregnancy:
Demographics & Summary Measures

Single women miss more work than married women

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

283

"In general, how many days of work did you miss since you became pregnant?" (n = 345)



Missing 2.9 % (n=10)

284

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

NUMBER MEDICAL PROBLEMS

NONE	n = 15
ONE: Vaginal/pelvic infection	n = 4
Diabetes	
Twins	
Nausea/vomiting	
TWO: Swelling/edema + Hyperemesis	n = 3
Premature contractions & High Blood pressure	
Premature contractions + Swelling/edema	

285

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

NUMBER MEDICAL PROBLEMS

THREE: Vaginal bleeding + Intest/gall bladder/ liver + edema *	n = 3
Premature contractions + Kidney/bladder problem + Vaginal bleeding	
Premature contractions + High blood pressure + Swelling/edema *	

* Prior history

286

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

NUMBER MEDICAL PROBLEMS

FOUR: Migraines + premature contractions + kidney/bladder + Vaginal bleeding	n = 3
High blood pressure + vaginal bleeding + heart + Baby not growing *	
Premature contractions + High blood pressure + heart + swelling/edema *	
EIGHT: Premature contractions + High blood pressure + diabetes + lungs + Kidney/bladder + Vaginal bleeding + Twins/ Triplets + Heart *	n = 1

* Prior history

287

Currently miss work once a week
(n = 3)

NUMBER MEDICAL PROBLEMS

NONE n = 2
THREE: Lung problem n = 1
Kidney/bladder
Vaginal bleeding

288

Currently miss work twice a week
(n = 5)

NUMBER MEDICAL PROBLEMS

NONE n = 2
ONE: Premature contractions n = 2
Dehydration
TWO: Premature contractions n = 1
High blood pressure *

* Prior history

289

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

NUMBER MEDICAL PROBLEMS

NONE n = 2
ONE: Uterus fibroids n = 1
TWO: High blood pressure + Viral hyperemesis * n = 4
Premature contractions + Birth defects *
Premature contractions + Vaginal/pelvic
infection
Vaginal bleeding + cramps

* Prior history

290

NUMBER MEDICAL PROBLEMS (continued)

THREE: High blood pressure + Vaginal bleeding n = 3
+ Placenta previa/abruption
High blood pressure + Swelling/edema
+ Faintness *
Vaginal bleeding + Vaginal/pelvic
infection + twin *

FOUR: Premature contractions + Vaginal
bleeding + twins/triplets + n = 1
Swelling/edema

* Prior history

291

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

292

Increased absences due to pregnancy
(n = 77)

Increase from less than one per month 75.4 % n = 58
to one-three per month

Increase from less than one per month 16.8 % n = 13
to one-two or more per week

Prior absences one-three per month 7.8 % n = 6
to one-two or more per week

293

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

294

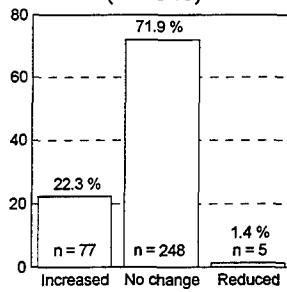
Reduced absences due to pregnancy
(n = 5)

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.

295

Longitudinal absences and pregnancy
(n = 345)



Missing 4.3 % (n=15)

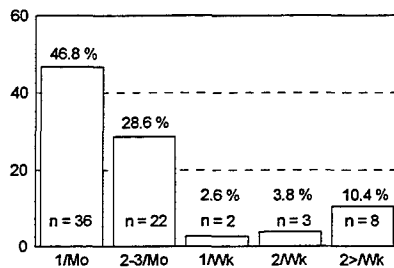
296

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	28.6 %	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 mo	Two per week	1.3 %	n = 1

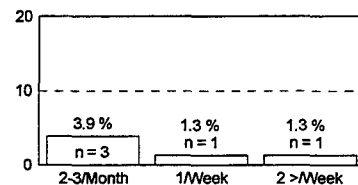
297

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



298

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



299

Absences and pregnancy problems

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

(χ^2)

300

MISCELLANEOUS SELECTED ITEMS

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

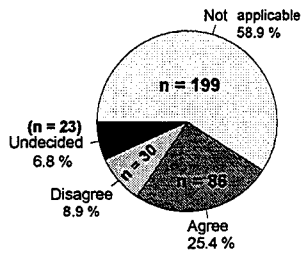
XI. Miscellaneous Selected Items

Table # Page #

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

B = Bar chart
P = Pie chart

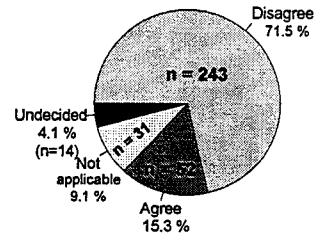
"You have informed your chain of command about any negative remarks about your pregnancy" (n = 338)



