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# Children's Health Centers

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## CHILDREN'S HEALTH CENTERS.<sup>1</sup>

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In the campaign to save the lives of 100,000 children during the second year of the war it is hoped that many children's health centers will be established, for they have proved their value in saving children's lives. In response to numerous requests for information as to how to establish such centers this circular has been prepared.

### PURPOSE.

The purpose of a children's health center is "to keep well children well"—to make available to all the mothers of a community knowledge of the way to prevent needless sickness.

The essentials of a successful health center are a good doctor and a good public-health nurse who understands children, a mother and a child, and a room in which to meet. To such centers children are brought once a week by their mothers. There they are weighed by the nurse and a record kept of their weight and development. The physician in attendance sees each child, advises the mother about the feeding, and urges her to nurse her baby if possible. Through such advice many mothers who would otherwise wean their babies continue to nurse them. If breast feeding is impossible the doctor advises the mother about the preparation of artificial food. The doctor and the nurse tell her of the methods by which she can keep her child well, for example, through the hot summer weather. The nurse then visits her in her home and shows her how to carry out the doctor's instruction.

Children who are ill are not cared for at these centers but are referred for care to the family physician or to a hospital or dispensary.

Prenatal care, or the care and instruction of women before confinement, is often carried on through the same centers.

### NEED.

The Public Health Commission of New York State in 1913 recommended that "each city with a population in excess of 10,000 and having an industrial population should have one infant welfare sta-

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<sup>1</sup> Sometimes called infant welfare stations.

tion, and larger cities with an industrial population should have one such welfare station for approximately each 20,000 inhabitants."

In industrial communities and in those having a large foreign population children's health centers have been especially successful.

### ESTABLISHMENT.

The first step in their establishment should be to secure the cooperation of responsible physicians and also of the local visiting nurse association, if such exists. In some cases an agency establishes a children's health center and employs a nurse; in other cases the agency establishes it and the nurse is supplied by the local visiting nurse association. Associations interested in the establishment of these centers gain much help by sending a representative to see the work in a city where one has been in successful operation for some time.

There is a growing tendency on the part of municipalities to undertake the establishment of these centers, either assuming the entire responsibility for them or working in cooperation with other agencies. Most of the principal cities of this country are looking upon their establishment as a necessary part of the preventive work of departments of health under special divisions of child hygiene. New York City is a notable example of the development of this work.

### STAFF.

*Attending physicians.*—In each community the best method of selecting a medical director and attending physicians must be decided according to local conditions. The cooperation and understanding of the local medical society is essential. These are best secured by making plain that the purpose of the center is to keep well children well, not to care for those that are ill.

*Nurse.*—The nurse is a very important factor in the undertaking. Her work in the homes, in helping mothers to follow the advice of physicians, is essential. No center can be a success without a good nurse who has had special training or experience in public-health work with children. Information in regard to public-health nursing is to be found in the leaflet on Follow-up Work for Children's Year,<sup>1</sup> and in other bulletins which may be obtained on application to the Children's Bureau, United States Department of Labor, Washington, D. C. The National Organization for Public Health Nursing, 105 Fifth Avenue, New York City, will furnish literature and advice on this subject.

<sup>1</sup> Children's Year Leaflet No. 2, pt. 3, p. 4. U. S. Children's Bureau Publication No. 38.

*Volunteers.*—Volunteers who can be depended upon for regular work can be of great assistance to the nurse at the center in receiving mothers, filling out record sheets, and, after a little practice, in weighing the babies.

### LOCATION.

The health center should be placed near the center of the district in which its work is most needed. A study of the location of the infant deaths in a city (as shown on a spot map) will often determine where the need is greatest. Convenience for the mothers is a prime necessity.

Rooms for a health center may often be obtained in schoolhouses, rent free. These make excellent quarters if the consultation hours can be arranged on Saturday or after school hours. It may be established in a schoolhouse during the summer months also. In smaller communities free quarters may sometimes be secured in the city hall or courthouse. In some cases it will be necessary or advisable to rent suitable rooms.

