CHILDBIRTH PROTECTION

COMMITTEE ON
WOMEN IN INDUSTRY
OF THE
NATIONAL LEAGUE
OF WOMEN VOTERS
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WASHINGTON, D. C.

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FOREWORD

THIS is written to make clear to the members of the National League of Women Voters the reasons back of that part of our program which urges: "the prohibition of the employment of women six weeks before and after childbirth." It was written for the Committee by Mrs. Irene Osgood Andrews, Assistant Secretary of the American Association for Labor Legislation.

The Local Chairman on Women in Industry should assign the study of this one of our standards to a member of her Committee, and give her this leaflet to study. When our Committee member has studied the subject, she can tell the Committee or the whole Local League, in her own words, just why the National League of Women Voters wishes to see laws enacted to safeguard married working women and their children.

*CHILDBIRTH PROTECTION

IF AN epidemic of smallpox were to spread over the United States causing the death of a half million children, what would be our reaction?

Every year approximately that many babies are laid away in their graves and, beyond the sorrow and anguish of the bereaved, but little public attention has been given to this loss. This appalling waste occurs in all walks of life but falls most frequently in homes where incomes are low—in the most humble homes—typified by the woman who wrote to the Children's Bureau: "I like the Bulletins. Some of the things I knew before and some of them my neighbors told me, but there are things you can't do when eight people must live in two rooms."

DEATHS IN EARLY INFANCY

For several years past we have been congratulating ourselves upon our decreasing infant mortality rate—that is, fewer deaths of babies under one year, out of 1,000 born alive. In our birth registration area (about 80% of our population) this rate has fallen from 100 per thousand live births in 1915, to 76 in 1921. But the actual number of deaths is still startling. Taking the registration area as a basis, conservative estimates place the loss of babies under one year of age at 250,000 annually.

But this is only half the story. There are the still-born babies—not counted in the above. The registration of still-births is very unsatisfactory, but statisticians place the number at not less than 200,000 annually. So we have roughly half a million babies lost each year through causes that science has demonstrated to be in large part preventable.

* Written for the Committee by Irene Osgood Andrews.

If we analyze the deaths occurring during the first year, we find that nearly half occurred before the baby was one month old, with by far the larger number in the first week or ten days of life. And there has been practically no reduction in these deaths of very young babies for many years past.

The mortality rate of the older babies has declined recently, largely because we have been more successful in treating gastro-intestinal and respiratory diseases. But early deaths which are usually due to congenital debility, prematurity and injuries at birth, continue in an enormous toll of infant life, for although knowledge concerning practical obstetrics is highly developed, it is used meagerly and ineffectively.

MOTHERS DIE IN CHILDBIRTH

Take mothers also. How many of us realize that more women between the ages of 15 and 44 die of causes due to childbirth than from any other cause except tuberculosis—probably about 25,000 each year? Cancer, pneumonia and typhoid are less important in the list of causes. While marked decreases have occurred in other once-prevalent diseases, for more than a decade no improvement has taken place in maternal mortality. Moreover the chief cause of these deaths, puerperal septicemia, or poisoning, has been shown to be largely preventable, making such needless loss of life all the more disgraceful.

And we must not forget the additional thousands who survive death but who suffer injuries that make them lifelong invalids. Neither can we forget the children of women who die in childbirth. The baby death rate among this motherless group is shown to be from three to five times as high as among those fortunate ones whose mothers survive. It is just this particular problem of deaths of mothers and babies occurring in connection with childbearing—birth mortality—that forms a special challenge to the nation.

THE PROBLEM IN AMERICA

The situation in America is serious. Is any one group of the community endangered more than others? Have we had any experience which would guide our future action? How are these important problems being met in other countries? Infant mortality figures have come to be regarded as "the most sensitive index we possess of social welfare and of sanitary administration." Statesmen and leaders in all highly civilized countries, especially since the war, have shown great concern over this problem. Our own greatly inferior rank in the protection of maternity, as compared with other nations, is humiliating. A careful examination of our position will perhaps indicate at least our "next step."

