

MATERNITY WELFARE

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The necessity for maternity welfare work is usually brought to public attention by interest being focused on the needs of children. So it is interesting to note the steps which led to the passing of the Sheppard-Towner Act, providing for the promotion of the welfare and hygiene of maternity and infancy.

In her work in the Henry St. Settlement Lillian Wald was so impressed with the evils of child labor that she originated the idea of a center somewhere in the federal government for all the needs of the country's children. Out of her dream President Roosevelt's White House conference materialized, in 1909. The National Child Labor Commission carried on agitation for the creation of such a bureau, with the result that the Peter's Bill was passed in 1912, signed by President Taft, authorizing the establishment of a Children's Bureau. Soon afterward Miss Julia Lathrop, who was long a volunteer resident of Hull House and an active worker in various reform movements, was named chief.

The law specified: "Said Bureau shall investigate and report upon all matters pertaining to the welfare of children and child life." It was to have no administrative powers but its function was to secure information and make it available to states and other parties interested.

In 1919 President Wilson gave the Bureau an additional sum of \$100,000 out of the \$100,000,000 Congress had voted him for reconstruction. His "far sighted encouragement of the Bureau resulted in concentration of the Nation's thought upon preventable deaths of mothers and babies, which led Congress to enact the Sheppard-Towner Act for Maternity and Infancy in 1921".*

Dr. Anna E. Rude, Director of the Hygiene Division of the Children's Bureau
The Nation - Dec. 10, 1930 - "Save the Children"

Bureau, expressed very well the objectives of this work in a talk given at the Social Worker's Conference in 1921. She considered the creation of a hygienic conscience in the individuals of a community the prime factor in assuring the success of preventive work. The rural investigations carried on by the Bureau were popularized by children's health conferences held in connection with them, with physical examinations and advice on child care. In a series of nine infant mortality studies made prior to 1921, the interdependence of maternal and infant welfare were very clearly shown. A study of maternal mortality made at that time drew attention to the fact that the maternal mortality was not decreasing and probably assisted in the interest taken in the protection of maternity.

The act provided for a subsidy of \$1,240,000 yearly for five years, \$10,000 to each state and the balance on the basis of population. By 1927 so much opposition had developed that it was agreed to extend the provisions of the act two years only on condition that it would then be discontinued.

The stipulation of the act was the "promotion of the welfare and hygiene of maternity and infancy." The provisions and their interpretation were both against the establishment of any rigid standards. Miss Grace Abbott, then chief of the Children's Bureau, stated that its function was to be a clearing house for information for the states. Each state was to develop its own program. The Board was to meet three or four times each year to act upon plans submitted by states.

In the development of the work it was found that there were more similarities than differences in state programs. The annual conferences of Directors of State Bureaus helped to develop a unified program. One of these was held each year of the administration of the act except 1922 and 1929.

The bureau was fortunate in securing Miss Grace Abbott as chief following Miss Lathrop. Its success has been largely due to her efforts. She is a scholarly woman and was early imbued with the idea that the common man was not getting a square deal. She is said to be an effective public speaker, a quality which no doubt helped her when she was fighting for the enforcement of the Child Labor Law. A representative of the North Carolina textile manufacturers called her a "meddlesome old maid." In speaking of the help she gave in creating the Children's Bureau, one man said "The unnecessary waste of infant life and the appallingly high mortality rate attributable to maternity escaped the attention of the nation until a few of these old maids laid bare the truth."*

Besides the assistance given to the states other projects were taken up. Two advisory committees, one of pediatricians and one of obstetricians, rendered valuable service to the Bureau. Several surveys and studies were made in cooperation with certain states for the purpose of collecting data, a survey of maternity homes, studies of stillbirths, neonatal morbidity and mortality, a study of maternal mortality and one of rickets. Each state also received from the Bureau regular quotas of bulletins on child and maternal care to distribute to the public.

Soon after taking office President Hoover secured a half million dollars to study what is going on in the United States for child welfare, health and protection. On July 2, 1929, he announced a White House conference, to be composed of representatives of the great voluntary associations together with federal, state and municipal authorities interested. Its purpose was to "determine facts as to present

*Grace Abbott of Nebraska - New Republic, July 18, 1923

progress and future needs and make recommendations for such measures for official and voluntary action as will further develop the care and protection of children."*

This conference met November 20 - 22, 1930, with the work divided into four sections, medical service, public health service and administration, education and training, and the whole question of the handicapped. Although much was expected of this conference, a large part of the time was taken in a controversy over the advisability of transferring all the medical work of the Childrens's Bureau to the United States Public Health Service. The opposition was very ably represented by Miss Abbott, who emphasized the desirability of a unified approach to all problems of childhood and contended that removing of the health work would destroy the Bureau. The transfer was not made.

