OFFICIAL REPORT OF PROCEEDINGS
BEFORE THE
Children's and the Women's Bureau

of the
Department of Labor

In the Matter of:
Standard for maternity care and employment
of mothers in industry.

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WARD & PAUL
OFFICIAL REPORTERS
1762 PENNSYLVANIA AVE., N. W.
WASHINGTON, D. C.
Dr. Hesseltine

We found in the Chicago Lying-In Hospital that 37% of our gynecological patients were employed at the time they presented themselves for attention. Thirty percent of our prenatal patients either were employed, or had been employed after they had become pregnant. This figure can be broken down into 17% who had stopped working before registering, and 13% who were still working when they registered. (Dr. Hesseltine mentioned some plans now in operation, particularly the one of a large company in Chicago which insists that its pregnant women quit work at three months. This company then proceeds to give the woman a vacation with pay, and that this plan had been found to work exceedingly well.)

Dr. Daily then asked Dr. Hesseltine if there was not some action taken at the recent meeting of the American Medical Association to start a study of pregnant women in industry. Dr. Hesseltine replied that some such study was under way, and that at the last meeting of the association it was voted to appoint a committee to investigate conditions and make recommendations. A committee was appointed unofficially, and Dr. Hesseltine is to serve as chairman of the committee.

Rantoul

We haven't had many questions regarding pregnant women in industry until just recently. Now we are beginning to get questions. From what studies we have seen on the subject, I think we feel pretty generally that the main danger is in letting the woman come back to work too soon after delivery. (Miss Rantoul then cited a study in Germany in which it was noted that mortality was significantly increased if women went back to work before six weeks after childbirth.) We are particularly interested in what is going
to be set up as a standard in regard to women going back to work. (Miss
Rantoul mentioned an increase in infant enteritis due to factory women
driving to work and leaving their infants shut up in the car. In talking
with visiting nurses she has learned that no provision whatsoever has been
made for leaving the child in safe surroundings, and that many factories
refuse to have stations set up nearby to care for children, feeling this is
the responsibility of welfare organizations.)

Miss Schneidermann

I have no facts about the problem as yet, but I am sure that as
more women are employed that the problem is going to be increased many fold,
because women are just beginning to go into industry, and as more of them
go into industry, more and more married women will be taken in. In up-state
New York where there is a shortage of labor, they would rather have - in-
stead of taking men and women from New York City where there is a large
number of them unemployed - married women even though their husbands may be
working. Perhaps there may be a shortage of housing. But in small
communities where war industries are now located, attempts are made to get
people from the surrounding communities. If no men are to be had they will
take the married women making them feel that it is the patriotic thing for
them to do. (Miss Schneidermann felt that the meeting of this morning was
a very worth while attempt to look at the problem and see what could be done
about it.)

Dr. Eastman

I have no observations. I am aware of the magnitude of the problem
in a general way, and the urgency for steps to be taken to meet the situation.
I was under the impression that one of the first things to be done was to
assay the magnitude of the problem and by seeking first-hand information in
industrial plants ascertaining what is being done to help pregnant women in
industry, and then devise ways and means to meet the problem. At the
Martin plant they have changed their attitude toward the employment of women,
and it is becoming an increasing problem there. They have, as you know, a
huge trailer camp problem there, and an increasing number of women, whose
husbands are also working, are getting positions, and the situation out
there is very difficult. No medical help is available out there at all.

Miss Nord

In our industry - the textile - there are a great many married women
employed, about half of the textile workers are women, and while I have no
actual figures, there must be at least half a million women workers. We are
interested in several phases of the subject and, of course, our first interest
would be that mothers are provided with the proper facilities for the proper
care. I remember, I don't know how long ago, probably five or six years ago,
that I came across two studies that have been made, one on infant mortality
and the other on maternal mortality, and the figures in these studies im-
pressed me and I have often used them. Two of the cities included in these
studies were Manchester, New Hampshire, and New Bedford, Massachusetts.
In both it was learned that the infant and maternal mortality figures were
40% higher when mothers were employed. Wages were too low not permitting
families, and mothers in particular, to get proper care which they need before
and after childbirth. We haven't tried to find out what the general picture
is, but we do occasionally come up against the problem. In regard to the
fifth point in the sheet before me (Tentative Recommendations) – safeguarding the woman's right to the job – there are no set standards which we follow. Sometimes one thing is done about it, sometimes another. It is sometimes stated in our agreement that a woman should have a certain time off.

Miss Lenroot

Miss Nord, do you have any general policies as to the period of time a pregnant woman should be away from the job?

Miss Nord

We do not. It would differ in different factories. Large factories might have a stated time, or an established time. Generally speaking, that women should leave their jobs after the third month of pregnancy would be my experience.

Miss Ballanca

I don't have very much to add other than realizing the great need for this kind of provision. There are too many things that are already happening, and I know they will be multiplied in great numbers. I have talked lately to people who are connected with civilian defense and who have traveled extensively through the country, and they report that there are too many children sleeping in automobiles while their mothers are working. Also, women are beginning to prefer the night shift so that they may be able to attend to their children during the day and do their housework. Certainly, that does not make for better mothers or housekeepers when they are working both night and day. If we are going to look after a generation that is to come, I think this is the time and the opportunity to do something.
Dr. Townsend

This problem is an increasing one. It has been estimated that there will be over 4,000,000 women in industry before very long, which will be quite a problem. We haven't met it as yet and there is no standardized system of procedure. General Motors has a plant in which they employ about 20,000 women, and they expect the number to reach 100,000 before the year is over. Here the women get a leave of absence the sixth month, and they return to work on a doctor's certificate. While they are not working they receive $300, which represents their own insurance and what the company adds to that. That system has worked very well indeed. I hope we can arrive at some general opinion in regard to this matter. (Dr. Townsend brought out the fact that his division has been asked to prepare a manual on new policies in industry for industrial physicians which their committee has agreed to publish. He stated that the bulletin will contain about 350 pages, and that he would like to include something on maternity leave in the publication.)

Miss Lenroot spoke in general about the problem of day care, and asked for further observations on this problem of maternity leave. As none were forthcoming she suggested that Dr. Daily open the meeting by discussing medical recommendations.

Dr. Daily

First we want to see what policies are essential to insure that the working expectant mother receives prenatal care. That is one portion of the picture. Second, we should find out what types of work might be hazardous to the pregnant woman when they are not hazardous to the non-pregnant woman.
Most of the obstetricians in this country from long periods of observation have a pretty good idea of what is dangerous to the pregnant woman and what is not. We want certain recommendations from this group concerning the amount of rest that a pregnant woman should have before her delivery in order that she might be in the best possible physical condition before labor, and what is the minimum period that a woman must have from a medical standpoint in order to recuperate from her pregnancy and confinement. I hope that this group will help us come to some general agreement. I also feel that anything we agree upon at this time will not be backed by scientific knowledge.

Miss Lenroot then suggested that Dr. Daily read the first paragraph of the tentative recommendations. Miss Lenroot asked Miss Anderson for suggestions. She had none. Someone questioned the words "other reasons." Dr. Bain mentioned that these words were incorporated with the thought in mind that it might be necessary to use every available person in the war situation.

Dr. Eastman

One sentence in this paragraph rather suggests that you deprecate the employment of pregnant women. Do you mean that the labor situation in this country does not necessitate the employment of pregnant women?

Miss Lenroot

We do not think that any woman should believe it is her patriotic duty to enter employment if she were pregnant. It isn't essential to the labor supply of this country to have such women employed. Do you feel that as stated this is too broad a statement and would you prefer the deletion of the words "other reasons."
Dr. Hesseltine

(Sustained the use of these words by stating that for some other reason it becomes necessary for a pregnant woman to work, such as her husband being called into service, she may feel that it will be necessary for her to become more self-efficient afterward.)

Miss Lenroot

Why don't we just say "some women who may have to work and just cut out economic status and for other reasons." (She then asked for other suggestions. There were none, and Miss Lenroot suggested that Dr. Daily read the next paragraph. Still no suggestions. Dr. Daily then read the third paragraph.)

Miss Nord.

At this point the stenotypist took over.
The committee called by the Children's Bureau and the Women's Bureau, Department of Labor, to consider standards for maternity care and employment of mothers in industry, convened at ten o'clock Monday morning, June 22, 1942, Room 7129, Department of Labor Building, Washington, D. C., Miss Katharine Lenroot and Miss Mary Anderson, presiding.

The following were present:

Miss Katharine Lenroot, Chief, Children's Bureau, Department of Labor.

Miss Mary Anderson, Chief, Women's Bureau, Department of Labor.

Mrs. Dorothy J. Bellanca, Amalgamated Clothing Workers of America, New York City.

Miss Elizabeth Nord, Textile Workers Union of America, Providence, R. I.

Miss Rose Schneiderman, Secretary, Department of Labor of New York State, New York City.

Dr. Nicholas J. Eastman, Johns Hopkins University, Baltimore, Maryland.

Dr. James G. Townsend, Chief, Division of Industrial Hygiene, National Institute of Health, Bethesda, Maryland.

Miss Eleanor Rantoul, Industrial Hygiene Bureau, Metropolitan Life Insurance Company, New York City.

Dr. H. Close Hesseltine, Chicago, Illinois.

Mrs. Mettert, Women's Bureau, Department of Labor.

Miss Elizabeth Johnson, Children's Bureau, Department of Labor.

Dr. William Schmidt, Children's Bureau, Department of Labor.
Dr. Edwin Daily, Children's Bureau, Department of Labor.

Dr. Katherine Bain, Children's Bureau, Department of Labor.

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DR. DAILY: The following general recommendations are made as a guide:

A. Pregnant women should be allowed reasonable time off for securing prenatal care, if this is not obtainable in regular hours off duty.

CHAIRMAN LENROOT: Is there any discussion on that?

MISS SCHNEIDERMAN: The only question that I would ask is whether care is available everywhere women may be working. It seems to me that it is all right to say that they should have care. Are we making it available for them?

CHAIRMAN LENROOT: Would you want to have as a first point that the provision of adequate facilities for prenatal and maternity care is an obligation of Government in cases--let me see--it is the responsibility of Government to see that adequate resources for prenatal and maternity care are everywhere available and that if the financial resources of the mother do not make it possible for her to purchase such care from private physicians, community facilities should be provided.

DR. TOWNSEND: Do you want to bring the State Government in that?
CHAIRMAN LENROOT: Public prenatal clinics.

DR. DAILY: May I say at this point that these recommendations were drafted for the purpose of going to employers.

CHAIRMAN LENROOT: But the employers realize that as taxpayers and citizens they have an obligation here.

DR. DAILY: Of course, the question has come up repeatedly in our preliminary conferences whether or not recommendations should be made to the employers if they were employing a large number of women, but they, as a part of their industrial medical service, should have prenatal care available.

CHAIRMAN LENROOT: Well, I suggest that we go through these standards and leave for discussion later the other points.

DR. DAILY: Under that point we thought that care was available in the plant or outside the plant.

CHAIRMAN LENROOT: Nevertheless, we need discussion. Do you want to make it a reasonable time off with pay? Should that be inserted?

CHAIRMAN ANDERSON: I don't think so. I don't see where the employer has any responsibility in that connection at all. People have children, and I don't know that any employer who employs this person should pay her the wages. Why should an employer pay for six or eight
or ten weeks?

CHAIRMAN LENROOT: Well, this particular point is just time for prenatal care; that she go to prenatal clinics. If she gets docked when she goes to a prenatal clinic, she just won't go. Isn't it very important from the point of view of social policy?

CHAIRMAN ANDERSON: I don't see it if you take it from the point of production which we are out for, right now. I don't see that the employer can have that woman stop her job for an hour or two. In the work that she does the other people are so dependent upon their working up to the minute that it will stop the whole line after her. I don't see how you can ask the employer to do it.

MISS SCHNEIDERMAN: Maybe women ought not to be employed on assembly lines.

CHAIRMAN ANDERSON: The best place for her to be employed, if anywhere, because it is the easiest, is the assembly line—with the exception of airplanes.

DR. HESSELTINE: Of course, there are opportunities of getting to the doctor. Some doctors have evening hours—not all of them—but I think those are possibilities. I don't think you should penalize a woman because she is pregnant. I think we should do what we can do to encourage women to have families; but at the same time I question whether we should recommend that the employer give the
ten weeks.

CHAIRMAN ANDERSON: We will penalize her if we put it up to the employer.

CHAIRMAN LENROOT: Would you say that the statement of facilities for maternity care should emphasize the point that clinics should be open at such times as women can attend them?

MISS NORD: We are getting into a discussion of the whole question that you said you might leave for later discussion. Do you want to go on with the discussion of it now?

CHAIRMAN LENROOT: Well, I would like to hear your comments.

MISS NORD: My point is that we should try in every way possible to see what facilities can be set up and that facilities somewhere, either in the factory or in the community are available—and easily available. There are some who go to their own doctors and some go to lying-in hospitals, and that is where they are going to go for their delivery. I think it is true that it is going to be difficult, and if it is going to be difficult for a woman to go to such place she is not going to go. I think that is one of the things to recognize. I would like to ask a question of Dr. Daily. In fairly large plants where there is a first aid department with a nurse in charge and the
occasional services of a doctor, would it be possible for a woman to get there the proper prenatal care and advice? I don't know. I am wondering as we make such a recommendation or recommendations in regard to this question, is it possible for them to get that kind of care in such a plant?

DR. DAILY: Well, from the little information that I have received, I would say that it is a very, very rare exception where a woman could receive prenatal care in the industrial plant. There are a few, but very few.

MISS NORD: Is it possible for that to be developed so that could be one of the recommendations? There are a lot of our textile mills where there are nurses in attendance sometimes for eight hours a day and sometimes for twenty-four hours a day, and I wonder if we should make that sort of a recommendation where a woman could leave her job for half an hour. That would be a very convenient facility if it could be developed, and I should think it would be advisable.

DR. DAILY: I have no doubt that there are a good many of the industries where it should be an integral part of the medical services made available by the industry.

DR. TOWNSEND: We are trying to develop an industrial nursing service which is a new departure in industry, because the industrial nurse heretofore has been the clinic nurse, bandaging fingers and applying the
CHAIRMAN LENROOT: Those nurses, for the most part, have not had public health training.

DR. TOWNSEND: No, they haven't. But the industrial nurses we are getting now have had public health training and are trying to apply the training.