### SIZE.

It is desirable to have two rooms, but if this is not possible one room will serve, with one corner partitioned or screened off. One room or corner of room is used for a waiting room for the mothers; here the babies are undressed. In the other room the babies are weighed and the mother consults with physician and nurse.

### EQUIPMENT.

The essential equipment is very simple, though it may be elaborated if circumstances permit. It consists of the following:

Standard scales for weighing babies. A platform scale, upon which is fastened a simple tray from which a baby can not fall out, is often used with success. A very large scoop, firmly fastened to the scales, may also be used. Scales should be tested frequently for accuracy.

Two tables, covered with oilcloth.

Pad for examining table, blanket, and sheet.

Chairs; enough to accommodate the doctor, nurse, and mother.

One pail; running water, if possible; if this is not obtainable, bowl, pitcher, and slop jar should be provided.

Wooden tongue depressors.

Paper napkins or paper towel; or, what is less expensive, tissue paper, which may be bought by the ream and cut into the needed sizes. A fresh piece of paper should be placed in the scales before each baby is weighed and on the table pad before each examination.

Record cards. No standard record card for children's health centers has been devised. Those in use by agencies carrying on the work in the larger cities may be studied before printing cards for local use.

## DISPENSING MILK.

Formerly many health centers dispensed milk, but at present far fewer are doing so. Where the general milk supply is a safe one, it has been found better to advise mothers to obtain milk from the regular milk companies and to confine the work of the center to supervision and advice. When this method is followed and milk and ice, free or at reduced cost, are necessary in special cases, they are obtained through the local charity organization society, to whom the family is referred.

The work of milk stations will not be taken up in this circular.

## HOURS OF CONFERENCE.

Conferences should be held at least every week on the same day and at the same hour. If the attendance is great, more frequent consultations will be necessary. Much of the success of the center will depend upon setting the day and hour of the conference at a time convenient for the mothers.

## COST OF ESTABLISHING AND OPERATING.

The initial cost of equipment need not be great if the equipment is as simple as that described. The scales are the chief item of expense. The cost of operation includes the following items:

- Salary of nurse, which is the chief expense. The salary of a good nurse varies between \$75 and \$125 per month.
- Salaries of attending physicians, unless their services are given free.
- Rent of rooms, if they are not obtained rent free.
- Cleaning.
- Supplies (tissue paper, tongue depressors, record cards).

## LITERATURE FOR DISTRIBUTION.

Leaflets and pamphlets on the care of the baby and of the mother are distributed at many children's health centers. Many State and city departments of health and certain Federal agencies will furnish excellent literature for this purpose. A list of these is given in *Baby Week Campaigns* (revised edition), which may be obtained upon application to the Children's Bureau.<sup>1</sup>

The bulletins in the *Care of Children Series* published by the Children's Bureau are: No. 1, Prenatal Care; No. 2, Infant Care; No. 3, Child Care; and No. 4, Milk the Indispensable Food for Children.

<sup>1</sup> United States Children's Bureau Publication No. 15, Miscellaneous Series No. 5, pp. 118-131. Washington, 1917.

Limited quantities of these publications will be furnished for distribution, or samples will be supplied together with blank forms on which the names and addresses of those desiring bulletins should be clearly written. When the lists are returned to the bureau, the bulletins will be mailed directly to the addresses furnished.

### **CHILDREN'S HEALTH CENTERS IN SMALLER COMMUNITIES AND RURAL DISTRICTS.**

Many public health nurses doing infant welfare work in smaller communities and rural districts have found that central headquarters where mothers can meet for conferences have been very successful. Such centers have been established in several county seats in connection with rest rooms for women, and conferences are held on the days on which it is the custom of the women from the country to come to town for shopping. Nurses working in rural counties find that, in addition to such a central headquarters, centers at rural schools throughout the county are needed. The State department of health of one State is planning a series of Children's Health Centers in rural districts. Each center is to be the headquarters of a rural public-health nurse. Medical attendance is to be furnished by a specialist in infant welfare and children's diseases, employed by the State department of health, who will hold conferences at intervals of from one to three months.