In the past we have too often gone on the assumption that "nature takes care of herself." If assistance from modern science was needed, every family, we assumed, was able and wise enough to get it. We were stirred out of this comfortable *laissez faire* attitude largely by a few progressive medical men, and by the investigations of the Federal Children's Bureau, which has studied intensively the records of nearly 8,000 gainfully employed mothers in various cities of the United States. These investigations show that the death rates are higher for wage-earning mothers, particularly for those employed outside the home, and six states have already prohibited the industrial employment of women for a period before and after childbirth. Not that industrial work in itself is always harmful to a pregnant woman, but such work all too often entails continuous standing, lifting heavy materials, the use of foot treadles or other work injurious to expectant mothers. And other factors enter in which justify the requirement of a rest period during the confinement period.

INDUSTRIAL EMPLOYMENT INJURIOUS

During pregnancy certain health precautions are essential to a safe delivery, such as frequent rest periods to avoid becoming overtired, immediate attention to symptoms

indicating physical derangement, proper food at regular periods and the prevention of continuous overstrain on nerves or muscles. Statistics show that when mothers are not able to maintain these safeguards, there are, in consequence, a number of stillborn babies and of premature births, and the baby death rate is higher.

In one textile mill city where more than 2,600 births were investigated, only about 77 babies, whose mothers were not gainfully employed, died out of 1000 born alive, while 114 died where the mother was gainfully employed away from home before the baby came. In another textile mill town the rate for babies of mothers not gainfully employed was 133.9 while for babies whose mothers were working while pregnant the rate was 227.5 out of every 1000 live births. Many such illustrations can be cited.

This situation, however, must be considered in connection with the fact that gainfully employed mothers come practically always from homes where the husband's income is low and living conditions are bad. The mortality rate here is higher, and the babies' deaths cannot always be laid to the mothers' employment. There must also be considered the very important questions of age of parent, of nationality, of character of medical attendance, and also whether or not the baby was the first born. Practically all reliable experience, however, shows that industrial work outside the home by expectant mothers results in a larger number of baby deaths, even within the same economic group.

On the question of still births and prematurity also the investigations present evidence of the injurious effects of constant employment outside the home. In one study covering over 1,600 births, the percentage for stillborn babies of mothers not gainfully employed was 4.1, while for mothers employed away from home the rate was 7.5—nearly twice as many. In a more recent study the rate for babies of unemployed mothers was 3, as compared with a rate of 6.7 for gainfully employed mothers. Such evidence is reinforced by other investigations of our Federal Children's Bureau.

EMPLOYMENT AFTER CHILDBIRTH

After the baby's arrival, breast feeding is of the utmost importance. While France has adopted the plan of factory nurseries where babies may be nursed during factory hours, neither England nor the United States looks with favor upon this plan. Sentiment in both of these countries, including also the opinion of certain leading physicians in France, favors care of the infant in the home, on the ground that proper care is not compatible with factory life. This conclusion is confirmed by the writer's investigations in France and England as a member of the Industrial Commission of the National Y. W. C. A. in 1919.

The effects of factory work during this period are easily measurable. In one city, out of a selected group of mothers whose babies had lived to be two weeks old, more than twice as many babies died when mothers went away from home to work, as died when the mother remained at home. In still another city, out of 578 infants born to mothers who were employed outside the home after childbirth (and more than three-fourths before confinement also) 146 died during the first year—reaching the extremely high death rate of 252.6 per 1,000. To get more accurately at the effect of absence from home during the early months of the baby's life, we find that there were 475 infants alive when the mothers began work. Had the average number of deaths occurred, only 29 out of this group would have died. But in fact 43, or 50% more, died—most of them before the baby was four months old.

The evil is not alone one of actual death. Improper care of children is also a result of mothers' absence from home. Experience has shown that mothers very frequently prefer to work at night since this plan permits them to be at home in the daytime. They snatch a few hours of sleep during the day but spend most of their time with home duties—cooking, washing, scrubbing, sewing and performing the other innumerable tasks of the housewife.

If the mother works in one of the less highly organized industries she may take her children with her when she goes to work. Notable illustrations occur in the canning industry and in the shell fish industry. "I'm planning to go to work next week," said the mother of a month-old baby, "and keep him in a box at the factory." "The days I took the baby to the factory, I nursed her there," said another mother; "the days I left her home with grandmother, she'd have to wait till I got back." Such conditions are all too frequent. No one will question the serious consequences of this dual responsibility—serious both to the individual and to the race.