CHAIRMAN ANDERSON: Aren't the clinics, wherever they are, open at all hours?

DR. TOWNSEND: That is right.

CHAIRMAN ANDERSON: So that, workers can go to them?

MRS. BELLANCA: In the plant.

MISS SCHNEIDERMAN: Would a nurse who is informed about industrial hygiene be the kind of a nurse who knows anything about obstetrics and about gynecology?

DR. DAILY: We are primarily speaking of prenatal medical care rather than nursing.

MISS RANTOUL: Do you think it is the business of the nurse in industry to do it? She should not do it herself but tell the worker where to go--show her where.

CHAIRMAN LENROOT: I would think that this indicated that if we could get more adequate care in these maternal child health services in these defense services, prenatal care clinics should take special cognizance of women in industry, and there would be a variety of things
that could be done. It might be possible might it not, Dr. Daily, to give some special consultation or instruction to industrial nurses by public health nurses if there were an adequate number to the needs for that maternity care, and it might even be possible if there were enough prenatal clinic services and there were enough pregnant women in the establishment, to provide that a clinic should be held occasionally in the establishment, if there were an industrial hygiene setup where the obstetrician holding the clinic might actually go from one clinic session to another in the establishment. What do you think of that?

DR. DAILY: I think that is a good point.

CHAIRMAN LENROOT: Do you think that is possible?

DR. TOWNSEND: Yes.

CHAIRMAN LENROOT: That is really the crux of the situation. I would like to ask this question: Is there not some danger in trying to encourage a prenatal service in an industrial health setup in a factory unless it can be tied up with with a community service which would emphasize it?

DR. TOWNSEND: Oh, it should be.

DR. HESSELTINE: I am assuming that this applies solely to those whose incomes are too low.

CHAIRMAN LENROOT: That is another point which has to be discussed. They may not be entirely low incomes
which would need this service because we have so many new workers in these communities who are not under the care of any physician now, and we have an increasing shortage of physicians. Of course, the general theory of a prenatal clinic is that it is an educational device to reach women who are not under regularly supervised care from a physician and that may be for other than economic reasons, although we should want to consider, I suppose, the question of whether a woman who has plenty of money should make a contribution to the cost of the prenatal care. Dr. Daily, what would be your thought on that?

DR. DAILY: I know some of those cases in the states of Washington and California where there is no hope whatsoever of the employed pregnant women getting any prenatal care. People wait in lines to even see doctors for serious conditions, and no provision has been made for taking care of these women no matter what the income is. It is just out for the duration, I think.

DR. HESSELTINE: I would agree with that. I was thinking of the communities more or less tied up with metropolitan areas where you wouldn't have quite that situation. You have some communities where you have shortages in medical care. They are entitled to some medical care.

DR. DAILY: The general policy of establishing
and maintaining prenatal clinics, it is assumed, is a community responsibility. If they wish to seek care from private physicians, it is quite all right; but if they wish to have it from the community facilities that are made available, why they may do so.

MISS SCHNEIDERMAN: Isn't it true that most of the fatalities in maternity cases are due to the lack of prenatal care?

CHAIRMAN LENROOT: That is true.

MISS SCHNEIDERMAN: We know that that is true. An overwhelming number of women die because they haven't had prenatal care and can't get it. It seems to me that we have to face the situation now and plan after this war is over to have a health program which will take care of tens of thousands of women who die unnecessarily because they don't get it.

CHAIRMAN LENROOT: I think the whole question of the organization of maternity service and financial arrangements will have to be discussed. It is hard to discuss prenatal care apart from maternity care, and I believe that perhaps what we might do first is to agree on general statements here concerning the importance of prenatal care, and have such an arrangement between the industrial establishment and the facilities that it would be possible for pregnant women without too much great sacrifice of time to
have access to prenatal care. If we could get a statement here on that, then later we could discuss the community arrangements.

DR. DAILY: May I suggest that perhaps this should precede "A"? Facilities for prenatal care should be made available for all pregnant women, and leave the question as to how it should be to the industry itself or the community facilities, or a combination of both.

DR. HESSELTINE: I think it would get better cooperation.

CHAIRMAN ANDERSON: I am thinking about the big factories that are being built in a rural community. Some are operating in rural communities with thousands of people and some of them are new in there, and some of them are people around that have gathered, and there is no facility of any kind, much less medical care or prenatal care or anything of that kind. There is nothing there. It seems to me that we are just now beginning to get the building authorities to furnish a room where they can get a little food for themselves, much less anything else. It goes up very quickly, and of course, it is located in a rural community where they have had nothing before and they just start from scratch, and it hasn't been thought out very well. There is a lot to be done in those places.

DR. HESSELTINE: Well, it is the whole problem
of "boom town" sanitation, policing and housing, and all of those things are all a part of the picture.

CHAIRMAN LENROOT: Would you want to have a stronger statement in that paragraph, Dr. Daily, so that it would emphasize the fact that there should be regular or adequate prenatal care during the entire period of pregnancy which should be available to every woman?

DR. HESSELTINE: That would be from the twenty-ninth or thirtieth day, then.

DR. DAILY: I assumed that was true; that perhaps we should re-emphasize that.

CHAIRMAN LENROOT: I mean whatever we say in our standards of prenatal care, are the standards that we have gotten out. Perhaps, we ought to have that before us? Perhaps, it ought to be reiterated here because many people will be reading those. Dr. Van Riper, could you get our general standards for prenatal care?

... Dr. Van Riper left the room and returned with papers ...

CHAIRMAN LENROOT: Would they not be aware of such standards? I think "A" should be taken care of by saying that arrangements should be made by those responsible for providing prenatal care so that every woman would have access to such care, without saying whether the employer should give her time off. Don't you think that was so?
MISS SCHNEIDERMAN: Yes, if they were open in the evening.

CHAIRMAN LENROOT: That would take care of "A".

Do we want to say anything about hours of work? We have the night shift here, but we have nothing as to hours of work. Do you think we ought to put in that a pregnant woman should not work more than eight hours a day?

CHAIRMAN ANDERSON: Yes.

CHAIRMAN LENROOT: How many hours a week?

MISS SCHNEIDERMAN: Not more than forty-eight.

DR. DAILY: What is the legislation on that? At the present time it relates to all women.

CHAIRMAN LENROOT: That is to all women.

DR. DAILY: We are recommending for pregnant women something different. Need we go into that?

CHAIRMAN LENROOT: I think it is well to reiterate it because it is especially important for pregnant women, because it is a general standard which is not always complied with.

MISS SCHNEIDERMAN: What about standing time? What about standing women?

DR. HESSELTINE: I don't know how Dr. Eastman feels about it, but I would like to feel it more implied that they should not have even that much—not as a maximum
but as an optimum.

MISS SCHNEIDERMAN: Forty hours.

MRS. BELLANCA: Forty is the maximum under the law, but of course, they can work overtime.

DR. HESSELTINE: Then I would limit it to the maximum because if they have six days they would not have much time off for prenatal care.

MRS. BELLANCA: If you are giving consideration to the health of the mother, I think we could say forty instead of forty-eight, because that is eight hours a day.

CHAIRMAN ANDERSON: Well, that is the maximum, forty-eight.

CHAIRMAN LENROOT: The question is whether an insistence on a forty-hour maximum would not cause the woman to lose her job.

MRS. BELLANCA: Could we say it is desirable?

CHAIRMAN LENROOT: We could say that pregnant women should never be required to work more than eight hours a day and forty hours a week, and that a forty-hour week is highly desirable.

"P", pregnant women should not be employed on the night shift. What does it mean?

MISS SCHNEIDERMAN: Is it the graveyard shift?

DR. DAILY: That should have read "employed on night shifts instead of "night shift," because there are two
night shifts.

CHAIRMAN LENROOT: Should we leave it that way or make it more specific? What is the feeling of this group?

MISS NORD: I think it is very difficult for a woman.

CHAIRMAN ANDERSON: Is there any more danger for a pregnant woman working at night?

DR. EASTMAN: I think the point of that would be that women work all night in the factory and then take care of the children all day, and have no rest.

MISS NORD: To have her moved up on the day shift although by seniority that is where she would belong, I would think would be difficult. Restricting her employment to a shift would mean that if she was not employed on an afternoon or night shift she was not employed at all.

CHAIRMAN LENROOT: Would you think that there could be any distinction made between the graveyard shift and--

MISS NORD (Interposing): I should think so because the night shift in some places means the afternoon shift where it is two shifts; and night shift in some places means from eleven to seven or twelve to eight.

CHAIRMAN LENROOT: Since these are recommendations for mothers and employers, would it not be all right to say
that they should not be employed between eleven p. m. and seven a. m. or something of that sort?

MISS NORD: I think for mothers with children the afternoon shift would be a hard shift because they have their home duties in the care of the other children in the morning; but for women who have no other children it would depend whether it would be too undesirable to have her working on the afternoon shift.

CHAIRMAN LENROOT: I want to approach with this group later the reference to seniority, but here if we just limited our consideration to the pregnant woman who does not necessarily have other children, I should think we might allow the afternoon shift.

MISS NORD: But here it would mean that seniority would and does enter into this question because for some women it means that you are going to put them out of a job.

CHAIRMAN LENROOT: Now, this really bears on the question for day care. If we should develop some standards after full discussion with a wider representative body than this in which the unions would participate, would it not be possible for them to make some modifications in their seniority rules?

MISS NORD: In one of the large places that I have under my jurisdiction at the moment this question raised the ire of a lot of women. The younger women feel
that the pregnant women should just get out and make place for them. You see, there are some pregnant women in the plant and pregnant women will get no consideration at the moment. They feel that they should leave their jobs and perhaps not come back. The younger women say, "How are we ever going to get a steady job? How are we ever going to move up on the seniority list if they keep getting special consideration?" Now, I think they are quite a bit unreasonable, but the point is that what I may say or think is an excellent recommendation and entirely reasonable, is something that you just can't put over with a particular group. Try as we might, we sometimes can't get special considerations that we like. For instance, if you are going to ask for special consideration for pregnant women that they be placed on the day shift, it means that some day shift worker who has worked for years and years for that particular place is going to have to be shifted about. Some people will say, "You did it for this individual and you should do it for me," under totally different circumstances. The whole problem of married women and the questions ranging about this subject are difficult to adjust.

CHAIRMAN LENROOT: It probably needs a lot of educational work in which we would all join to have them feel that they have got a stake in the future of the
country and the coming generation. I would think that we would not necessarily be limited to what might be immediately possible on that if we could set up a policy that we would agree was desirable and an educational job for everybody.

DR. DAILY: Have we any evidence that the night shifts are more dangerous to the pregnant women than they are to any individual? I really don't know the reasoning back of the recommendation. We were asked to put it in by two different individuals, but I never knew the reasoning back of it.

CHAIRMAN LENROOT: I would like to ask the people here who have had actual experience whether there are not two points that raised the presumption that it was undesirable for this shift from eleven or twelve to six or seven. First, I would say most important is that the woman was going to have home duties and they were going to interfere with her rest during the day. Second, even though she would not have actual duties, isn't it usually harder for a person to get the usual number of hours of sleep that she should have during the day on account of other living conditions? If we assume that a certain number of hours of sleep is very essential to prenatal care, then I think we would have to conclude that the night shift is definitely undesirable.
DR. HESSELTINE: I see no distinction where the woman does her laundry and household duties between eight in the evening and the time she goes on her shift in the afternoon, and whether she works in the midnight shift and then works on her household duties, but the point is that she should have on period of rest; that is important.

CHAIRMAN LENROOT: Would you all agree that this midnight shift should at least be set up as a desirable standard that she should not be employed?

MISS NORD: The hours between eleven to seven or twelve to eight. I don't know whether you want a midnight shift or an eight-thirty. A two-thirty shift can be called any shift.

DR. HESSELTINE: You might specify sometime between eleven and twelve.

CHAIRMAN ANDERSON: Midnight shift is a good word because it is always used.

MISS SCHNEIDERMAN: It is always used.

CHAIRMAN ANDERSON: Night shift would mean the actual night.

CHAIRMAN LENROOT: And you don't think it would be misunderstood as a late afternoon shift. Then it could be used as it is.

DR. HESSELTINE: There is no reason why you could not put in the definition.
CHAIRMAN ANDERSON: Between the hours of twelve and six or something of that kind. But nightshift is the term.

CHAIRMAN LENROOT: A shift including the hours from twelve midnight to six a.m.

"C", a minimum of a month's leave before delivery should be granted on presentation of a medical certificate of the expected date of confinement.

MISS SCHNEIDERMAN: Isn't that a short period? Ought it not be six weeks?

DR. BAIN: We didn't feel it was short if you took into consideration the different types of occupation. Now, we have gone out and picked out certain types of occupations in which it certainly should be longer. We think that it is a minimum which a woman ought to get—at least a month off.

CHAIRMAN ANDERSON: What would you say in a standing occupation?

DR. BAIN: That would be longer for stacking or lifting or pulling where she ought to have a longer period, but if she is doing office work, she can have up to a month.

CHAIRMAN ANDERSON: A sitting job, or something like that.

DR. BAIN: Not if she were running a heavy
MISS SCHNEIDERMAN: Not if she were running a power machine.

CHAIRMAN LENROOT: Would you say the minimum of a month with later being taken care of?

DR. EASTMAN: That comes up under "D". I would prefer six weeks.

DR. HESSELTINE: Personally, I would prefer a longer period than the minimum.

DR. BAIN: We thought that she needed a much longer period afterward and we stretched her time afterward to two months rather than leaving it six weeks after.

CHAIRMAN LENROOT: "D", pregnant women employed in the following types of occupation should be granted at least two months' leave before delivery if they cannot be transferred to more sedentary work.

1. Occupations that involve heavy lifting or other heavy work.

2. Occupations involving continuous or considerable standing and moving about.

Is two months sufficient for standing occupations?

MISS RANTOUL: Well, it is purely a medical question, of course, but in the heavy lifting and work, I always thought it was undesirable through the pregnancy.

CHAIRMAN ANDERSON: In occupations involving
heavy lifting, of course, we say that about all of them.
There is very little of that nowadays, anyhow.

MISS RANTOUL: Then I am missing what very often appears in regulations of this kind, that there should be provisions for rest periods.

CHAIRMAN LENROOT: Yes, that is very important.