NOTE: Not included in climate summary measure - Lack of fit

301

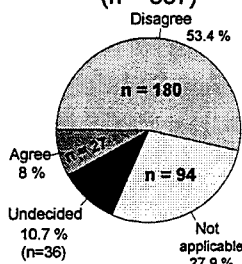
"Coworkers have had their workload increased because of manpower loss due to your pregnancy" (n = 340)



NOTE: Not included in coworker measure - Lack of fit

302

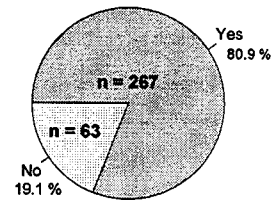
"Coworkers are resentful of workload increases because of your pregnancy" (n = 337)



NOTE: Not included in coworker measure - Lack of fit

303

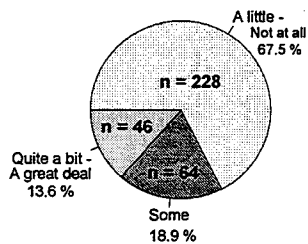
"Should maternity leave be extended?" (n = 330)



NOTE: Not included in climate summary measure - Lack of fit

304

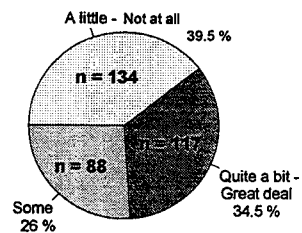
"Worry about losing out in my career/job" (n = 338)



NOTE: Not included in transition measure - Lack of fit

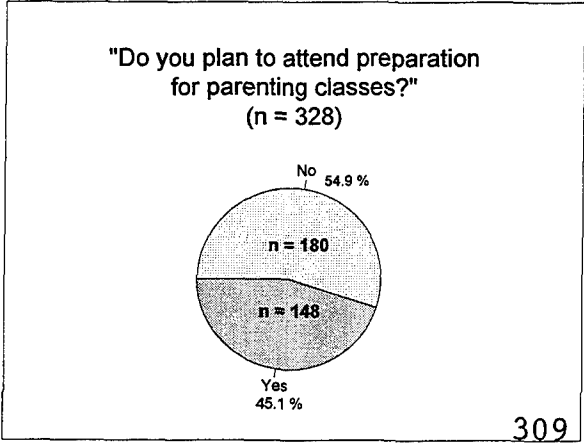
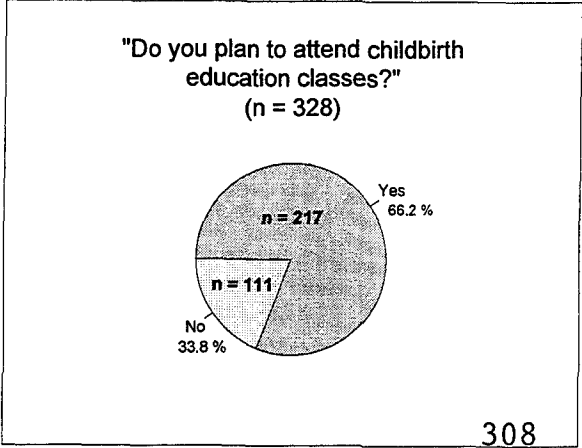
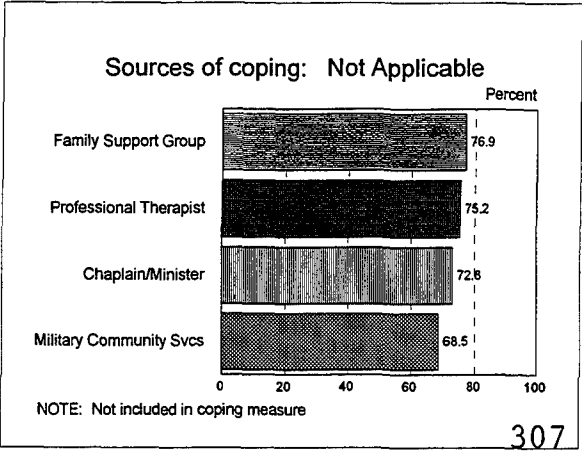
305

"Worry about adequate finances" (n = 339)



NOTE: Not included in transition measure - Lack of fit

306



BIBLIOGRAPHY

Adams, M., Read, J., Rawlings, J., Harlass, F., Sarno, A., and Rhodes, P. (1993). Preterm delivery among black and white enlisted women in the United States Army. Obstetrics & Gynecology, 81, 1, 65-71.

Adams, V. (1980). Jane Crow in the Army: Obstacles to sexual integration. Psychology Today, 14, 50-65.

