



Ministry
of Defence

Defence Statistics (Health)

Ministry of Defence

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27 March 2018

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FOI2018/02911
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Thank you for your email dated 25 February 2018 requesting the following information:

- *The number of female naval service personnel who were aeromedically evacuated from a ship due to pregnancy since January 1st 2012*
- *Can you name the ships that female naval service personnel had to be aeromedically evacuated from a ship due to pregnancy since January 1st 2012*
- *The costs of these evacuations? Broken down by year and then in total*

I am treating your correspondence as a request for information under the Freedom of Information Act 2000. A search for the information has now been completed within the Ministry of Defence, and I can confirm that information in scope of your request is held. The information you requested is enclosed.

Please note section 40(2) has been applied to some of the information to protect personal information as governed by the Data Protection Act 1998. In line with JSP 200 (April 2016), the suppression methodology has been applied to reduce the possible inadvertent disclosure of individual identities. Section 40 is an absolute exemption and there is therefore no requirement to consider the public interest in making a decision to withhold the information.

Between 1 January 2012 and 31 December 2017, **17** female UK Naval Service personnel were aeromedically evacuated from a ship due to pregnancy. **Table 1** below presents this information by ship.

**Table 1: Female UK Naval Service personnel aeromedically evacuated from a ship due to pregnancy, by ship, numbers^{1,2}
1 January 2012 to 31 December 2017**

Ship Name	Personnel Aeromed
All	17
HMS ARGYLL	~
HMS DARING	~
HMS DIAMOND	~
HMS DRAGON	~
HMS DUNCAN	~
HMS EDINBURGH	~
HMS MERSEY	~
HMS MONTROSE	~
HMS RICHMOND	~
RFA CARDIGAN BAY	~
OTHER SHIPS	~

Source: Aeromedical Evacuation Control Centre (AECC) and Defence Patient Tracking System (DPTS)

1. Includes initial aeromedical evacuations only, numbers do not include connecting flights and reverse aeromedical evacuations. Aeromedical Evacuation is defined as patient movement towards the UK; patient movement in any other direction is defined as Reverse Aeromedical Evacuation.
 2. Females may be counted more than once if they have had multiple initial aeromedical evacuations for pregnancy during the same time period.
- r indicates a revision to previously published data.

Cost information was held for 12 of the 17 flights. The total estimated cost for 12 of the aeromedical evacuations was **£7583.80**. Based on this, the average cost of each aeromedical evacuation was **£631.98**. The cost cannot be broken down by year as this could be disclosive.

In line with JSP 200 (April 2016), the suppression methodology has been applied to ensure individuals are not inadvertently identified dependent on the risk of disclosure. Numbers fewer than five have been suppressed and presented as '~'. Where there was only one number in a row or column that was fewer than five, the next smallest number has also been suppressed so that numbers cannot simply be derived from totals. The Ministry of Defence has already released through a previous FOI request, the number of female UK Naval Service personnel aeromedically evacuated from a ship up to the end of 2016. During the past year, there has been an increase of fewer than five female UK Naval Service personnel aeromedically evacuated from a ship. Additional ships not presented in the previous FOI request have been presented as 'OTHER SHIPS' to reduce the possible inadvertent disclosure of individual identities.

If women become pregnant in theatre, or discover they are pregnant in theatre (or at sea), they are returned at the first convenient opportunity. This may be via an aeromed flight if there is space available, but emergency cases will be given priority. Alternatively, they may be returned on a routine flight, in which case Defence Statistics will not have sight of the reason for their return. For normal pregnancy cases, it is more important to ensure a safe return than an immediate one. Thus, the numbers presented will be the minimum number of females returned from theatre as a result of pregnancy.

Under section 16 of the Act (Advice and Assistance), you may find it useful to note the following:

These figures have been compiled using data from Brize Norton Aeromedical Evacuation Control Centre (AECC) and the Defence Patient Tracking System (DPTS). It must be noted that it is possible that there will have been some individuals who returned to the UK without being recorded on the AECC or DPTS as pregnant, and their details will not have been recorded centrally. Thus, the numbers presented will be the minimum number of females returned from operations as a result of pregnancy. Figures presented above include UK Regular and Reservist personnel.

Aeromedical Evacuation is the medically supervised movement of patients to and between medical facilities by air transportation. The RAF Aeromedical Evacuation Service provides the worldwide patient

air movement capability for Defence 24 hours a day, 365 days a year. Patients are risk assessed prior to flight, and when necessary, trained medical teams are provided to deliver care in the air. Defence Statistics receive Aeromedical Evacuation records fortnightly from the Aeromedical Evacuation Control Centre (AECC) at RAF Brize Norton, which commenced in April 2006 for Iraq and Afghanistan only, and April 2008 for worldwide evacuations.

The numbers presented in this response include the number of personnel aeromed only. These numbers do not include connecting flights and reverse aeromedical evacuations¹.

The DPTS commenced on 8 October 2007 and was set up to enable the capture of tracking data for aeromedically evacuated patients at the place where healthcare is being delivered along the care pathway. It is a live system and is constantly being updated retrospectively as such the data are provisional and subject to change.

The DPTS is not a medical or welfare record system; medical records are held on the Defence Medical Information Capability Programme; welfare records are held in single Service welfare databases. The DPTS is not an authoritative record of personnel and demographic details, these details are held on Joint Personnel Administration system.

Defence Statistics have included female personnel aeromed to the UK with any of the following recorded diagnoses; 'Pregnancy - Normal', 'Pregnancy – Disorder' and 'Family Planning – TOP' (Termination of Pregnancy (TOP)), 'Womens – Obstetrics' or where pregnancy was identified in the injury/illness mechanism field or free-text commentary in the DPTS.

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications covering Deaths and Health and Safety in the UK Armed Forces and consult you if we are thinking of making changes? You can subscribe to updates by emailing: DefStrat-Stat-Health-PQ-FOI@mod.uk

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, 1st Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <http://www.ico.gov.uk>.

I hope this is helpful.

Yours sincerely

Defence Statistics (Health) Head (B1)