CHAIRMAN ANDERSON: Rest periods in the morning and afternoon.

MISS SCHNEIDERMAN: Isn't heavy lifting very precarious in the early stages?

MISS RANTOUL: In occupations where they have to do a great deal of stretching.

CHAIRMAN LENROOT: Shouldn't these be combined with "E" stating that they shouldn't be employed in those occupations?

MISS RANTOUL: I thought it was undesirable for them to do it at all.

CHAIRMAN ANDERSON: I can see some of the occupations in an airplane factory where you stand up on some high thing, and of course, you have to bore holes in a great big thing and you have to reach about, and I should say that would be awfully precarious.

CHAIRMAN LENROOT: Dr. Daily, the question is whether "D" and "E" should not be combined so that pregnant women should not be employed at all in these occupations in lifting.
and stretching.

DR. DAILY: Others have recommended that today and we have left it for discussion.

DR. HESSELTINE: Some states have laws that limit the maximum weight that may be handled—I don't remember whether it is fifteen pounds or something else. Perhaps, someone else knows something about it.

CHAIRMAN ANDERSON: We were saying in our heavy lifting that fifteen pounds was maximum.

MISS SCHNEIDERMAN: That is in normal times.

DR. HESSELTINE: Well, turn it around and take a woman who has a baby at home. She does heavy lifting of that baby a number of times a day.

CHAIRMAN ANDERSON: It depends on how you lift. We have tried it out whether you lift from the floor or chair and reach up or what you do. It is a very difficult thing to say anything about.

DR. EASTMAN: The factual information about this is lacking. That is the answer. There are a lot of old statements about all kinds of things causing miscarriages, from hanging curtains to one thing and another. But as time goes on, I think doctors are becoming more and more skeptical about it. As someone has suggested a woman with two children, one fifteen pounds and the other twenty-five pounds, lifts around as much weight as a woman in the
factory would. As far as continuous standing, how about salesgirls in department stores? They work along from morning to night. It is a very difficult question to answer. I do feel that our first consideration should be the health of the mother, not whether she is able to hold a job or not, and I think we should err on the side of safety. I must admit that I don't believe any obstetrician can state on any authoritative factual basis what heavy lifting work does in a pregnancy. Don't you feel that way, Dr. Hesseltine?

DR. HESSELTINE: I am glad to have you say this because that is one of the things we have had in our minds in this particular thing, along with the other things of trying to get full factual data--trying to get cooperation from various places.

MISS SCHNEIDERMAN: Miss Lenroot, aren't we making a mistake about the woman lifting her children? She doesn't do that all day long. Where you work in a factory and have to do that for eight hours, it is quite a different story. It is all right to lift a child.

CHAIRMAN ANDERSON: There is pressure of the work in the factory. She can lift a child when she feels that she has to, but there is no pressure there for her to particularly lift the child. There is the pressure in the factory of eight hours' work.
DR. EASTMAN: Do you visualize the situation as being one in which it very often arises that women continue to lift heavy weights? Do women do a great deal of that month in and month out, hour in and hour out?

CHAIRMAN ANDERSON: Of course, there is very little of it, doctor. There are now the conveying belts, and there are lifting devices; even the men don't do heavy lifting. Then again, it is true that a person who is working on the machine should not do all the lifting and carrying stuff away because that is inefficiency. They should have laborers of that kind to do that kind of work, so that I think there would be very little of that as far as heavy lifting is concerned; but I do think that there are some old factories yet that go along in the old way, so that for that reason I think we ought to have the standards in here.

DR. EASTMAN: Well, if you picture a situation of a woman stoking a furnace, shoveling coal hour in and hour out, I don't think any pregnant woman should be doing that—or for that reason, any woman, but it is a matter of great danger.

CHAIRMAN LENROOT: Aren't there poorly organized laundries who have heavy lifting?

CHAIRMAN ANDERSON: Not very much any more—very few of the old basement laundries. But there are some, and there are some in every industry of the old type. I mean
they haven't changed, and there is a small amount of them.

MISS SCHNEIDERMAN: There is certainly stretching.

CHAIRMAN LENROOT: The stretching is one of the worst things, I would think.

MISS NORD: We have a great deal of that, that is, of a woman in a spinning room doing what they call "hoisting their own roving." As it comes from a previous process it must be put in great armfuls on top of the machine. Now, in order to do it they have an armful of great big bobbins; they climb up on the machine. How they do it I don't know. The process is to take it from the arms and put it up on top. Our request has been that a boy be employed to do that, and they haven't gotten the company willing to agree yet, because as the company sees it, it is paying three boys--getting three boys new jobs, three new pay envelopes at a cost of about $60 to the labor cost of that department. We have even taken the trouble to write the request out very carefully so that it would come to the attention of the manager, and claiming, as we are claiming here, that certain things are hazardous to the health of women and accidents are liable to happen. We have had one accident in the room and there are many rooms in the preparatory process of textiles where women do that. First, they have to bend down into a truck and pick it up and pile it on their arms, carry it to the machine, get on
to the moving machine and hang themselves there and pack this stuff as they call it, on the top.

CHAIRMAN ANDERSON: How about the people who have to walk according to the machine? The people who have to follow that big-armed machine around all the time?

DR. EASTMAN: The chief danger, it strikes me, is something that hasn't been touched on, and that is, occupations necessitating a sense of equilibrium and balance. During the last three months of pregnancy they are awkward and it would be easy to fall down in a machine.

CHAIRMAN LENROOT: Would you say three months?

DR. EASTMAN: Well, certainly two months, and I would say three months.

DR. HESSELTINE: It approaches the borderline and it is better for their safety of their health.

DR. EASTMAN: There is a lot of information that we lack there, and I think it is most desirable that some time along the way a study be made of the actual effects on pregnancy of these various processes.

Now, a number of remarks have been made about the harmful effect of stretching. That is an old idea, but I think that if you were to ask a dozen reputable obstetricians I think they would look with amusement on it. It isn't held as harmful. As far as I know, that is the old idea of hanging curtains.
CHAIRMAN LENROOT: Aren't you thinking of a thing they do for a few minutes and not for eight hours a day?

DR. EASTMAN: I don't know that there is any evidence of that. What I would like to know is how many of these women that you refer to who are pregnant, had miscarriages as a result of that in proportion to the population. That is the sort of information that we don't have.

MISS NORD: I have known women who came to me and said, "I will not be going back." One of those women would be very much interested in our organization's work. She was out because she was one of those low on the seniority list, and she said, "I am going to have a baby." She was very much interested in the organization's work and she said, "I am going to have a baby, but in one way I am sorry that I am not going back." She came to me a couple of months later—as a matter of fact only three or four weeks ago—and she said, "I find out that I am now going back to the shop." She had a miscarriage and the doctor attributed it to a kidney infection. It would be interesting to know if the work in the department had anything to do with it or could it be attributed directly to the kidney infection. She, incidentally, had had good care. She had gone early to her own doctor and continued her visits. She was very unhappy that it happened but she came back to report that she was expecting to go back in the shop and in her own place, and maintaining her
seniority status. This was from the spinning department where they have this difficult job of reaching and carrying heavy loads and heavy armloads of bobbins.

MISS RANTOUL: That is where it originated in the textile industry where it was considered harmful.

MISS NORD: Yes, but as Dr. Eastman says, there has never been any detailed research on it.

DR. EASTMAN: You see, the incidence of miscarriage in the population at large—a spontaneous miscarriage is somewhere in the neighborhood of one pregnancy in ten. What I would like to know is whether the incidence of the workers employed in this work is one in three or one in five. That is what we don't have. We don't have that information, and until we have that information we can't answer that question intelligently. That should be one of our goals.

DR. HESSELTINE: Not only that, but in industry is it the work that is affecting it or is it the things that they are associated with that is dangerous, such as, dyes, fumes and other things which might be even more important than the physical thing.

MISS NORD: There would be no humidity. It is a wollen mill with nothing--

DR. HESSELTINE (Interposing): Well, I am just raising the point, whether it was the stretching per se or whether it was not the stretching and didn't result from
CHAIRMAN LENROOT: Well, I agree that more studies ought to be made, but it isn't so easy to get money to make these studies.

MISS SCHNEIDERMANN: Well, in the case of the Textile Workers Union where they have a pretty good organization, I wonder if they had a questionnaire sent among the women, whether they could get some information on it. I think where you have good organization it ought to be possible to get some facts on that sort of a thing.

MISS NORD: I should think in some of the larger plants where we have organization that might be possible through the cooperation of the union; with the larger companies that would be possible. But whether or not we could do it ourselves, I don't know. I also find that women are oftentimes reluctant to talk about it or even to let you know because they want to work sometimes as long as they can for fear that if the company knows they are going to be asked to quit their jobs, or sometimes sensitive about it and just do not want other people in the department to know and don't make an announcement.

CHAIRMAN LENROOT: Would it be possible to make a study of those who have been employed for a period of say, three, four or five years and ask for a record of pregnancy experience in that period?
MISS NORD: I think there are women who would be willing to participate.

CHAIRMAN LENROOT: Do you think that kind of a study would be—there are, of course, so many medical questions that couldn't get answered by that questionnaire.

DR. EASTMAN: The only thing I know approaching that is Gardiner Murphy's study which showed that abortions were not related to economic status, which would suggest that women in lower income brackets do not—

MISS RANTOUL (Interposing): I have the figures on stillbirths, premature births and miscarriages for women not working: Stillbirths 2.2, premature 2.2, and miscarriage 12; all women at work, 2.6 still birth, 2.3 premature, and miscarriages 10.1. Women who work throughout pregnancy, stillbirths 3.1, premature 3.2, and miscarriages 7.9—the lowest of all. That was a very careful study which was made by public health nurses who were known in families all around. in a questionnaire, and it was a very carefully worked out study.

CHAIRMAN LENROOT: Don't we have to, for this purpose, assume that any type of occupation which is regarded as possibly generally undesirable for women would be all the more hazardous for pregnant women? We just have to proceed on that basis without medical proof.
DR. DAILY: Might I suggest that instead of saying that they should be given two months leave, for this group to agree on a general statement to the effect that it is believed to be undesirable for pregnant women to be employed in work that requires heavy lifting and so forth; and we would be on better ground?

CHAIRMAN LENROOT: Yes, I don't think we want to say two months. I think we want to combine it and enlarge it. I think we should insert conditions of work involving, for instance, standing in wet conditions—conditions of dampness and humidity and other things. Dr. Schmidt, I wonder if you wouldn't be able to help in amplifying the types of occupations that should be listed under a combination of "D" and "E", and where it would be likely to be specially hazardous to the health. Would you be able to make a suggestion?

DR. DAILY: Might I say that Dr. Schmidt did give us an elaborate breakdown of this and we, when we first discussed it, found that although we had many examples that he had given us, there were so many more, we thought for the basis of this meeting here that it would be wholly impossible to include all of these recommendations, and if we didn't include all of them we would leave them out.

CHAIRMAN LENROOT: Then I think I erred in listing a few things which may not be significant at all.
DR. DAILY: We give specific examples of types of occupations.

CHAIRMAN LENROOT: I have to leave this meeting for a few minutes.

DR. DAILY: We have tried to find out what has been written in the literature in this country and I must say that the literature just doesn't help a bit on this. Even the European studies we got hold of were usually based upon such a small number of cases studied that you couldn't say that the statistics were significant, and the studies in which a larger number were involved often dealt with occupations that are not dealt with at all in this country and were made many years ago in some coal mining region, and as Dr. Eastman knows, there is nothing to go back on on the type of employment that women are going into in this country. I think we should err on the side of the pregnant woman, even though we don't have evidence and even though obstetricians do not agree as to what is dangerous, I think we should make our recommendations very liberal on the side of the pregnant woman rather than the other way around.

DR. EASTMAN: I agree with you wholeheartedly.

DR. HESSELTINE: As a matter of fact, I don't think you have been liberal enough.

DR. EASTMAN: Dr. Hesseltine and I were raising a question and we were wondering if you would consider
extending that?

DR. TOWNSEND: I think six weeks would be about right.

MISS SCHNEIDERMAN: That is a minimum.

DR. EASTMAN: I would rather see six weeks than a month.

DR. BAIN: You mean every woman who works ought to stop six weeks ahead?

DR. HESSELTINE: She may very well have a baby two weeks earlier.

DR. DAILY: Is there general agreement that it should be a minimum of six weeks?

MISS RANTOUL: Another thing, there will be women who will not want to work.

DR. DAILY: Would you want to go even further and say that a minimum of six weeks before delivery should be granted—that should be before the expected date of confinement, all the way through here?

MISS RANTOUL: Of course, you could put it another way. It is just a suggestion, but I don't know how you would find out in an effective manner; but you could say that a minimum of a month's leave before delivery be granted. You should say a minimum of six weeks' leave should be granted after the woman's pregnancy has been formally certified, and the woman's pregnancy has proceeded
normally.

DR. EASTMAN: Any woman whose pregnancy has not proceeded normally should stop work at once.

DR. BAIN: There is a paragraph that would take care of that.

DR. DAILY: But would you want to go on and say that although you set the minimum—would we want to go on record in saying that we believe it desirable that pregnant women should not work for three months before delivery?

DR. HESSELTINE: That is when she is getting her toxemias.

DR. EASTMAN: When you get into that you get into a condition of stopping work at once. When you say it is desirable, it is awfully difficult for the employer or anybody else to interpret it. I think every woman in the last two months of pregnancy should lie down an hour in the afternoon—she should lie down and relax. I should like this period long enough to see her get some rest.

DR. DAILY: You think that six weeks would give adequate protection?

DR. EASTMAN: Yes.

DR. HESSELTINE: Why not add, and preferably three months.

MISS RAMTOUL: Well, from a medical standpoint suppose she is economically stopped; she isn't going to be
better off is she doesn't eat.

DR. EASTMAN: What is going to happen to this girl?

MISS NORD: Incidentally, in Rhode Island we had the first sickness insurance law in this country, and pregnancy is going to be included, but, of course, it is patterned after the unemployment compensation law so that payments are going to be delivered under the unemployment compensation law, and limited to the amount of earnings, but at least it is something—it gives her thirteen weeks.