Arizmendi, T. and Affonso, D. (1987). Stressful events related to pregnancy and postpartum. Journal of Psychosomatic Research, 31, 6, 743-756.

Beck, N., Siegel, L. Davidson, S., Kormeier, s/ Breitenstein, A., and Hall, D. (1980). The prediction of pregnancy outcome: Maternal preparation, anxiety and attitudinal sets. Journal of Psychosomatic Research, 24, 343-351.

Bollen, K. (1989). Structural Equations with Latent Variables. New York: John Wiley & Sons.

Brown, M. (1986). Social support, stress, and health: A comparison of expectant mothers and fathers. Nursing Research, 35, 2, 72-76.

Brown, N. (1993). Women in Combat in Tomorrow's Navy. Washington D.C.: Defense Technical Information Center A264531.

Butensky, M. (1984). Devaluation of the competence of pregnant women: Does the spread phenomenon that operates with disabilities also occur with pregnancy? Dissertation Abstracts International, 718.

Caplan, G. (1957). Psychological aspects of maternity care. American Journal of Public Health, 47, 1, 25-31.

Caplan, G. (1964). Principles of Preventive Psychiatry. New York: Basic Books, Inc.

Coleman, A. and Coleman, L. (1971). Pregnancy the Psychological Experience. New York: Bantam Books.

Crnic, K., Greenberg, M. Robinson, N. and Ragozin, A. (1984). Maternal stress and social support: Effects on the mother-infant relationship from birth to eighteen months. American Journal of Orthopsychiatry, 54, 2, 224-235.

Derogatis, L. and Melisaratos, N. (1983). The Brief Symptom Inventory: An introductory report. Psychological Medicine, 13, 595-605.

Derogatis, L., Lipman, R. Rickels, K., Uhlenhuth, E., and Covi, L. (1974). The Hopkins Symptom Checklist (HSCL): A self-report symptom inventory. Behavioral Science, 19, 1-15.

Folkman, S., Schaefer, C. and Lazarus, R. (1979). Cognitive processes as mediators of stress and coping. In: Human Stress and Cognition, V. Hamilton & D. Warburton, (eds). New York: John Wiley.

Forrest, J. (1994). Preventing unintended pregnancy: The role of hormonal contraceptives. American Journal of Obstetrics, may, 1485-1499.

GAO Report (1993). Women in the Military: Deployment in the Persian Gulf War. Washington D.C.: Government Printing Office.

GAO Report (1990). Women in the Military: Attrition and Retention. Washington D.C.: Government Printing Office.

Glenn, J. & Moore, T. (1988). Identification of Antepartum Risk Factors Among Single Pregnant Servicemembers. (Unpublished Manuscript). San Diego: Balboa Naval Hospital.

Greenberg, S. (1990). The new face of battle. Newsweek, 10 September 1990, 14-17.

Hackworth, D. (1991). War and the second sex. Newsweek, 5 August 1991, 24-29.

Halpert, J., Wilson, M., and Hickman, J. (1993). Pregnancy as a source of bias in performance appraisals. Journal of Organizational Behavior, 14, 7, 649-663.

Hoiberg, A. and White, J. (1991). Health Status of Women in the Armed Forces. Washington D.C.: Defense Technical Information Center A245586.

Kanter, R. (1977). Men and Women of the Corporation. New York: Basic Books, Inc.

Kleinman, C. (1977). Psychological processes during pregnancy. Perspectives in Psychiatric Care, 15, 175-179.

Kruger, P. (1979). Risk factors and pregnancy outcome among Air Force women. Military Medicine, 9, 788-791.

- Lederman, R. (1984). Psychosocial Adaption in Pregnancy. New Jersey: Prentice-Hall.
- Leifer, M. (1980). Psychological Effects of Motherhood. New York: Praeger.
- Lubin, B., Gardener, S., and Roth, A. (1975). Mood and somatic symptoms during pregnancy. Psychosomatic Medicine, 37, 2, 136-146.
- Magann, E. and Nolan, T. (1991). Pregnancy outcomes in an active-duty population. Obstetrics & Gynecology, 78, 3, 1, 391- 393.
- Marlowe, D. (Ed.) 1985). New Manning Field Evaluation. Technical Report 1. Washington D.C.: Walter Reed Army Institute of Research.
- Marlowe, D. (Ed.) (1986a). New Manning System Field Evaluation. Technical Report 2. Washington D.C.: Walter Reed Army Institute of Research.
- Marlowe, D. (Ed.) (1986b). New Manning System Field Evaluation. Technical Report 3. Washington D.C.: Walter Reed Army Institute of Research.
- Marlowe, D. (Ed.) (1987). New Manning System Field Evaluation. Technical Report 4. Washington D.C.: Walter Reed Army Institute of Research.
- Montlavo, F. (1976). Family separation in the Army: A study of the problems encountered and the caretaking resources used by career Army families undergoing military separation. In H. McCubbin, B. Dahl, & E. Hunter (eds), Families in the Military System. Beverly Hills, CA: Sage Publications.
- National Defense University. (1993). Enlisted Women in the Armed Forces. Washington D.C.: Defense Technical Information Center B970188L.
- Norbeck, J. and Tilden, V. (1983). Life stress, social support, and emotional disequilibrium in complications of pregnancy: A prospective, multivariate study. Journal of Health and Social Behavior, 24, 30-46.
- Paul, M. (1993). Physical agents in the workplace. Seminars in Perinatology, 17, 1, 5-17.
- Ramirez, G., Grimes, R., Annegears, J., Davis, B., and Slater, C. (1990). Occupational physical activity and other risk factors for preterm birth among US Army primigravidas. American Journal of Public Health, 80, 6, 728- 730.