The types of activities carried on by the states in maternity care under the Sheppard-Towner act were:

1. Demonstrations in homes in maternal care.
2. Classes for mothers in prenatal care.
3. Classes in prenatal care for teachers to prepare them to include maternity instruction in their classwork.
4. Classes for midwives.
5. Graduate courses for nurses in maternity work through state or regional conferences or institutes.
6. Graduate courses in obstetrics for physicians.
7. Lectures, motion pictures, slides, charts, exhibits.
8. Instruction through distribution of literature prepared by state or federal governments on maternal care and hygiene.

*School and Society - July 13, 1929

In 1921, 33 states had established maternity and child hygiene bureaus to administer Sheppard-Towner funds. By 1929, Hawaii and all states with the exception of Vermont, which carried on the work under the direction of the health officer, had created maternity and child-hygiene bureaus or divisions, which were functioning. Illinois, Massachusetts and Connecticut did not accept federal funds but secured larger appropriations from their legislatures and were stimulated to greater activity.

The directors of the state divisions and bureaus of maternity and child hygiene attempted to develop permanent local interest, with the assumption of local responsibility for their care. In many localities this has been done.

Figures in maternal mortality for the whole country do not show much of a decline, which has been commented on in an editorial in Hygiea as proof of the failure of the work.* However, all educational work is slow and more time is needed to show real results. A downward trend in the rate of deaths from albuminuria has been noted, which we must believe has been achieved by good prenatal care, as that is such an important factor. Encouraging features are an increased interest shown by women in seeking care as well as increased interest by physicians in giving it, and the recognition of the importance of the maternity nurse in reaching expectant mothers.

In Oregon a definite decline in maternal mortality was noted, from 74.3 per 10,000 live births in 1921 to 63.6 in 1927.

Oregon accepted the provisions of the Maternity and Infancy Act through the Oregon State Board of Health. The legislature provided funds which made an equal amount available from federal sources. In

1922 the Bureau of Child Hygiene was established, which is being supported now by state funds.

The projects being carried on under this bureau for maternity welfare are:

1. Issuance of nine prenatal and three postnatal letters to expectant mothers upon request.

2. Cooperation with the obstetrical department of the University of Oregon Medical school in a prenatal clinic program. In the beginning a full time public health nurse with special training was subsidized by the Bureau of Child Hygiene to the Medical School, working out first through the Visiting Nurses Association and later through the Portland Free Dispensary, teaching the senior medical students in obstetrics the technique of home delivery and assisting the staff of the University of Oregon Medical School in holding prenatal clinics for the information of these students and for the care of expectant mothers otherwise not able to afford it. In 1927 half of the subsidy was taken over by the medical school and at the close of the co-operative program the entire amount was taken over.

3. The county unit program, subsidizing the salaries of two nurses in five county health units and furthering the maternity and infancy program, has been most successful. In all of these counties much intensive work has been done, and projects not possible in counties not so organized have been developed. . . . The intensive maternity and infancy program conducted in these counties has helped keep the infant mortality rate of Oregon the lowest in the United States and is no doubt responsible in some measure for the 22 per cent decrease in maternal mortality since 1922. At the close of the federal fund

demonstration, the five counties had taken over one-half of each nurse's salary, and at the beginning of 1930 all except one supplied full maintenance for their full-time units.*

Dr. McCusker, head of the obstetrical department at the medical school, has been very active in extending the service given. In 1927 a fund was secured from the Rockefeller Foundation for a resident physician. The Medical School has since taken this over and is putting on an added resident this year. Dr. McCusker hopes eventually to extend the service to the entire state.

In Multnomah County the mothers may go to the County Hospital for delivery, they may have a home delivery if they are multiparae and conditions are favorable, or they may be taken care of at St. Vincent's Hospital for \$35.00.

The Visiting Nurses cooperate with the medical school in giving post natal care to mothers in Portland who have had home deliveries. They also make prenatal calls on mothers who are not eligible for the medical school clinic.

A few years ago a department was added at the Albertina Kerr Home to take care of the girls who became mothers from the Louise Home. This work is also taken care of by doctors and nurses from the clinic.

At the present time there is a feeling that the clinic is taking care of too much of the maternity work. However, until some system of insurance or state medicine is inaugurated the destitute mothers will have to be taken care of by public funds. When one sees the excellent prenatal instruction they get it seems it would be desirable to make this service available to all mothers, regardless of financial condition.

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