DR. SCHMIDT: Dr. Daily, I learned yesterday of an office that gives to its own office staff six weeks of disability on the medical estimate of pregnancy permitting the individual to take whatever time she chooses. If she wants to work up to two weeks of expected date of birth, she can. On the other hand, if she wants to take off, she can. They are permitted to do it and they guarantee her job and at the same time six weeks of disability.

MISS RANTOUL: That is the provision in the standard accident and health policy for insurance. They take six weeks, but that is only partial indemnity, anyhow.

DR. DAILY: Yes. Is there a general agreement that we should leave this at a minimum of six weeks?

Do you think we should state it more on the basis of a recommendation that it is not desirable for a pregnant woman to be employed for this type of work rather than
making any specific comment as to the amount of leave she should have if she is in such work? Is that a better approach to it?

DR. TOWNSEND: As a matter of fact, you won't find very many women doing this kind of work.

DR. EASTMAN: Number one, it seems to me, is undesirable. Number two, it seems to me, is permissible.

DR. DAILY: Do you think it is desirable for women to do continuous standing?

DR. EASTMAN: I said permissible. Up to the last two months it is permissible. If department stores can do it--housewives move around.

MISS SCHNEIDERMAN: Moving around is all right.

DR. DAILY: Do you think it is desirable for a woman though she is only four or five months pregnant to be employed where she is employed on her feet eight hours a day?

DR. EASTMAN: I don't think it is desirable.

DR. DAILY: That is my point. I think all these points should be carried. I think it is not desirable at any time during pregnancy.

DR. EASTMAN: We are going to limit our women working to sitting jobs?

DR. DAILY: Well, yes.

DR. EASTMAN: That is what you virtually do when
you do that. You might make a statement limiting them to sitting jobs.

MISS JOHNSON: Wouldn't it be possible to leave out "a considerable standing" so that if there is an alteration that is acceptable, but only the constant standing job in the employment is in the category that is intended here.

MISS SCHNEIDERMAN: Would you include a rest period?

CHAIRMAN ANDERSON: It is undesirable for any person, man or woman, to be on his or her feet eight hours. We all know that. It seems to me that it ought to be more undesirable for a pregnant woman to be on her feet eight hours. We are all saying that they must not or should not; that there are plenty of jobs that can be either sitting or standing, which are the most helpful, if you can arrange it that way and it can be arranged, but this standing for eight hours a day—of course, it isn't standing eight hours all the time, you have time off for lunch.

MISS SCHNEIDERMAN: It is eight hours, though.

CHAIRMAN ANDERSON: It is standing for seven and a half hours, and to follow an automatic machine it is no fun. Even for a healthy normal person—I don't think a woman is particularly unhealthy—that is something to bear on the question. It seems to me that standing, to a lay person like me who doesn't know anything about it
particularly--I know how terrible it is for any person to stand up, to work for all that time--becomes awfully hard as the woman progresses and becomes heavier and heavier.

MISS SCHNEIDERMAN: In the case of department store people that Dr. Eastman held up as an example, in most of the states there are laws that provide for seats for them so that they be required to sit down whenever there are no customers around.

DR. DAILY: Six states.

MISS RANTOUL: Still, in that particular job you would not find pregnant women working.

MISS SCHNEIDERMAN: No, they would not be allowed.

MISS RANTOUL: But there are plenty of others where they do a large amount of standing, and I think they would eliminate a large part of them.

MISS SCHNEIDERMAN: I think if we could include in this clause here both in lifting and in standing, the need of rest periods it might help.

DR. HESSELTINE: As soon as you begin modifying the type of work that they are capable of doing they will either lose their job or be shifted.

DR. DAILY: Well, the recommendations should be to shift to other types of employment.

MISS RANTOUL: We all admit, I think, that a pregnant woman should not be working.

DR. HESSELTINE: She has one evil of working, but
we should not give her two evils.

MISS NORD: What we say in this paragraph is that in the event they cannot be transferred, that where they are working several months doing heavy lifting or continuous or comparable standing or moving around--

DR. DAILY (Interposing): Of course, my own impression is that it is probably much too liberal. It is probably real hazardous in many instances for the women to be working before seven months in that type of work. I think some recommendation might well come out that we don't believe it is desirable.

DR. HESSELTINE: Personally, I would put all of "D" in the last trimester--exclude them in the last trimester--the last three months.

DR. DAILY: I say she shouldn't be doing it in the first or second trimester.

DR. HESSELTINE: Well, that is as severe as I can be on it.

DR. BAIN: You must not forget that these women are working for economic reasons.

DR. EASTMAN: But we must face the fact that as soon as we make it difficult for them, these women are going to hide their pregnancy.

DR. BAIN: You are going to increase your abortion rate.
DR. EASTMAN: If she can't be transferred, she just won't say anything about it until the last minute or until it becomes evident. I think it is practically difficult on that side.

DR. HESSELTINE: How will that arise—by that I mean, how often will that arise? Will it arise often enough? In other words, we have the big number to protect. When you protect the most of them you will be accomplishing something to improve their condition. In other words, these few regardless of what you might do, would go through that anyway. I agree with you in what you say, but I am wondering what is the easiest way to protect the most women.

DR. EASTMAN: That is the crux of the question. We all agree that the best thing for the women is not to work at all, and we are trying to get the largest possible number to continue to work and have babies.

DR. HESSELTINE: It so often becomes so suspicious to their fellow workers or anybody—neighboring workers—after they are seven months gone that it is likely that there will be some gossip about it, and you are going to force them by obvious compulsion.

DR. EASTMAN: Well, Dr. Daily, do you want to make it three months?

DR. DAILY: I would want to move it down to "E".
DR. BAIN: Would you want to make an exception—probably not working in any of these occupations, but certainly not working during the last three months?

DR. DAILY: I have something jotted down here: That it is not desirable for pregnant women to be employed in the following types of occupations, and they should, if possible, be transferred to more sedentary work.

Is that going to be of much help to the unions? Is it going to be of much help to the employers, in drafting regulations?

MISS SCHNEIDERMAN: Can they be transferred in the textile industry to other work?

MISS NORD: In large plants, I would think it possible. Of course, most of our plants are not large mills.

MISS JOHNSON: Didn't you say that in most of those plants the women have stopped anyway?

MISS NORD: I said in my experience.

MISS JOHNSON: Of course, that is the standing job so that would indicate that was a margin there.

MISS NORD: Pretty much. We don't have many of our girls standing in one place.

MRS. BELLANCA: I think we ought to base our planning and thinking on how it is going to serve best the greatest number of people. We are talking about mass...
production. We are not talking specifically with reference to one industry, although it is well to get the information. A lot of women do not realize the danger, and maybe if there was publicity—a public statement made to that effect, rather than hide it they would take better care of themselves or seek advice, where otherwise they would not and do not seek advice at all. I don't think we ought to be so terribly careful in saying just how it may affect this one economically or this industry or seniority or anything else. We just ought to make a statement of policy for the health of the women and children and not to be too technical as to how it is going to affect industry and the workers.

MISS RANTOUL: Is it ever possible for these provisions about pregnant women to be made part of your own union contract?

MRS. BELLANCA: I don't think so.

DR. DAILY: I didn't get that point. Would you want to repeat it?

MISS RANTOUL: When they sign a contract with the employer—

MRS. BELLANCA (Interposing): Whether that could be made a part of the contract? Not in our industry.

CHAIRMAN ANDERSON: I don't think that would be feasible unless started through a trade union agreement.

MISS RANTOUL: I meant through the union.
DR. EASTMAN: Dr. Daily, you said in the first part of this that this patient is to have prenatal care. Don't you think that we should allow something to the discretion of the doctor in charge in these cases?

DR. DAILY: We have been warned about that and against that, because of the pressures that will be put on the doctor both by the patient herself—she will get a certificate to that effect. It just works that way. If it is a plant doctor, it may work the other way.

DR. EASTMAN: I was thinking of the character of the work during that time.

DR. DAILY: I don't think recommendations from the individual doctor will be very helpful in most instances. There are too many outside pressures brought on him. We originally had that written all the way through—upon recommendation of the doctor and so forth—and we were warned that it wouldn't help us much.

MISS RANTOUL: If the woman gets paid for it the doctor will recommend that she stay out, if she doesn't stay out she will bring sufficient pressure on him.

DR. DAILY: There is a fairly general agreement that we might modify that to something along the lines I read out there that it is the concensus of opinion that we didn't consider that type of employment desirable. She should be transferred, if possible, to other types of
employment. I think it will be helpful, especially to the women themselves.

DR. EASTMAN: That covers all of "D".

DR. HESSELTINE: I am lost. What is "D" now?

DR. DAILY: "D" is placed--

DR. HESSELTINE (Interposing): Would you mind reading that?

DR. DAILY: Something to this effect: It is not considered desirable for the pregnant woman to be employed in the following industries--type of occupations--and they should, if possible, be transferred to more sedentary work; and then listing one and two.

DR. EASTMAN: You are just making that a little softer. You say it is not desirable to be employed.

DR. DAILY: This is the category you have been talking about. We don't have evidence to satisfy--we don't have knowledge for sure that these are the things that should be eliminated. We believe in many instances they are not desirable, but we wouldn't want to come out and say, "No, this is one place the pregnant woman could not work."

DR. HESSELTINE: You are not going to put any time limit on "E"? You are going to say where it is necessary but not beyond a given period or something of that kind, or advisable?

DR. DAILY: I doubt it
DR. HESSELTINE: You leave them up to six weeks—the same as "C", then?

DR. DAILY: No, we say that it is not desirable for them to be employed, but if they do come under that we give them six weeks' leave.

DR. HESSELTINE: That is not being fair to the pregnant woman. I would like to see the other thing added which they must do or insist on doing. We are leaving open the door for them. You are endorsing by "C", then, their justification for continuing up to six weeks.

DR. DAILY: We are just saying that we don't consider it desirable, but we realize that there are factors that make it impossible to prevent it. I doubt if there are any regulations to be put in there that would be acceptable to the employers and the employees of this country.

"E", pregnant women should not be employed in the following types of work during any period of pregnancy, but should be transferred to less hazardous types of work.

1. All occupations in which the accident risk is characterized by accidents causing severe injury.
2. Occupations involving extra-hazardous exposure to toxic substances, such as lead, benzol, and other organic solvents.

You have mentioned one here which I think might be very pertinent: The difficulty of the pregnant woman during
the last two months of pregnancy of maintaining her equilib-rium. How that might be put in there, I don't know.

DR. BAIN: You won't need that after you put in
the other types of work. You see, you have got out here
all lifting, stretching and standing.

DR. DAILY: We have said it is not desirable.
Now, take 1 here: Occupations in which the accident risk
is characterized by accidents causing severe injury.

I can think of a situation that if a non-pregnant
woman was in a certain kind of job there would not be a
severe accident, whereas if you put a whole group of preg-
nant women to doing all of that kind of work, you would have
a very high incidence of accidents.

DR. EASTMAN: Pregnant women are more apt to
fainting spells.

DR. DAILY: Take the example that Miss Nord gave.
I would hate to see a pregnant woman doing that kind of work;
doing it after being six or seven months pregnant.

DR. BAIN: That is out with "D".

DR. DAILY: Now, we are saying it is not desirable.
These are absolutely out.

CHAIRMAN ANDERSON: Suppose a woman was working on
a punch-press, she is constantly in danger of chopping off
her finger, and something like that. Of course, we have
guards, but they don't always guard, and accidents do
happen.

DR. DAILY: The examples that Dr. Schmidt has listed were operations of certain types of punch-presses and woodworking machines. Accidents occurring in such occupations are likely to result in serious and extensive crushing injuries and amputations.

MISS RANTOUL: There is a large number of women employed in welding. Usually there is very little welding that they do, but it has its possibilities.

DR. TOWNSEND: Of course, that applies to anybody whether she is pregnant or not.

MISS RANTOUL: I was just wondering. Some of the jobs that they are doing today are a little different.

DR. DAILY: Aren't these extra-hazardous to the pregnant woman?

MISS SCHNEIDERMAN: Yes.

DR. TOWNSEND: Now, lead is not an organic solvent.

DR. DAILY: It is benzol or other organic solvents. This comma should be out.

MISS RANTOUL: I see no mention of radium. That is not so common, but it is dangerous.

DR. DAILY: Is that extra-hazardous to the pregnant woman?

DR. EASTMAN: She is thinking of the baby.

DR. DAILY: Yes.
DR. HESSELTINE: Explosive materials.

MISS RANTOUL: And those materials used in munitions plants.

DR. SCHMIDT: Dr. Daily, I think the question is here whether it is possible to provide the list or whether we must be content with one or two examples. It depends on the type of publication that is desired.

MISS RANTOUL: I imagine these were outstanding examples, but I imagine one should set up a standard that is mutually inclusive, but there are a good many more things that women are exposed to than lead and benzol.

DR. DAILY: You think that we should list specifically?

MISS RANTOUL: I think you should list all those that are established as conducive to accident and harmful to pregnancy.

DR. DAILY: Dr. Shephard told me that you were an expert on this.

MISS RANTOUL: I am nobody, but I am giving you our views on this.

DR. HESSELTINE: What about the paint industry and turpentine?

MISS RANTOUL: These come under solvents, although they aren't solvents, but they tend to be included in the solvent class. I imagine all of these things that tend to
damage the liver and kidneys really ought to be included, isn't that right?

DR. TOWNSEND: Yes.

MISS RANPOUL: Now, I don't know whether you would want to name them all. It will mean to most people what it means to you and me.

DR. TOWNSEND: To the plant physician.

DR. HESSELTINE: I never think of turpentine as a solvent.

DR. DAILY: Let's go around and see what types of extra-hazardous substances there are.

MISS RANPOUL: Of course, I think the others are more uncommon. I do think you have to put in those dealing with munitions--TNT--all the ones causing atrophy of the liver--ones like TNT and carbon tetraethylchloride--carbon tet--and I think radium should be put in under present day circumstances because of the dial painting. It isn't as common an exposure as these others. Then, if you like, there is nicotine, but I don't think very many women are exposed to it. I never heard of it. I don't know that I ever heard of any women being exposed in industry; tobacco workers don't get enough of it unless they are extracting the thing from the tobacco, and I imagine that should be done by men.

DR. DAILY: Dr. Schmidt, have you others that we
might include in there?