Report to the President. (1992). Presidential Commission on the Assignment of Women in the Armed Forces. Washington D.C.: Government Printing Office.

Rich, I. (1993). General pregnancy attitudes, ambivalence, and psychological symptom distress during pregnancy. Dissertation Abstracts International, 54, 1337.

Robson, K. (1982). Depression: An anxious time... Research into anxiety and depression during pregnancy and after birth. Nursing Mirror, 154, 14-17.

Royle, M. (1983). First-Term attrition among Marine Corps Women: Some associated factors. Washington D.C.: Defense Technical Information Center A131061.

Rubin, R. (1984). Maternal Identity and the Maternal Experience. New York: Springer Publishing Company.

Scott, D., Oberst, M. and Dropkin, M. (1980). A stress-coping model. Advances in Nursing Science, 3, 1, 9-23.

Smith, D. and Mowery, D. (1992). Women in Combat: What Next? Washington D.C.: Defense Technical Information Center A250268.

Splonskowski, J. (1992). Maternal Coping Adaptions, Social Support, and Transition Difficulties to Parenthood of First-Time Civilian and Military Mothers. Washington D.C.: Defense Technical Information Center A265347.

Thomas, M. & Lawson, J. (1989). The effectiveness of sex education in the United States. Defense Technical Report AD-A210-094.

Trindle, L. & Pass, C. (1991). Unplanned pregnancy among active duty Army females as a readiness issue. Military Medicine, 156, 82-86.

Vaitkus, M. and Griffith, J. (1990). An evaluation of unit replacement on unit cohesion and individual morale in the U.S. Army All-Volunteer Force. Military Psychology, 2, 221-239.

APPENDIX A
QUESTIONNAIRES AND DELIVERY LOG BOOK

INITIAL QUESTIONNAIRE ITEMS

<u>VARIABLE</u>	<u>FIELD</u>	<u>ITEM</u>																					
1. SSN	1-9	SSN																					
2. GRADE	10-11	<p style="text-align: center;">Military grade:</p> <table border="0"> <tr> <td>1) E-1</td> <td>7) E-7</td> <td>13) CW4</td> </tr> <tr> <td>2) E-2</td> <td>8) E-8</td> <td>14) O1</td> </tr> <tr> <td>3) E-3</td> <td>9) E-9</td> <td>15) O2</td> </tr> <tr> <td>4) E-4</td> <td>10) WO1</td> <td>16) O3</td> </tr> <tr> <td>5) E-5</td> <td>11) CW2</td> <td>17) O4</td> </tr> <tr> <td>6) E-6</td> <td>12) CW3</td> <td>18) O5</td> </tr> <tr> <td></td> <td></td> <td>19) O6</td> </tr> </table>	1) E-1	7) E-7	13) CW4	2) E-2	8) E-8	14) O1	3) E-3	9) E-9	15) O2	4) E-4	10) WO1	16) O3	5) E-5	11) CW2	17) O4	6) E-6	12) CW3	18) O5			19) O6
1) E-1	7) E-7	13) CW4																					
2) E-2	8) E-8	14) O1																					
3) E-3	9) E-9	15) O2																					
4) E-4	10) WO1	16) O3																					
5) E-5	11) CW2	17) O4																					
6) E-6	12) CW3	18) O5																					
		19) O6																					
<i>rgrade</i>		<p>E2-E4 = 1 E5-E8 = 2 CW2-O3 = 3 O4-O5 = 4 *No E1, E9, WO1, CW4, O6 in sample</p>																					
<i>sgrade</i>		<p>E2-E8 = 1 CW2-O5 = 2</p>																					
3. AGE	12-13	Age on last birthday																					
<i>rage</i>		<p>Less than 22 = 1 23-26 = 2 27-31 = 3 32 + = 4</p>																					