DEVELOPMENT OF MATERNITY CARE

For many years, city and state boards of health have done considerable work in the field of maternity protection. The passage of the federal Sheppard-Towner Act in 1921, while not applying exclusively to employed or working class mothers, will go a long way in securing for them proper medical attention. The widespread movement for maternity centers, although still in its infancy, will be an additional step in spreading education and in enabling mothers to secure proper care. The excellent results attained by the Maternity Center Association of New York City, with which the writer has had the advantage of being associated from the beginning, indicate clearly the life-saving qualities of this work. The records of over 8,000 cases cared for by the Association between the years 1919 and 1921 have been very carefully analyzed. As a result of the prenatal care given at the Centers stillbirths have been reduced by 28%, as compared with the city as a whole; the baby deaths by 29%, and the deaths of mothers by 10%. Since New York City already stands very high in preventing infant and maternal deaths the record of the Maternity Center Association is truly enviable.

Similar results have been obtained by the excellent work done in Boston, St. Louis, Minneapolis, Detroit, Chicago and other cities.

Private industry also has recognized the need of special maternity protection, and as early as 1910 a New England textile manufacturer established a system in his factory which provided medical care for expectant mothers and cash benefits for a limited period. In a middle western establishment mothers who remain away from work for 8 weeks before confinement are given cash benefits for 13 weeks, and are urged to stay at home until the baby is properly weaned. But maternity benefit systems in private establishments are insignificant in number and the history of similar voluntary efforts proves that without social action through legislation the vast majority of employers will never furnish such protection.

COMPULSORY REST PERIODS

A somewhat different line of attack, following the almost universal custom in European countries, has been initiated in six American states. Realizing the need for rest and additional care during the confinement period, Massachusetts in 1911, followed by Connecticut, Vermont, New York, Missouri and Washington, prohibited by state legislation the gainful employment of mothers in industrial plants from two to four weeks before and after childbirth. New York has no prohibited period before confinement but requires four weeks' rest after the baby's arrival. Washington requires a rest period for the last four months of pregnancy and for six weeks after childbirth. In most states no adequate system of administration has been carried out. But with the development of health and maternity centers co-operation between the center and industrial inspection departments of the state should be carefully worked out so that mothers taken from their work may be immediately put in touch with expert advice and assistance.

EXPERIENCE IN OTHER COUNTRIES

This subject was regarded as of such vital importance that at the close of the world war, for the first time in his-

tory, provision for the safeguarding of maternity was embodied in the peace treaty. And the First International Labor Conference, under the League of Nations, meeting in Washington in 1919, adopted a maternity convention which provided for the mother a rest period of six weeks after childbirth—with the additional right to leave work six weeks before, upon presentation of a medical certificate stating that confinement will probably take place during that period. Since most European countries had already provided still further protection, the Conference agreed that during this period of compulsory absence from work, the mother, whether married or unmarried, must be paid "benefits sufficient for the full and healthy maintenance of herself and child," and must be provided with free attendance by a doctor or certified midwife.

Rest periods before and after childbirth and some form of financial assistance have been provided in practically every important European country. The provisions of the maternity convention of the official International Labor Organization apply only to gainfully employed women. But the laws of practically all foreign countries apply in addition either to all women, or to those within certain family income groups. Cash benefits are usually paid weekly during the compulsory rest period, and sometimes for additional weeks, especially if the mother is in ill health. Medical and nursing care are also provided, and they are probably the most important features of maternity benefit systems. The beneficial results have been amply illustrated in New Zealand which has the lowest infant mortality rate in the world. In a few countries, notably France, mothers are given special compensation if they nurse their babies. Many millions of dollars are being spent by these countries for this work, and our own meager expenditures seem small indeed in comparison.

THE ULTIMATE GOAL

This work is approached from the point of view of the welfare of the child, innocently arriving in a world that is still sorely troubled by ignorance and poverty. As Sir Arthur Newsholme has said: "A high infant mortality implies a high prevalence of the conditions which determine national inferiority."

May we not conclude that neither the child, nor the mother, nor society, should be allowed to suffer needlessly from the lack of life-saving care now available through modern science? Surely the joys of healthy childhood, the supreme blessings of normal motherhood, are a priceless asset to the nation.