DR. SCHMIDT: No, I was inclined to use a few or perhaps a few more examples, with perhaps the addition of a specific statement that this does not exclude other potentially harmful substances. It was pointed out aniline and a number of explosives are not included here, and yet if we put out a list of fifteen or twenty toxic substances, it seems to me--

DR. DAILY (Interposing): If we get the most common ones we will probably protect the majority of the women. MISS RANTOUL: I think it is a good idea to make it exceedingly plain that we are talking about these as extra-hazardous for pregnant women and you are not talking about these as being hazardous to everyone.

DR. BAIN: Toxic substances which are hazardous to pregnant women.

MISS SCHNEIDERMAN: I think they should be listed.

MISS RANTOUL: I don't know what effect it has on women specifically.

MRS. METTERT: I wonder if toluol would be considered extra-hazardous. Of course, it isn't a solvent.

MISS RANTOUL: Benzol has been substituted with or without due notice, and there is a good reason to include it from that viewpoint. I don't know its action on the blood.
DR. HESSELTINE: I think it would be well to include in here mention of any substance or substances which may have an injury to the individual's kidneys or liver. Stress both organs, because maybe others will come up in the future.

CHAIRMAN ANDERSON: I think that is fine because it gives a clue to the things that the doctors might look for.

MISS RANTOUL: Kidneys, liver, blood-forming organs. What else?

DR. SCHMIDT: You might include the use of x-rays in assembly line inspection, in the food packaging industry.

DR. HESSELTINE: To affect the germ plasma.

DR. EASTMAN: Of course, that works early.

DR. HESSELTINE: Even before fertilization.

DR. DAILY: Are there other suggestions that might be used here?

DR. EASTMAN: Dr. Daily, in order to bring up this bodily balance again, I know we have largely excluded it, would you be interested in putting in under "E" all the occupations that require a good sense of bodily balance or in which that is necessary?

DR. BAIN: Under "E" (1), that is for the entire period of pregnancy.

DR. EASTMAN: Yes, all occupations requiring a
sense of bodily balance or in which accident risk is characterized by severe injuries.

DR. DAILY: All occupations which require a good sense of bodily balance or in which the accident risk is characterized by accidents causing severe injury. Yes, I want that in. I think that goes very well.

2 would be something as follows: Occupations involving extra-hazardous exposure to benzol and so forth, x-rays, radium, turpentine, TNT, carbon disulphide, carbon tetrachloride, aniline, and especially other substances which are toxic to the liver and kidneys.

MISS RANTOUL: I think that should include chlorinated hydrocarbon—you remember women make those condensers; chlorinated diphrenols, and hydrocarbon compounds. That will take care of everything except your carbon disulphide and the solvent line in your turpentines, which really is not a solvent.

DR. DAILY: Well, does that include benzol and toluene? That just takes care of carbon tetrachloride, not TNT—chlorinated hydrocarbon.

MISS RANTOUL: Chlorinated hydrocarbons.

DR. HESSELTINE: Kidneys, liver and blood-forming organs.

MISS RANTOUL: Radium and benzol.

DR. DAILY: And especially substances which are
toxic to the liver and kidneys or blood-forming system.

MISS RANTOUL: Of course, we don't have them in phosphorous any more, do we, but if there were, what about it?

MRS. METTERT: Phosphorous is coming back to the munitions industry, too.

DR. SCHMIDT: Wouldn't that be included under 1, in any case?

MISS RANTOUL: No, it would not.

DR. DAILY: Do any of you have knowledge of other conditions where you feel no pregnant women should be employed during pregnancy? Of things that we have overlooked completely?

CHAIRMAN ANDERSON: We have a sentence on kidneys by saying that there may be other toxins that may be harmful which we cannot enumerate here.

DR. DAILY: No, we would only give these as examples.

MISS RANTOUL: Would you want to mention carbon monoxide amongst them?

DR. HESSELTINE: I don't think so.

DR. DAILY: Is it extra-hazardous to the pregnant woman?

MRS. METTERT: Dr. Hamilton felt that it might be. Also mercury.

DR. HESSELTINE: We are assuming that all of these
employees have an examination before they go into employment?

DR. DAILY: No, they do not.

CHAIRMAN ANDERSON: Not all of them.

MISS RANTOUL: Probably would not be employed

while pregnant if they were being examined.

DR. HESSELTINE: I was thinking they might not be

pregnant at the time. Some people may have a very chronic
type of thing that may not be important but would be extra-
hazardous in view of something else, such as, pregnancy.

MISS RANTOUL: I don't know. Of course, if you
get too complicated it wouldn't work very well.

DR. DAILY: Someone, in our deliberations, did
make the recommendation that as a part of this we should
have the recommendation that every woman prior to employment
should have a complete physical examination.

DR. EASTMAN: Every one of them?

DR. DAILY: Every one. I suppose that is desirable
for every individual before he is employed as such.

MISS JOHNSON: I wonder if you recommend any

comment on that?

DR. DAILY: We don't think it should come into

this discussion here.

MISS JOHNSON: Have you any comment on that, Mrs.
Bellanca, on the question of whether there should be a
physical examination of all women before they are employed?
MRS. BELLANCA: I think it is just impossible to say that they should.

CHAIRMAN ANDERSON: Of course, there is the question of who is going to do this examination, if it is going to be done from the point of view of the employer. It has always been used in the past as a discrimination, and it has always been opposed by the trade unions. However, I think from a Utopian standpoint, if it can be done without bringing in any other questions to militate against employment, it would be advisable, if everybody would have a thorough physical examination. It would be good for the population as a whole.

DR. DAILY: Well, after all, we recommended that every individual have a physical examination at least once a year, but I really think it is impossible to bring that in here. It certainly wouldn't be practical in the employment of hundreds of thousands of women today.

CHAIRMAN ANDERSON: They advertised for 40,000 people to get jobs—30,000 people—and they found that the roads to Detroit were choked with people coming in for jobs at the Ford plant, and he had a physical examination. He couldn't possibly take care of more than 300 people a day.

DR. DAILY: I wonder what kind of physical examination that was?

MRS. BELLANCA: It depends on how many doctors were doing it.
DR. DAILY: There were 300 doctors, also.

MISS RANTOUL: Perhaps, he shot them through an assembly line like a finished automobile.

DR. DAILY: You have no other suggestions in toxic substances?

MRS. METTERT: Would temperature abnormalities be important? Any great heat, particularly in the case of pregnant women, have any effect?

DR. DAILY: I don't--

DR. HESSELTINE (Interposing): Are they employed much in such conditions?

MRS. METTERT: Well, they are employed a great deal in candy manufacture, sometimes. Then there is the humidity in textiles.

MISS RANTOUL: But it is not enough to overcome them by a heat stroke, is it--heat exhaustion?

MISS JOHNSON: I wonder, if in view of the fact that number 2 has become so detailed, whether there might be a consideration of whether number 1 should have some additional points?

DR. DAILY: Miss Lenroot has mentioned that we go back and sit down and put in additional ones. If there are recommendations that you would like to make now, we would be glad to put them in. Those are the occupations where a good sense of bodily balance is required, or
the accident risk is characterized by accidents causing severe injury.

MRS. BELLANCA: I think you can go on and cite examples.

DR. DAILY: "P", at any time during pregnancy, if complications of pregnancy arise, the woman should be granted leave on presentation of a medical certificate that continuing employment is prejudicial to her health or to the health of the child.

MISS JOHNSON: Does this clearly state that she should discontinue employment?

DR. DAILY: Well, that she should be granted leave, presumably, I think, that she should discontinue.

MISS SCHNEIDERMAN: Must be granted.

DR. EASTMAN: "Should" should be "must".

MISS RANTOUL: I think the whole recommendations are slightly ambiguous on those points. The employer must grant her leave. If you mean he must grant her leave with pay, I think you ought to say so, or with the provision that the job must be there when she comes back, I think you ought to say so.

DR. EASTMAN: I think that is up to Dr. Daily.

MISS SCHNEIDERMAN: Have we that power? It would be nice.

MISS RANTOUL: Then I say it should be "should".
DR. DAILY: I don't think we felt that we could deal with the problem that she should be paid.

MISS RANTOUL: If they are not going to be paid--

DR. DAILY (Interposing): We must not jeopardize her job.

MISS RANTOUL: I don't think it is the employer who should pay for that.

DR. DAILY: At one time we had it clearly stated that the leave we speak of all the way through here should be granted. It meant that the women should not lose their jobs, because I felt at the beginning of this thing, that if a woman doesn't know and finds out she is pregnant, and she is going to have a leave that we are giving here, you are going to have a lot more abortions.

MISS RANTOUL: That is right.

DR. DAILY: And I don't have it clearly stated here.

MRS. BELLANCA: Why not have it stated that way?

DR. DAILY: It was originally in the general statement that all this should be set up with the idea that it didn't jeopardize her employment.

DR. HESSELTINE: You could put that down as number 4 at the bottom, if you want to, that any of these leaves given should not jeopardize her reemployment or loss of seniority.

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MISS SCHNEIDERMANN: Could we say something on that in the preamble, that it is a policy and call upon the patriotism of the employer and his interest in the welfare of the nation, and so forth? That might help in some cases.

MISS RANTOUL: I think it belongs here in the part of women who may have to work during pregnancy. After all, it is an economic problem.

MISS SCHNEIDERMANN: They ought to have assurance of that.

MISS RANTOUL: You are in great danger of making the woman's situation worse than it was if she continues to work.

MISS SCHNEIDERMANN: Would she be entitled to unemployment insurance if she did work?

CHAIRMAN ANDERSON: If she is a union person, and she is under an agreement, seniority should be kept for her.

MISS RANTOUL: There is one other thing missing here, which I have often read in these recommendations, and that is, that the woman should endeavor to see to it that she has extra nutrition. For certain classes of women who do not have very good nutrition at home, and where the plant has a lunchroom and serves milk in the morning, in the mid-afternoon, to see that women make up for the loss there. I don't know whether you want to make that recommendation.
DR. HESSELTINE: You mean along the lines that Dr. Eastman reported in the Public Health Journal.

DR. EASTMAN: That is why, as you originally mentioned, it is so important, if it can be worked, that the doctor or the nurse in the plant take some responsibility for the care of these women. I think that should be the ultimate goal. Now, I am prepared to admit that the doctor who makes the original obstetrical diagnosis may not be competent, but an arrangement can be made to work out some further obstetrical treatment, and then return to the industrial doctor.

DR. DAILY: In other words, so that the industrial physician should be aware of the needs.

DR. EASTMAN: He should be aware of the fundamentals of nutrition and prenatal care. You can't expect him to be an obstetrician. We do that for a lot of concerns, and ruling out any gross abnormalities and considering only the normal pelvic condition. Of course, that is the ideal arrangement with a doctor and nurse in the plant. I don't see how it is possible otherwise.

MISS RANTOUL: There is often a woman superintendent in charge of these plants, who could be induced to oversee those things—just the simple things.

MISS SCHNEIDERMAN: And the personnel management
must be educated.

CHAIRMAN ANDERSON: Of course, the plant doctor really ought to tell her that she should go to a clinic; where to go and where to get prenatal care. He really should tell her that.

DR. EASTMAN: Down in Baltimore, that means practically a day off to the girls.

CHAIRMAN ANDERSON: Well, once in a while they take a day off anyway.

MISS RANTOUL: Even if she only went to a doctor. A lot of them go along without even seeing a doctor. She may not think that is important.

CHAIRMAN ANDERSON: I suppose the plant doctor could not give her that care.

DR. EASTMAN: I don't see why he shouldn't give her that care after a preliminary examination.

DR. HESSELTINE: I am wondering—he is employed by the company.

DR. EASTMAN: Well, after all he is a doctor, and if she should come in under a pressure of 110 or 120, he is not—

DR. HESSELTINE (Interposing): On the other hand their problem with employment of women is two times or more greater than in men normally. They are going to have women working whose pressure has gone up a little bit within the
last week or two more than within the normal range. Now, the question is it going to hurt her working a little for three or four days or should she receive a rest?

DR. DAILY: In other words, what you are trying to think of and get at is that the industrial physician should be concerned with the special health problems of pregnant women. They should make sure that good medical and nursing care is available to these women. They should advise them concerning such care that they need to give in the plant. Probably, more often, it would be given outside of the plant and that they should give more thought to the various hazards, such as diet and hygiene.

DR. TOWNSEND: I think you have got to bring them into the picture.

DR. DAILY: I think if we direct a recommendation to physicians directly in industry, we would do a very worthwhile service. In other words, we point up that he has a real responsibility in this picture.

DR. HESSELTINE: He may contribute to this welfare and may get them into the hands of a doctor more quickly. In other words, if more women are employed, it may necessitate more doctors. I am just wondering about it and raising it now for discussion.

MISS NORD: I feel it is time for such a statement because more and more manufacturing companies are able to
provide it because of the pressure of the unions, and have been getting better attention and much better facilities.
In the rayon industry, particularly, for the men employed in the premises in the preparatory processes where the harmful substances are used, more and more are given attention. More and more attention is given in the textile industry; and I think in the larger plants where munitions are being manufactured, and defense industries are getting more conscious of the need for first aid facilities. It should definitely be a part of the recommendations.

DR. HESSELTINE: Would this be acceptable? Either that the company physician—I am just thinking out loud—take more interest in the pregnant patient in that institution or see that that patient was directed to where she could have adequate and proper care.

DR. DAILY: Yes.

DR. HESSELTINE: In other words, it gives him flexibility on that.

DR. DAILY: Yes.

MISS RANTOUL: The nurse, too.

DR. HESSELTINE: The medical personnel.

DR. DAILY: We will insert something that will be directly at them.

MISS SCHNEIDERMAN: Doctor, would it be at all feasible in the Public Health Department to call all these
physicians together? Is this going to be a big enough thing to make worthwhile the education of these plant doctors to get them aware of these things?

DR. DAILY: There is likely to be another conference of the industrial physicians. There was one.

DR. TOWNSEND: One in April. There will be one next April.

DR. DAILY: There is a medical conference called by the Public Health Service, where the leaders come here and discuss these problems.

DR. TOWNSEND: Next month, the 15th of July, there is a meeting in St. Louis called by the Office of Ordnance for the principal physicians of all the Ordnance plants in the vicinity of St. Louis. There will be a good many in there, and you know there are a good many women employed there. I would like very much to take some of these resolutions back with me when I go to St. Louis, and present them to them. Do you think that would be in order? There will be probably forty, fifty physicians there, and Colonel Johnson, who is the head of the Division of Plant Safety in the Office of Ordnance, would be there, and Colonel Lancer would be there. I think this would be an opportunity to present this before this group and just get their reaction to it.