4. MARITAL	14	Marital status: 1) Single 2) Married 3) Separated 4) Widowed 5) Divorced
5. BRANCH	15	Service component: 1) Navy 2) Army 3) Air Force 4) Marines 5) PHS 6) NOAA 7) Coast Guard
6. TENURE	16	How long have you been on active duty? 1) Less than one year 2) 1-5 years 3) 6-10 years 4) 11-15 years 5) 16-20 years 6) over 20 years
7. SPOUSEAD	17	Is your spouse on active duty? 1) Yes 2) No 3) N/A
8. RACE	18	What is your race/ethnic group? 1) White (not hispanic) 2) Black (not hispanic) 3) hispanic 4) Asian 5) Other
9. SPRACE	19	What is your spouse's race/ethnic group? 1) White (not hispanic) 2) Black (not hispanic) 3) hispanic 4) Asian 5) Other
10. ED	20	What is the highest level of education that you have completed? 1) Some high school 2) GED 3) High school diploma 4) Some college/train 5) College graduate 6) Graduate work
11. MOS	21-25	What is your military occupational specialty? Alpha-numeric 3 digit code/ messy data
<i>MOS</i>		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

22. COMCLIM3	38	Leaders are supportive of pregnancy related "sick days"
23. COMCLIM4	39	You have not been hassled about time off for pregnancy-related medical appointments
24. COMCLIM5	40	You have informed your chain of command about any negative remarks that you have received about your pregnancy
25. COMCLIM6	41	Your chain of command has acted to support you in response to negative remarks about your pregnancy
26. COWORK1	42	You and your coworkers get along well
27. COWORK2	43	Coworkers have not made negative remarks about you missing PT or FTX because of your pregnancy
28. COWORK3	44	Coworkers have been supportive of your pregnancy
29. COWORK4	45	Coworkers are not resentful of time you missed from work because of your pregnancy
30. COWORK5	46	Coworkers have had their workload increased because of manpower loss due to your pregnancy
31. COWORK6	47	Coworkers are resentful of work load increases because of your pregnancy
32. COWORK7	48	Coworkers include you in non-work activities
33. COHESION	49	You feel that your unit is cohesive
34. MORALE	50	Your morale is high
35. COMMIT	51	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:

- | | | |
|-------------|----|--|
| 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. PRACEDIS | 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

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

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:

- | | | | |
|-----|--------|----|---|
| 58. | PPERF1 | 74 | I put in a great deal of effort at work |
| 59. | PPERF2 | 75 | My work performance was considered superior |

60. PPERF# 76 I really cared about my work performance

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

- 77. WHEN11 93 After a leadership position
- 78. WHEN12 94 While in a staff position
- 79. WHEN13 95 After a staff position

I planned my pregnancy to occur during:

- 78. PLAN1 96 TDA assignment
- 79. PLAN2 97 Field assignment
- 80. PLAN3 98 CONUS
- 81. PLAN4 99 OCONUS
- 82. PLAN5 100 Before a military school
- 83. PLAN6 101 During a military school
- 84. PLAN7 102 After a military school
- 85. PLAN8 103 After a PCS
- 86. PLAN9 104 Before a PCS
- 87. PLAN10 105 While in a leadership position
- 88. PLAN11 106 After a leadership position
- 89. PLAN12 107 While in a staff position
- 90. PLAN13 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

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

109.	TRANS2	127	Worry about the added responsibility of a child
110.	TRANS3	128	Worry about drifting apart from your spouse
111.	TRANS4	129	Worry about sexual relations
112.	TRANS5	130	Worry about not having enough time to spend with my husband
113.	TRANS6	131	Worry about changes in marital relationship
114.	TRANS7	132	Worry about not giving spouse enough affection and attention
115.	TRANS8	133	Worry about having adequate finances
116.	TRANS9	134	Worry about losing out in my career/job
117.	TRANS10	135	Worry about providing adequate care for infant and having to work

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

118.	COPE1	136	Family members
119.	COPE2	137	Unit members
120.	COPE3	138	Friends
121.	COPE4	139	Professional therapist
122.	COPE5	140	Chaplain/Ministers/Clergy
123.	COPE6	141	Doctor

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

BSI11	78	67. Feeling afraid in open spaces
BSI12	79	68. Feeling low in energy or slowed down
BSI13	80	69. Thoughts of ending your life
BSI14	81	70. Feeling most people cannot be trusted
BSI15	82	71. Poor appetite
BSI16	83	72. Crying easily
BSI17	84	73. Suddenly scared for no reason
BSI18	85	74. Temper outbursts that you could not control
BSI19	86	75. Feeling lonely even when you are with people
BSI20	87	76. Feeling blocked in getting things done
BIS21	88	77. Feeling lonely
BSI22	89	78. Feeling blue
BSI23	90	79. Worrying too much about things
BSI24	91	80. Feeling no interest in things
BSI25	92	81. Feeling fearful
BSI26	93	82. Your feelings being easily hurt
BSI27	94	83. Feeling others do not understand you or are unsympathetic
BSI28	95	84. Feeling that people are unfriendly or dislike you
BSI29	96	85. Feeling inferior to others
BSI30	97	86. Nausea or upset stomach
BSI31	98	87. Feeling that you are being watched or talked about by others
BSI32	99	88. Trouble falling asleep