DR. DAILY: May we go back to this subject? I
didn't hear the conclusion about this granting of leave which should not jeopardize her job or seniority privileges. I think we sort of got off that for the moment. What is your opinion on that? Should that be pretty specifically defined in any statement of policy?

MISS RANTOUL: I think it should be.

MRS. BELLANCA: I think it should. You put it first on the employer that the woman doesn't lose her job and you encourage the woman to take better care of herself if she knows that she is not going to lose the job.

MISS RANTOUL: I don't think it should be mandatory, because she and her infant will have a higher mortality if she doesn't eat, and therefore, there will be no sense in giving her privileges if she is not going to get the job back.

CHAIRMAN ANDERSON: The chances are if she gets this care she needs, she will be back on the job quicker and will be able to hold it when she does get back.

DR. DAILY: I think a separate paragraph might be inserted on that in the preamble. Is there any disagreement that that is a desirable thing to have in our recommendations?

MISS NORD: No, I think it naturally follows, because you have said a number of times that women should be granted a leave. It assumes that she is coming back.
DR. DAILY: But I don't think that it will be interpreted that way unless it is written out in a, b, c and d.

HRS. BELLANCA: I think we ought to state it.

DR. HESSELTINE: It doesn't commit the company to any financial obligation, so, therefore, they will be able to cooperate, because I think companies by and large are appreciating that the better health the employees have in general, the better their work is.

DR. DAILY: The question that brought it up was under what we meant by getting leave. Now, assume that is the way we have it in the definition.

DR. HESSELTINE: I wonder about the definition "complications of pregnancy."

DR. DAILY: Well, why not "at any time during pregnancy the woman should be granted leave?"

DR. HESSELTINE: I would be afraid that they would take it as in the nature of complications. I thought the other would be a little more inclusive.

DR. DAILY: At any time during pregnancy, the woman should be granted leave on presentation of a medical certificate that continuing employment is prejudicial to her health or to the health of the child. Is that going to be sufficient?

MISS JOHNSON: Is that sufficiently clear, perhaps,
to the woman herself to give her some indication of what it means in terms of her physician, which is coordinated with her employer's?

MISS RANTOUL: Yes, I think you are going to run up against the difficulty of the woman's own doctor. He is going to think that it is going to be a fine job to get her out of work entirely.

DR. HESSELTINE: Well, if she doesn't have to work, don't you think it is better for her?

MISS RANTOUL: A lot of them may have to, and the doctor may be under the viewpoint that she is going to--

MISS SCHNEIDERMAN (Interposing): But what good would it be to the woman if she keeps on working and doesn't take this leave and becomes an invalid?

MISS RANTOUL: I am talking about the complications in pregnancy.

MISS SCHNEIDERMAN: I want "complications" kept in.

MISS RANTOUL: It seems so to me.

DR. HESSELTINE: Don't you think that part of "F" follows in what we have in "E"? In other words, there must be no possibility of transfer, and it may be one way of getting out of it.

MISS RANTOUL: Well, I am suspicious about this doctor's certificate business. They may feel that they are doing her a favor.
DR. DAILY: You would like her to be granted leave in the granting of medical certificates where complications have arisen.

MISS RANTOUL: I think that should be the general understanding of the paragraph.

DR. DAILY: Of course, I don't know. He may have thought the employment itself wasn't good for her.

DR. EASTMAN: Would you put the word "confirmatory" before the words "medical certificate"?

DR. DAILY: Pardon me, I didn't get that, doctor.

DR. EASTMAN: "If complications of pregnancy arise, the woman should be granted leave on presentation of a confirmatory medical certificate."

MISS RANTOUL: A medical certificate confirming that continual employment is prejudicial.

DR. DAILY: Who would confirm it?

DR. EASTMAN: Who would write this medical certificate?

DR. DAILY: Her physician, presumably.

DR. EASTMAN: A confirmatory medical certificate.

MISS RANTOUL: Perhaps, if the word "certificate" were taken out of there it would be better. Upon the advice of a medical attendant that continuing employment—perhaps you do need a certificate. You can't do it by word of mouth, surely; a written statement.
DR. DAILY: Of a certificate from an attending physician.

MISS RANTOUL: Yes. In other words, she has got to go to a physician to get the complications of pregnancy confirmed. That is all. I don't know--the whole thing is rather muddled.

DR. HESSELTINE: Don't you think the doctor is likely to inquire whether she can pay him or not?

MISS RANTOUL: Possibly, but if you make this too much of a good thing, she may not go to the doctor--not wanting to stop work.

DR. HESSELTINE: Yes, of course, it is the same as a lot of things in medicine. Although we advise a lot that is not always taken. By law all we can do is to advise. If it is contagious, we can act.

DR. DAILY: "F", at any time during pregnancy, the woman should be granted leave on presentation of a certificate by an attending physician to the effect that complications of pregnancy have made continuing employment prejudicial to her health or to the health of the child.

DR. HESSELTINE: What was the rest of it?

DR. DAILY: To the effect that complications of pregnancy have made continuing employment prejudicial to her health or to the health of the child.

DR. HESSELTINE: By complications of pregnancy, you
mean including with it the conditions of pregnancy or associated with it?

DR. BAIN: If they were prejudicial to the health of the mother or the health of the child.

DR. HESSELTINE: I was afraid in the word "pregnancy" they might include toxemia or something of that kind. I was just bickering over the definition.

DR. DAILY: We then come to the employment policies and care of the mother and infant after delivery.

To safeguard the woman's health she should be granted sufficient time off after delivery to return to normal and to regain her strength. The infant needs her care, especially during the first year of life. If it is essential that she return to work, the following recommendations are made:

A. A woman should be granted at least two months' leave of absence after delivery.

B. Should complications of delivery or the postpartum period develop, a woman should be granted reasonable additional leave beyond two months.

MISS JOHNSON: Before moving on to this next point, is it decided that there is no statement regarding responsibility in terms of desirable rest periods and proper nutrition, or are we going to make a general statement on those?
DR. DAILY: Well, what is the feeling? You mean you would like to see a recommendation that the pregnant woman should be allowed rest periods?

MISS JOHNSON: I think it would be difficult to make it too specific, but at least there should be some overall responsibility, whether it be the personnel manager or possibly union groups, to see that those important factors are not forgotten.

DR. DAILY: It was in at one time. I am anxious to know what the other people think about it.

MRS. BELLANCA: I am absolutely in agreement with that. Miss Schneiderman mentioned that in the early part of our meeting this morning, the desirability of rest periods in the morning and in the afternoon, and also nutrition—that was added later.

DR. DAILY: How practical is it going to be today? What is it going to mean if we say that that is a policy that should be adopted by the employers?

MRS. BELLANCA: Recommend that they should give it serious consideration.

DR. DAILY: Is it practical in the industry?

MRS. BELLANCA: It is in our contract.

DR. DAILY: For all women or pregnant women?

MRS. BELLANCA: Everybody. Not every industry has it, so we should reemphasize it for the pregnant
MISS SCHNEIDERMANN: It is considered a very good production method to give a rest period, because they revive and go on.

DR. DAILY: How would you recommend that we word it?

CHAIRMAN ANDERSON: Ten minutes rest period in the morning and afternoon.

MISS SCHNEIDERMANN: They fully make up the time later.

MRS. METERT: Couldn't we make the recommendation for all women?

DR. HESSELTIME: Yes, or we will jeopardize the pregnant woman.

MRS. BELLANCA: It is desirable for all women, especially for pregnant women.

DR. DAILY: At least ten minutes rest period in the morning and afternoon.

MISS SCHNEIDERMANN: You would also have to have it in every shift.

MISS RAMTOUI: Midnight shift, because you don't know what hours they are keeping nowadays.

DR. DAILY: This midnight shift, then, it is two ten minute rest periods.

CHAIRMAN ANDERSON: During the working time.
MISS SCHNEIDERMAN: Of course, with that arises whether there is a room in the plant where the women can stretch out for those ten minutes—whether there is a rest room.

CHAIRMAN ANDERSON: We suppose there is a rest room.

DR. DAILY: We would add in it that there should be a room where they can have the rest.

MISS RANTOUL: There is no reason why they can't have a cot in the first aid room or a special part of their recreation room. Isn't it desirable to do it that way—to screen off a cot? For, after all, in a factory full of women there ought to be some place for them to lie down.

DR. BAIN: Would you have enough place for them to lie down in any quantity?

MISS SCHNEIDERMAN: Not all of them.

MISS JOHNSON: It is the opportunity that they be allowed to do. That is the important thing.

MISS SCHNEIDERMAN: Dr. Daily, I think in writing that up we could refer to the standards you enunciated by the Women's Bureau of how important rest periods are for all workers. We especially want to call attention to the need of rest periods for pregnant women.

DR. DAILY: And there should be room for them—

MISS RANTOUL (Interposing): A place for them to
take a rest.

DR. DAILY: I don't know how we would word that—

adequate facilities.

MISS RANTOUL: I don't think it is absolutely
necessary for them to lie flat, but there should be facili-
ties for them to do it.

MISS SCHNEIDERMAN: In case they want to.

MRS. NETTERT: Both facilities for rest and for

obtaining food or milk.

MISS SCHNEIDERMAN: Yes.

DR. HESSELLTINE: That would come in with the lunch

period.

MISS SCHNEIDERMAN: For a glass of milk.

CHAIRMAN ANDERSON: Of course, we are recommending

that they push through something to eat and some milk during

that rest period; that will rest them more than anything

else.

DR. DAILY: Do you want that as a part of the

recommendations that there should be—

CHAIRMAN ANDERSON (Interposing): It will go into

the general standards of the place.

DR. HESSELLTINE: Of course, there are two things

they can do: Supply it or make it available so that they

may buy refreshments.

DR. DAILY: The more we can concentrate this on
the pregnant women the more effective it will be.

CHAIRMAN ANDERSON: To enumerate the things that we especially want.

MISS SCHNEIDERMANN: Couldn't you say an opportunity for refreshment?

MISS JOHNSON: Nourishing refreshment.

MRS. BELLANCA: During the rest period.

MISS RANTOUL: The most simple recommendations get left out.

DR. DAILY: The opportunity to obtain nourishing refreshment.

DR. BAIN: Nourishing food.

DR. DAILY: We had quite an argument the other day at one of our meetings about nutritional foods, which I thought was a new adjective to use with food--nutritional foods instead of nourishing food.

DR. BAIN: It is correct. It just startles you.

MISS RANTOUL: Food prescribed by a nutritionist.

DR. DAILY: We have the rest and the rest rooms back in. I don't know how many times they have been out. Let's go to employment policies and care of the mother and infant after delivery.

To safeguard the woman's health she should be granted sufficient time off after delivery to return to normal and to regain her strength. The infant needs her
care, especially during the first year of life. If it is essential that she return to work, the following recommendations are made:

A. A woman should be granted at least two months leave of absence after delivery.

That is applicable to all. We say that every woman should be granted two months leave of absence after delivery.

MISS RANTOUL: That is purely for the sake of the woman, I gather?

DR. DAILY: And the baby.

DR. BAIN: We are saying that she should probably stay home a year.

MISS RANTOUL: I was thinking in that case some provision might be put in to enable her to nurse her own child longer than two months.

DR. DAILY: Is it practical in most of our industries, today?

MISS RANTOUL: I don't know.

DR. BAIN: It is not practical.

MISS RANTOUL: On some shifts if they were given a half hour leave of absence, she could make it.

MISS SCHNEIDERMAN: It depends on where she lives.

DR. DAILY: She means the establishment of nurseries in the plant.
DR. HESSELTINE: And that means then she will have to nurse before and afterward on an eight-hour shift, and that would mean she would have three nursings. That two months is certainly a minimum. At least the baby should be started by that time.

DR. EASTMAN: I don't have anything to say on that. Artificial feeding is well established now.

DR. DAILY: We don't women to return to work. We don't think it is desirable that women return to work.

MISS RANTOUL: The German study recommended six weeks. It was recommended that six months was all right for her to return to work. Well, all the women who didn't have to return to work proceeded to take six weeks as the standard and refused to nurse after six weeks.

DR. DAILY: Do our women look upon our government in the same light as the government of Germany?

MISS RANTOUL: I don't know.

MISS SCHNEIDERMAN: I don't know.

MISS RANTOUL: I don't know what will happen when it comes to nursing infants.

DR. DAILY: Well, that is why we should say that women should nurse their babies and they don't have to return to work if they don't have to.

MISS JOHNSON: The matter is purely verbal. I wonder if in view of the fact that we have assumed that
the employer has granted the leave at the time she leaves in the first place, if you might say that the woman's leave should not be extended to two months? In other words, it is not a new leave, it is a continuation of the old leave.

MISS RANTOUL: It is the most important part of the whole thing.

DR. DAILY: It should be an extension of at least two months leave after delivery.

MISS RANTOUL: I think whatever leave she is granted prior to delivery, she should be granted at least two months after, regardless of how long she works. She should, at the minimum, be granted two months.

DR. BAIN: That is what it says.

DR. DAILY: All women should be granted at least an extension of two months leave of absence after delivery. Should we have a recommendation in here to the effect that it is recommended that unless the woman must work because of economic reasons, we don't believe she should work?

MISS SCHNEIDERMAN: I think we would be taking on ourselves too much. That is a bit too mandatory.

DR. HESSELTINE: Do you think people would take exception to that?

MRS. METTERT: No one could determine except the woman whether she could work or not.
DR. HESSELTINE: Now, from the point of view of whether the woman should take care of breast-feeding, the best feeding of that baby is from her own mother, and if we are entitled to the best possible race, that is what we should get.

DR. DAILY: Of course, if we come out and say no pregnant women should be employed, they will immediately adopt that policy. I can see the danger of that, even though we think it is medically desirable. They will just accept that and won't employ them after delivery.

MISS SCHNEIDERMAN: Yes, the other thing involved is that we know not all mothers know how to feed their children, what to feed them and how to take care of them.

CHAIRMAN ANDERSON: It seems to me that we should provide that for two months she should not go back to work until after the two months, and we have done what we should be doing, rather than to inject the other things into it. We are trying to state standards for her employment.

DR. HESSELTINE: The average mother will not be going back after two months unless she has to. I believe most of them will stay home if they can do so. It is probably a protective measure.

DR. EASTMAN: I think most of them will want to stay home.
MISS SCHNEIDERMANN: Shouldn't we have in the first paragraph "A" that a woman should be granted at least two months' leave of absence after deliver, instead of putting it out by itself?

DR. HESSELTINE: It stands out better this way. When it is in the text it sort of gets lost in the body of it.

MISS SCHNEIDERMANN: I see, but it is a little divorced from the first part.

DR. HESSELTINE: "B" is a modification of "A".

DR. EASTIAN: Do you think that we ought to say that to safeguard the woman's health she should be granted sufficient time off during that nine month period, or do you agree to grant her a longer time?

DR. BAIN: Well, it was just stated first in general terms, and then the recommendations that would meet those general terms.

DR. DAILY: I think that might well be brought right in. To safeguard the woman's health she should be granted an extension of at least two or three months after delivery, but preceding that we would put in that qualification.

MISS SCHNEIDERMANN: Yes, and have this in capital letters so that you can call it to the attention of them.

DR. DAILY: I think that can be worked right in
that first sentence.

"B", should complications of delivery or the postpartum period develop, a woman should be granted reasonable additional leave beyond two months.

We should add: following delivery.

Again, should we have that on the basis of a medical certificate in the wording that we had for complications of pregnancy? I mean, to make your recommendations consistent.

CHAIRMAN ANDERSON: I think so. Some of them might stay home and say, "I have a right to stay home."

DR. DAILY: On presentation of a certificate to this effect from the attending physician.

DR. HESSELTINE: I think the recommending of that is justified because all may not be justified after two months because some of them maybe will not have a prolonged convalescence necessarily.

DR. DAILY: That is a difficult one to handle. What is a reasonable leave, and how might that be abused? I don't know. What if the doctor says she shouldn't return for six months. Are we to expect the employer to hold that position open for her for six months or more?

DR. EASTMAN: From the standpoint of the mother, no; from the standpoint of the baby, yes. Of course, situations are different. Who is going to look after the

Provided by the Maternal and Child Health Library, Georgetown University
baby, because the baby is going to suffer from the mother's going back early, rather than the mother.

DR. DAILY: Say that a lot of women in an industry came with such medical certificates from their doctors asking for six to nine months' leave after their delivery, are we fair in saying that they should keep the jobs open for such people?

MISS SCHNEIDERM AN: Well, they couldn't in this emergency, because the emergency is such that other women will have to be taken in their places. Would you discharge these other women?

DR. DAILY: That is the point that we have had here in the Government as to what is a reasonable leave, and we have all been pondering what to do about this. This girl comes in and takes all of her annual leave and sick leave which is sufficient for her antepartum leave and postpartum leave, and she asks for an additional leave to be granted without pay for an almost indefinite period—it may run six months or eight months. Now, where are you going to draw the line? You have got a job there. You have a position of tremendous responsibility in that.

DR. BAIN: I believe she ought to stay home for a year.

DR. DAILY: But is it fair to the employer?

DR. EASTMAN: You are going to make it so that
if a woman comes in seeking employment and she is asked
the question, "Are you pregnant?" and she says, "Yes,"
she won't get the employment.

MISS NORD: I think it is a bit complicated. In
different plants you lose your seniority if you stay out for
a period of time. The lengths of time differ in different
plants. Sometimes it is three months and sometimes it is
six months. If you have to be out for longer than that
you ordinarily lose your place. It may well be that a
woman who has stayed out for pregnancy, and then later on
found out that because of her condition she had to stay
out longer, then you are asking special consideration for
her. I agree that she ought to get special consideration,
but then, you see, there are so many other people who do
not get special consideration, and so you are singling out
special cases.

CHAIRMAN ANDERSON: In the first place, you don't
want to carry this thing too far because it is a special
privilege and you don't want to carry this too far so that
it is going to hurt the employment of women, as a whole.
Where there are several of them, you would have to have
special privileges for them anyway, so I think we ought
to be very careful that we are likely to hurt them in
the employment of women—all women.

MISS SCHNEIDERMAN: Well, I have worked
for the State of New York and I know something about that. Usually the girl who takes a whole year off does so because she can afford it. It isn't because of any complications there or anything like that. However, the girl who cannot afford it can't take that much time, and I do think that there ought to be some specifications under what conditions she can come back after the year is up. Sometimes they never come back after the year. They just hold it open and see how much they like staying home or being with the baby.

DR. DAILY: Well, we tried to protect her by saying there must be a medical certificate, but I know that is not sufficient.

DR. EASTMAN: Does anyone know what the regulations are in any large industrial plant? When are the women left out, how long a leave are they given; are they given a salary throughout that period, and does that depend on the previous length of employment? A woman who is employed three months becomes pregnant. What is done for her? If she has been there five years, what is done for her? What do we need?

DR. TOWNSEND: There is no common policy.

DR. EASTMAN: What is the common policy?

MRS. BELLANCA: I don't know of any who get paid during the time. I don't know of any cases at all.
DR. DAILY: Where the employers pay them salaries other than where sick leave may be available to all groups?

DR. TOWNSEND: No sick leave, group insurance.

MRS. BELLANCA: If they have group insurance that takes care of that. That is an individual responsibility.

DR. EASTMAN: Are they guaranteed their jobs back?

MRS. BELLANCA: Within a certain limited time.

DR. DAILY: How long does that run?

MRS. BELLANCA: Two or three months, but within my industry there is no such thing as seniority, so the woman can come back any time if the work is open for them. In mass production work there is seniority right and that is where the complications come in. In clothing there isn't anything like that.

MISS NORD: We have one large plant where there are 5,000 women employed and they are allowed nine months' leave of absence; upon the return of the woman to work she gets an adjusted seniority rating. I think that rating merely deducts the time she is out. She receives no compensation. Her only compensation will be her vacation pay, if the hours worked will total sufficient to cover her on that point. In other places the way we take care of it is that you adjust as you go along in individual cases. If it is found that a woman had to stay out longer than
anticipated, you would take up her case specially and ask for special consideration for her. If you felt that because of her case--her economic status--she should merit special consideration, you ask for special consideration for her. You would take up the case using the individual method in that case to make an adjustment. We have no such settled standards that we try to follow. We go mainly by standards that have been set by particular plants that we are working with at the moment. Now, the policy has been changed in one particular plant where we are working, and in negotiating a contract, we are undoubtedly going to get time off for a leave of absence. The company's policy has been for six months' leave of absence with a woman retaining her seniority status; not losing any time except from her previous record of employment. That policy has recently been changed by the company, and the policy now is that the woman should quit her job, and if she goes back, she goes back as a new employee. So, you see we haven't given enough thought to it to see that any standards are set. I don't think we could because the standards vary with the size of the plant and the need of the employer to retain whomever he can. It is something I think ought to be done because in our industry women start early; they develop skill, efficiency and speed and the employer oftentimes would like to keep them.

DR. HESSELTINE: My memory doesn't recall all of
these to me, but I will refer to the companies as nearly as
I can by letters. One company in Chicago—quite a large one—we will call it SP, requires that all of its pregnant
patients quit work after the end of the third month, and
they allow time off, I believe, without loss of seniority
or position. I believe they are permitted to come back
either in two or three months within their postpartum period
but they insist on leaving at the end of three months.
Another institution—I won't call it a company because it
is an institution, not the University of Chicago—has the
ruling that the individual may be out, I think, after the
sixth month, and I think they are given some six or nine
months after that time, but it is a long time. They can
come back without loss of time to that institution. A
third institution which has more or less of a national
scope and which has one office in Chicago has again
something which I can't recall at the moment, and I would
rather not go into. Just to give you some inkling, there
is nothing consistent about them. I mean, each one of
them has their individual viewpoint as to how to handle it,
and you ask them why and they say that is the way to do it.
Some of them have almost gotten to be traditional, and
others, I think, are willing to modify in whatever way it
would be sensible.

MISS NORD: Is it not true also that some companies
because of the need for additional workers, are changing their old traditions and established policies, and any recommendations coming from us might find a welcome reception? I am thinking not so much of pregnant women, but the attitude of some offices in the employment of married women. In Hartford, the large insurance companies did not employ women six months after they had been married. Now, they are glad to employ married women. I think it is typical of the change of attitude. I am wondering if it will continue or if it will revert back?

CHAIRMAN LENROOT: Of course, it may be very hard to get the war industries to grant leave because they don't know—well, it is an emergency thing for the duration, and the question of holding open jobs for long periods sometimes may present difficulties, I would think. What do you think about that, Miss Anderson?

CHAIRMAN ANDERSON: Oh, they couldn't do it because the question there is production.

CHAIRMAN LENROOT: What was your decision about this last point, then? Dr. Bain, what was the decision?

DR. BAIN: On which point?

CHAIRMAN LENROOT: On number three.

DR. BAIN: We have covered them all down here.

CHAIRMAN LENROOT: You were talking about the question of safeguarding the right of a job.
DR. DAILY: Especially about the total amount of leave. We got to questioning this two months and the others said that they may have a reasonable time beyond that, and how much is reasonable and to what extent six months should be the maximum leave a person should be granted for maternity.

CHAIRMAN ANDERSON: I thought we had in there the question of presenting a certificate from a physician for an extra leave. I think those are really for case workers.

CHAIRMAN LENROOT: Yes, it is hard to develop that.

DR. TOWNSEND: I think a reasonable additional leave should be given.

DR. DAILY: On a doctor's certificate.

CHAIRMAN LENROOT: Would you want to put in on a doctor's certificate?

DR. BAIN: And with a certificate to that effect.

CHAIRMAN LENROOT: Well, then, you have completed the statement. Have you discussed at all what leave means? I assume that it means leave without pay with seniority rights and the right to return to the job. Is that the general understanding that that is what is meant by leave?

DR. SCHMIDT: I believe that some industrial plants are instituting commercial disability insurance with many exclusions, and I wonder if it would be appropriate to
suggest or recommend that such insurance should also
cover disability arising from causes associated with
pregnancy?

CHAIRMAN LENROOT: Is it possible to get it in-
cluded?

MISS RANTOUL: Well, I don't know anything about
what other companies are doing. I know that our own
standard accident policy allows six weeks for pregnancy.
Then, if they want to have care, some medical care stipula-
tion, they have to buy the hospitalization benefit policy,
and that takes care of a large proportion of that.

CHAIRMAN LENROOT: Would you think it was desir-
able to include a recommendation where disability insurance
policies are used that that should include maternity pro-
visions?

DR. DAILY: I would only put out a warning.
Saturday, I heard the Insurance Commissioner of the State
of New York give a paper on insurance in relation to mater-
nity and he was bringing out the point that in the group
hospitalization plans, that all of their figures had been
completely upset by the inclusion of maternity. Originally,
that wasn't included. They built up their huge surpluses
and then they began including additional things to bring in
those maternity patients who needed hospital care, and they
found that all of their figures were completely upset, and
that it financially wrecked their whole plan because these women took out insurance as soon as they married or as soon as they expected to have a child. They took out insurance and dropped it at the end of that time, and he said it is one of the most difficult things for the insurance companies to handle because of the unpredictability of it.

MISS SCHNEIDERMAN: The reason that it almost wrecked them was because they allowed thirty-one days' hospitalization and, of course, most women took the thirty-one days in the hospital rather than going home and doing their own work and not having anybody help them with the baby. They changed it afterwards, I think, to twenty-one days, and they are allowing now that period.

DR. DAILY: They adjusted their days.

MISS SCHNEIDERMAN: Miss Lenroot, I would hate for us to say without pay. I don't think it is up to us.

CHAIRMAN LENROOT: I shouldn't think that we should put that in without pay.

MISS JOHNSON: Doesn't it leave implied that the employer will still have the business? Now, he may keep the place open but if he loses it or his business is not a continuing one, it is not a continuing obligation. Would that be the case if a business went out of business in your textile mills?
MISS NORD: They can't get a job if the job is not there.

MISS RANTOUL: I am just wondering if it isn't rather consistent with the idea that pregnant women should not work unless they have to, I mean, if the employer chooses whether he wants to have it in or not; whether he wants married or pregnant women to work for him, except when it is economically necessary.

... A discussion off the record then ensued ...

CHAIRMAN LENROOT: I wonder if we ought to make a little more inquiry as to what the practices are?

DR. HESSELTINE: Of course, this insurance on pregnancy, as Dr. Daily, pointed out has some flexibility, because it can be elective. The Chicago group require that the insurance for hospitalization, for instance, be in effect for one year before the patient can have any benefit from it. In other words, a safeguard to see that they just don't decide to take it out in order to have a baby. Now, they might have riders that you have to be employed by a company for such a length of time before it becomes effective, because of the economic liability to the insurance companies—they might have to safeguard themselves in order to have that backlog.

CHAIRMAN LENROOT: Well, couldn't we say that wherever possible group insurance should include maternity
insurance? Let's leave it that group insurance plans should contain provisions for maternity.

Now, we have been in session since nine. It would seem to me that we might profitably devote another hour to the discussion of the question of community organization and the relation to industrial health plans, and the use of the statement; and there were some questions I wanted to raise about that. I want to ask your pleasure whether you would be willing to adjourn for lunch or whether you would like to see if we couldn't finish it in half an hour. Would you prefer to try to finish up before adjourning?

... The committee so indicated ...

CHAIRMAN LENROOT: Was there discussed in my absence, Dr. Daily, anything more in relation to community organization in regard to maternity care?

DR. DAILY: No.

CHAIRMAN LENROOT: It seems to me that there were some very important questions. There was a statement inserted in the beginning that facilities should be available for maternity care. It is a very interesting question in relation to industrial health and medical services in the plant, and I thought we might explore a little further the extent to which we ought to encourage industrial health services in plants to provide special opportunities, we'll say, for their staff to have instruction on maternity care, or
facilities for holding clinics in plants where it could be arranged through cooperative arrangements with the clinics, or whether we ought to urge that in a large plant employing large numbers of women, whether some consideration ought to be given to the training of a nursing staff in maternal child health work. I would like to raise a question from the union representative as to whether they would want to point out anything which shows an indication in this direction?

That is, from the point of view of industrial policy, should we put major emphasis on the availability of community services and relatively less emphasis on the services within the plant, or is that a type of thing you feel we could full steam ahead on, and urging the industrial management to provide just as much as they can in the way of service?