BSI33	100	89. Having to check and double-check what you do
BSI34	101	90. Difficulty making decisions
BSI35	102	91. Feeling afraid to travel
BSI36	103	92. Trouble getting your breath
BSI37	104	93. Hot or cold spells
BSI38	105	94. Having to avoid certain things, places or activities because they frighten you
BSI39	106	95. Your mind going blank
BSI40	107	96. Numbness or tingling in parts of your body
BSI41	108	97. The idea that you should be punished for your sins
BSI42	109	98. Feeling hopeless about the future
BSI43	110	99. Trouble concentrating
BSI44	111	100. Feeling weak in parts of your body
BSI45	112	101. Feeling tense or keyed up
BSI46	113	102. Thoughts of death or dying
BSI47	114	103. Having urges to beat, injure or harm someone
BSI48	115	104. Sleep that is restless or disturbed
BSI49	116	105. Having urges to break or smash things
BSI50	117	106. Feeling very self-conscious with others
BSI51	118	107. Feeling uneasy in crowds
BSI52	119	108. Never feeling close to another person
BSI53	120	109. Spells of terror or panic

BSI54	121	110. Getting into frequent arguments
BSI55	122	111. Feeling nervous when you are alone
BSI56	123	112. Others not giving you proper credit for your achievements
BSI57	124	113. Feeling so restless you couldn't sit still
BSI58	125	114. Feelings of worthlessness
BSI59	126	115. Feeling that people will take advantage of you if you let them
BSI60	127	116. Thoughts and images of frightening nature
BSI61	128	117. Feelings of guilt
BSI62	129	118. The idea that something is wrong with your mind
BSI63	130	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

Resonse 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 cwork1-cwork4 cwork7 cohesion
- discrim* Mean of exclus rcedis favor sexhar unwant gendis
- pclimate* Mean of pcomcli1 pcomcli2 pcwork1 pcohesio
- perform* Mean of perf1-perf3

<i>ppperform</i>	Mean pperf1-ppperf3
<i>stress</i>	Mean of stress1 stress2 stress4 stress5
<i>transit1</i>	Mean of trans3-trans7
<i>trans2</i>	Mean of trans8-trans10
<i>transita</i>	Mean of trans3-trans10
<i>coping</i>	Mean of cope1-cope3 cope6
<i>somatic</i>	Mean of BSI 3, 10, 36, 30, 37, 40, 44
<i>obscomp</i>	Mean of BSI 8, 20, 33, 34, 39, 43
<i>interpc</i>	Mean of BSI 26, 28, 29, 50
<i>depress</i>	Mean of BSI 13, 21 22 24 42 58
<i>anxiety</i>	Mean of BSI 1 17 25 45 53 57
<i>hostile</i>	Mean of BSI 9 18 47 49 54
<i>phobanx</i>	Mean of BSI 11 35 38 51 55
<i>paridea</i>	Mean of BSI 7 14 31 56 59
<i>psycot</i>	Mean of BSI 6 19 41 52 62
<i>trauma</i>	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
<i>GSI</i>	Mean of BSI 1 3 6-11 13-15 17-22 24-26 28-47 49- 59 62 63

FOLLOW UP QUESTIONNAIRE

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

---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

- 4) Agree
- 5) Strongly agree
- 9) Not applicable

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

- CLMT15 2 34 23. Co-workers include you in non-work activities
- CLMT16 2 35 24. You feel that your unit is cohesive
- CLMT17 2 36 25. Your morale is high
- CLMT18 2 37 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:

- CLMT19 2 38 27. Exclusion
- CLMT20 2 39 28. Racial discrimination
- CLMT21 2 40 29. Favoritism
- CLMT22 2 41 30. Sexual Harassment
- CLMT23 2 42 31. Unwanted Touching
- CLMT24 2 43 32. Gender Discrimination
- RASSN1 2 44 33. Were you assigned to a different job by your commander because you were pregnant?
1) yes
2) no
- RASSN2 2 45 34. Were you assigned to a different job because of your exposure to hazardous materials?
1) yes
2) no
- RASSN3 2 46 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:

- | | | | |
|--------|---|----|------------------------|
| STRSS1 | 2 | 53 | 42. Family matters |
| STRSS2 | 2 | 54 | 43. Financial matters |
| STRSS3 | 2 | 55 | 44. People I work with |
| STRSS4 | 2 | 56 | 45. Work itself |
| STRSS5 | 2 | 57 | 46. Pregnancy |

---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

- | | | | |
|---------|---|----|---|
| TRANS1 | 2 | 58 | 47. Worry about being a good parent |
| TRANS2 | 2 | 59 | 48. Worry about the added responsibility of a child |
| TRANS3 | 2 | 60 | 49. Worry about drifting apart from your spouse |
| TRANS4 | 2 | 61 | 50. Worry about sexual relations |
| TRANS5 | 2 | 62 | 51. Worry about not having enough time to spend with my husband |
| TRANS6 | 2 | 63 | 52. Worry about changes in marital relationship |
| TRANS7 | 2 | 64 | 53. Worry about not giving spouse enough affection and attention |
| TRANS8 | 2 | 65 | 54. Worry about having adequate finances |
| TRANS9 | 2 | 66 | 55. Worry about losing out in my career/job |
| TRANS10 | 2 | 67 | 56. Worry about providing adequate care for infant and having to work |

---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

BSI1B	68	57. Nervousness or shakiness inside
BSI2B	69	58. Repeated unpleasant thoughts
BSI3B	70	59. Faintness or dizziness
BSI4B	71	60. Loss of sexual interest or pleasure
BSI5B	72	61. Feeling critical of others
BSI6B	73	62. The idea that someone else can control your thoughts
BSI7B	74	63. Feeling others are to blame for most of your troubles
BSI8B	75	64. Trouble remembering things
BSI9B	76	65. Feeling easily annoyed or irritated
BSI10B	77	66. Pains in heart or chest
BSI11B	78	67. Feeling afraid in open spaces
BSI12B	79	68. Feeling low in energy or slowed down
BSI13B	80	69. Thoughts of ending your life
BSI14B	81	70. Feeling most people cannot be trusted
BSI15B	82	71. Poor appetite

BSI16B	83	72. Crying easily
BSI17B	84	73. Suddenly scared for no reason
BSI18B	85	74. Temper outbursts that you could not control
BSI19B	86	75. Feeling lonely even when you are with people
BSI20B	87	76. Feeling blocked in getting things done
BSI21B	88	77. Feeling lonely
BSI22B	89	78. Feeling blue
BSI23B	90	79. Worrying too much about things
BSI24B	91	80. Feeling no interest in things
BSI25B	92	81. Feeling fearful
BSI26B	93	82. Your feelings being easily hurt
BSI27B	94	83. Feeling others do not understand you or are unsympathetic
BSI28B	95	84. Feeling that people are unfriendly or dislike you
BSI29B	96	85. Feeling inferior to others
BSI30B	97	86. Nausea or upset stomach
BSI31B	98	87. Feeling that you are being watched or talked about by others
BSI32B	99	88. Trouble falling asleep
BSI33B	100	89. Having to check and double-check what you do
BSI34B	101	90. Difficulty making decisions
BSI35B	102	91. Feeling afraid to travel
BSI36B	103	92. Trouble getting your breath

BSI37B	104	93. Hot or cold spells
BSI38B	105	94. Having to avoid certain things, places or activities because they frighten you
BSI39B	106	95. Your mind going blank
BSI40B	107	96. Numbness or tingling in parts of your body
BSI41B	108	97. The idea that you should be punished for your sins
BSI42B	109	98. Feeling hopeless about the future
BSI43B	110	99. Trouble concentrating
BSI44B	111	100. Feeling weak in parts of your body
BSI45B	112	101. Feeling tense or keyed up
BSI46B	113	102. Thoughts of death or dying
BSI47B	114	103. Having urges to beat, injure or harm someone
BSI48B	115	104. Sleep that is restless or disturbed
BSI49B	116	105. Having urges to break or smash things
BSI50B	117	106. Feeling very self-conscious with others
BSI51B	118	107. Feeling uneasy in crowds
BSI52B	119	108. Never feeling close to another person
BSI53B	120	109. Spells of terror or panic
BSI54B	121	110. Getting into frequent arguments
BSI55B	122	111. Feeling nervous when you are alone
BSI56B	123	112. Others not giving you proper credit for your achievements
BSI57B	124	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

<u>VARIABLE</u>	<u>ITEM</u>	<u>FIELD</u>
1. SSN	Social Security Number	1-9
2. GESTATION	Number of weeks/days pregnant at delivery i.e., 40 6/7 weeks: 40.86 *round off to last full week in analyses	10-13
3. GRAV	The first number is the number of pregnancies	14
4. PAR	The second number is the number of live births	15
5. PRESENTATION	Head position: 1) OA 6) VTX & OR (<i>VTX</i>) 2) VTX 7) ROA 3) OP 8) OH (<i>drop</i>) 4) Breech 9) GA (<i>drop</i>) 5) LOA	16
<i>Presentation</i>	1) VTX 2) Breech 3) other	
<i>Position</i>	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) meconium (*mech yes*)
 - 4) bloody (*fluid bloody*)
 - 5) digo-no fluid (*fluid not*)

- Fluid*
- 1) no
 - 2) yes
 - 3) bloody

- Meconium*
- 1) no
 - 2) yes

[OPERATIVE INTERFERENCE]

8. INDUCTION 19
- 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 20
- 1) no interference-vaginal: SVD
 - 2) forceps delivery-vaginal
 - 3) cesarean section
 - 4) vacuum assisted

10. EPISIOTOMY &
REPAIR

00) none	07) NL	21-22
01) MLE (<i>mle</i>)	08) labial tear (<i>lac</i>)	
02) MLE 1 (<i>mle</i>)	09) bilat labial (<i>lac</i>)	
03) MLE 2 (<i>mle</i>)	10) libial abrasions (<i>lac</i>)	
04) MLE 3	11) sidewall laceration (<i>lac</i>)	
05) MLE 4	(vaginal)	
06) ABD (<i>c</i> sect)	12) perierethral (<i>lac</i>)	

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) 23-24

12. APGAR

The second number is the APGAR at five minutes (i.e., 07) 25-26

13. PLACENTA

- | | | |
|---------------------|------------------------|----|
| 1) in tact-complete | 5) to lab | 27 |
| 2) 3V/I | 6) frag membrane | |
| 3) Complete w/3V | 7) spontaneous | |
| 4) manual | 8) incomplete/retained | |

Placenta 1

- 1) spontaneous
- 2) manual (exclude *c* section)

Placenta

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

register #	Do not code-do not data enter		
14. BABY'S GENDER	1) male 2) female		28
15. BABY'S WEIGHT 29-32	Gram weight		
16. ANALGESIA	1) nubain 2) phenegran 3) nubain & phenegram 4) demeral & phenegram 5) morphine	0) none blank = none	33
<i>Anaelgesia</i>	1) no 2) yes		
OXYTOCIN	refer information back to INDUCTION #8		
17. COMPLICATIONS: MOTHER (up to 3)	List of text for mother 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		34-35 36-37 38-39

- 18) low platelets
- 19) uterine rupture
- 20) short cord
- 21) non-reassuring tracing
- 22) pseudotumor
- 23) cerebri
- 24) twin gest
- 25) Rx'd w/emycin
- 26) AFI
- 27) brady cardig
- 28) severe predcompsia
- 29) IUCD
- 30) gest. Diabetes A1
- 31) maternal adrenal insufficiency
- 32) anemia
- 33) hep A, B carrier
- 34) obesity
- 35) D&C (retained placenta)
- 36) preclampsia
- 37) low lying placenta
- 38) kidney stones
- 39) hypothyroids
- 40) rectal fistula
- 41) active HSV in labor
- 42) hemorrhoids
- 43) hypertension
- 44) urinary tract infection
- 45) no amnio fluid
- 46) STD clamedia
- 47) smoker
- 48) fibroid group strep
- 49) Hx rape - VIP
- 50) Oligo-amniotic fluid
- 51) Precipitous
- 52) Rubella
- 53) HSV-herpes
- 54) Transverse lin
- 55) vaginal wall laceration repair
- 56) mechonium in abd
- 57) positive PPD (TB)
- 58) diabetes ADM
- 59) xxdammosisxxxxx
- 60) PTL-TXC xxx

- 61) paynephytisxxxx recurrent xxx (kidneys)
- 62) PROM prolonged rxxx x + 72 hrs
- 63) Staph infection
- 64) Cyst xxx ADN
- 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 hypxxxxsion)
- 72) Thrombxxxptopena (low platelets) (see #18)
- 73) HGSIL (high grade squaemaus intrax lesion dysplasia)
- 74) history pelem labor

<p>17. COMPLICATIONS: MOTHER (up to 3)</p>	<p><i>List of text for mother</i></p> <ul style="list-style-type: none"> 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 	<p>34-35 36-37 38-39</p>
--	---	--

- 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 ADN
- 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:
 BABY
 (up to 3)

- | | |
|---------------------------------|-------|
| List of text for baby | 40-41 |
| 01) nuchal chord problem | 42-43 |
| 02) shoulder dystocia | 44-45 |
| 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 xxx cord
- 19) deceleration
- 20) nonreassuring tracing
- 21) omphalocele
- 22) terminal bradychardig
- 23) hypoplasig
- 24) bilateral fetal renal cysts

18. COMPLICATIONS:	<i>List of text for baby</i>	40-41
BABY	01) nuchal chord problem	42-43
(up to 3)	02) shoulder dystocia	44-45
	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	46
	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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