MISS SCHNEIDERMAN: I think it is very important that we put emphasis on community welfare because they will be there after the war, and that should be our purpose of developing them so that they will be permanent; whereas, in some sections of the country where plants are now situated we don't know what will be there after the war is over; and, therefore, I think that the emphasis should be entirely on the community clinics.

CHAIRMAN LENROOT: Do you think that you--

DR. TOWNSEND (Interposing): Only thirty per cent
of the workers have medical coverage part and full time, and we have been trying to bring the local health services into the plants, and there has been that little barrier; and in some places the full time county health officer has wanted to go into the plant and do some work with the plant physician and they didn't want him in there. I think that was purely a misunderstanding, but I do think that the local facilities can be a great help because after all, these people are a part of the community. They just happen to have a job in a certain place. They take part in the community life and they deserve the use of those facilities.

CHAIRMAN LENROOT: I think it is much sounder planning.

DR. DAILY: We might wish to urge that local health departments and other health groups make available in these new industrial plants clinics, and especially that they extend the services and eventually conduct their clinics within the bounds of the plants.

MISS SCHNEIDERMAN: That would be all right.

CHAIRMAN LENROOT: And that the personnel management or any health service within the plant should make fully available to employees information about where they could obtain health services?

DR. DAILY: That is so. Emphasize that.

CHAIRMAN LENROOT: And work out arrangements with
health services so that they would bring to the attention
of the community health agency the health of their employees.
I think we could include that in a general statement of
community health organization.

DR. TOWNSEND: I see that the majority of the
small plants are plants that have no medical facilities.
The big places like Eastman Kodak and General Motors and
du Pont, Hercules are pretty well covered, but these little
people are not.

DR. HESSELTINE: A small plant of 500 people will
have how many pregnant people at any one time employed? It
will probably be easier to arrange for special services
for them in the public health department or local medical
profession, if available, rather than try to set up something
in a smaller plant. I think from the viewpoint of local
cooperation it has to be flexible as to what will be best
for any given community. I think both will have a better
relationship.

CHAIRMAN LENROOT: In calling together this little
group, Miss Anderson and I had not clarified entirely how
this statement would be used. We thought we would have to
have a smaller group because you can't draft a statement
with a great many people participating. There is need
for a pretty immediate issuance of a statement of policies.
Do you feel if the Children's Bureau and Women's Bureau
issued this statement stating that it had been arrived at with you and naming you, that it could be put out at once? Do you feel that we should have a larger group in order to have authority for this statement, or how do you feel that a statement would be best put out?

MRS. BELLANCA: How would you go along getting this larger group and how soon? Because of its urgency, how are you going about calling a larger group?

CHAIRMAN LENROOT: Of course, we could call a group of twenty or thirty people together that would include more representatives of more unions and others, but if you would feel, for instance, the unions would be interested in circulating this kind of a statement. Do you think, Dr. Townsend, that we could get it into the hands of management and that it would have sufficient weight as having been developed by this group and the two bureaus?

DR. TOWNSEND: I would think so. The more people you get the longer it would take, and this opus we have agreed upon would be torn to pieces.

CHAIRMAN LENROOT: Then, do you agree that we could put this out as developed through your participation?

MISS SCHNEIDERMAN: I think so. People don't like to be called in with a thing that is already made. They would feel that they had no part in it and they wouldn't relish giving up a day just to say "O. K." to it.
CHAIRMAN LENROOT: Do you think that the unions would be interested in circulating it quite extensively?

MRS. BELLANCA: I think so.

DR. TOWNSEND: In their own publications.

MISS NORD: Just as we published the findings by the group called together by Miss Anderson. A lot of copies were sent to the unions and mailed to their unions and representatives.

CHAIRMAN LENROOT: Do you think, Dr. Townsend, there is any need, for instance for a sort of advisory group made up somewhat as this is that might be called together—I don't mean a permanent advisory group—to work in connection with our project, or will this give you enough assistance?

DR. TOWNSEND: I think it would be very advisable to have such a committee because this problem is just beginning.

CHAIRMAN LENROOT: Would you be willing to help us set up this so that as other problems come up, arrangements would be made for conferences? Would you think that desirable?

MISS SCHNEIDERMAN: Yes, I think so.

CHAIRMAN LENROOT: Dr. Hesseltine, what about your committee? How do you work with your committee? Do you think it desirable as the work of your committee progresses.
to have further consultation on other aspects?

DR. HESSELTINE: Well, I can say we have not had together our committee, but I think that from what little information I have gotten from this advisory group individually or directly that we will appreciate cooperating with and receiving cooperation from any and all sources that will give us information and help us arrive at what our duties are supposed to be, as well as go with others and help them in their problems. Very frankly, that is about as much as I can say, because I don't have anything specific. Personally, I am going to insist upon that type of attitude, of very full cooperation because we have a very important thing to do.

CHAIRMAN LENROOT: If you work it out on that basis then you can let us know what points you have developed.

DR. DAILY: Perhaps, they can assist us also in getting whatever recommendations are developed into the hands of the medical profession.

DR. HESSELTINE: I personally would like to see in this if you care to add it in, that we refer to medical care, and avoid the use of the word "clinic", because in one community it may be a clinic and in another community it may be the public health service and in a third case it might mean the doctors in the community.

DR. DAILY: We have hoped all along that the facilities
are available.

DR. HESSELTINE: Like most of the men on my committee, I would like to see that type of thing, and I think it would be a good thing.

CHAIRMAN LENROOT: We will bear that in mind.

DR. HESSELTINE: I think we must try to seek information, specific, detailed information, probably not from a great number of companies, but some that are willing to cooperate and give us what they can. Now, some of the men on my committee are personally acquainted with company doctors of some of the larger companies directly or indirectly, and I think we can get some data that will be beneficial for our needs.

CHAIRMAN LENROOT: Do you know whether you will have the possibility of much financing for your participation?

DR. HESSELTINE: We haven't gotten into that as to how much financing and how we will get it. It hasn't been crossed yet. We will have the help of the Council on Industrial Health, AMA; how much, we haven't gone into yet because the thing was just started. I wasn't aware that I was on the committee and I probably knew less about it than anyone else.

CHAIRMAN LENROOT: Do you feel as Dr. Eastman does now about the need for a study?

DR. HESSELTINE: Well, I have been reading, and I
read last night on the train the annual confined figures, but I don't know what they mean. You can get data about it—there is some in 1932 or '34 in the publication of the International Labor Office which has a fair section there of several pages in the back of the second volume on that, but I don't know what they mean. Maybe I was too thickheaded.

MISS RANTOUL: The figures will prove anything you want them to. It has multiple causes, and probably the most important cause is the economic condition of women.

DR. HESSELTINE: It may have been the germ plasma has had no effect on the causes. I am quite in accord with Dr. Eastman. We can get references, but to really get down to what is the evidence, I think we have only some very circumstantial evidence.

CHAIRMAN LENROOT: Would it possible that any of the foundations would set up a study?

MISS NORD: Would it come within the jurisdiction of the State Department of Occupational Diseases? For instance, in Pennsylvania and in Connecticut that might be possible. I don't have anything to do with Pennsylvania, but in Connecticut I did, and we went into the question of finding out whether there was any danger from CO₂ poisoning.

DR. HESSELTINE: I am referring to the infection of the pelvic organs of women pregnant or not.

CHAIRMAN LENROOT: Do you know about that, Dr.
DR. TOWNSEND: Whether that data can be collected or not?

CHAIRMAN LENROOT: Or whether there would be resources for studying that?

DR. TOWNSEND: There may be. I am not so sure about it.

CHAIRMAN LENROOT: I think we want to explore this question further.

DR. HESSELTINE: Do you have any suggestions?

DR. BAIN: One thing that we could get is what are the practices in plants.

CHAIRMAN LENROOT: We should get information on practices and insurance practices, but I was thinking of scientific experiments on control of maternity.

DR. HESSELTINE: I was a little bit in hopes that at the Chicago meeting I might be able to get a group of the company doctors and discuss the problem with them and get the support of the companies to cooperate, because some of the companies have shown quite an interest in their employees. I think their attitude has changed.

CHAIRMAN LENROOT: We are bearing those things in mind.

DR. DAILY: This is the time to do it, and here is a real opportunity to get some factual information.

DR. HESSELTINE: We have two problems, one involving...
reproduction, involving sterility and the effect of conception on the uterus, and what will happen to it in after birth, and what will happen to the mother during pregnancy; and the other part deals with a non-pregnant individual who may have been pregnant or will never be pregnant—menorrhea and prolapses and other things which come back to it, and the whole thing is open, I think, for an accumulation of data. It is going to be too slow a process. Perhaps, some of these foundations might be interested.

CHAIRMAN LENROOT: Now, there is just one more question I would like to ask.

MISS SCHNEIDERMAN: What are we going to say about the communities that have no maternity centers or clinics of any kind? I mean are we saying nothing about that?

DR. HESSELTINE: Medical care should be available in every community.

CHAIRMAN LENROOT: Have you anything about a more specific suggestion?

MISS SCHNEIDERMAN: I am worried about that. You take a community now which has 20,000 workers which formerly had a population of 5,000.

MRS. BELLANCA: Or even 400 or 500.

MISS SCHNEIDERMAN: Now, certainly that community would not be able to establish community medical care. Would
it be the state government or the federal government's duty to provide that?

CHAIRMAN LENROOT: I would think that would come under the amendment to Title 5.

MISS SCHNEIDERMAN: Then, don't you think that we ought to say something about that in our statement that we call on Social Security to make that possible in that area?

CHAIRMAN LENROOT: It would be all right with me if you wanted to make that recommendation. I think we could consider it as a recommendation.

MISS SCHNEIDERMAN: It is wise, even though it may be considered only a dead letter.

CHAIRMAN LENROOT: I may say that was the reason I left the room.

MISS SCHNEIDERMAN: I have been thinking right along—we talked about leave with pay and so forth. Is there anything in the Social Security law that would make possible benefits?

CHAIRMAN LENROOT: If the Social Security Act should be opened generally for amendment and the sentiment in the press is that it would, it would include recommendations at that time with reference to a health program. I don't know. Do you have any light on that, Dr. Townsend?

DR. TOWNSEND: No.
CHAIRMAN LENROOT: Of course, it has been under great discussion. What ought to be done for providing general health services and medical care—remember the Wagner Health bill? If the recommendations of the National Health Conference had been put into effect, you would have provisions of this kind.

Would you have to have this group express that it thinks that Federal action is essential to meet these needs?

MRS. BELLANCA: Is there any chance of opening the question of these problems within the Social Security law right now?

MISS SCHNEIDERMAN: What about medical centers?

CHAIRMAN LENROOT: You could expand the medical and maternal child health. We have set up funds from our B fund to assist states which are setting up plans for maternity care for wives in the service.

MRS. BELLANCA: That is altogether different. This is more plausible.

CHAIRMAN LENROOT: There are two questions: One is the question of community health facilities. We need more funds for grants to the states, and we are working all the time getting information from the states as to what the needs are in defense communities. We have a fairly complete statement of the needs in defense communities for maternity care and health care for children. It is a question of
finding the wise strategy for presenting that, that is, do we do it through amendment of Title 5 of the Social Security Act? If we do that does that have to wait until there is general agreement that the Social Security Act should be opened for amendment? It takes some months, at least, to get it through; or can it be presented as a special appropriation without reference to the Social Security Act? Some of these things are questions that have to be decided, and also how much money can be gotten from Congress. I think that is a very important situation. All those matters are under consideration now and if this group would feel that the expansion of community services was essential and that additional federal funds in the form of grants to the states are needed to make that expansion, that could be the recommendation of this group.

MISS RANTOUL: Do you think it will be possible to expand them at the present time?

DR. DAILY: Yes, I think the states are finding ways and means of expanding it. They are diluting personnel and putting in volunteer workers and other workers who work under the immediate direction of trained personnel. We have seen shifts where they have had to take whole services and moved them from one area to another and shifting them to another area. In spite of the fact that we talk about the fact that doctors are not available and things like that,
there isn't a day that our desks are not covered with requests from doctors seeking places. In other words, we unloaded populations from one area to another, and there are doctors who are not eligible for military service. It is not all as gloomy as it has been painted. Things are difficult but there are ways of solving them.

MISS SCHNEIDERMAN: Well, would the strategic way of attacking this be to extend this care that is available for men in the service to industrial workers in industry?

CHAIRMAN LENROOT: Yes.

DR. DAILY: It was recommended that the states use a portion of their funds for providing that.

DR. TOWNSEND: As a matter of fact, Congress has recognized that through their community health and recreation program, and this is just as important.

DR. HESSELTINE: That is just one part of the problem of the whole community that springs up. If the community can absorb them, then you have no problem, but where you build up your growth around an old community, that is where the concentration will have nobody, obviously, in those areas.

MRS. BELLANCA: Would it be a more expedient solution to press this problem for a quicker solution through the funds that are available or can be available rather than
going to Congress? I am very much afraid of how much
time Congress will take and I would rather take the prac-
tical and quickest method of getting it across. People
are talking about the need for community service and they
want to help, and they certainly recognize the need.

CHAIRMAN LENROOT: You mean allotment from
federal emergency funds. Well, it is very difficult to get
a substantial allotment without going to Congress for it.
I don't think it could be an amendment to the Social Se-
curity Act.

DR. TOWNSEND: Maybe some of these states could re-
organize their programs.

DR. DAILY: There have been enormous reorganizations
already.

CHAIRMAN LENROOT: Well, I think that all this
group could do if it felt that federal assistance be given
to the development or strengthening of maternity care facili-
ties, would be to recommend that. That is about all that
you could do today, because the decision as to how that is
to be done is under discussion.

DR. HESSELTINE: To effect those facilities where
there are no adequate facilities.

CHAIRMAN LENROOT: Federal funds should be made
available for assistance in the communities and industries
to strengthen and develop maternity facilities in defense
areas where such are not available to women employed there
in the industries.
DR. TOWNSEND: I make that in the form of a motion.

... The motion was duly seconded and carried unanimously ...

CHAIRMAN LENROOT: There is only one more question I want to ask while I have you here, and that is, we are very much concerned about this employment policy of married women who have children. We thought in terms of calling together a group representing labor and management and other interests, but primarily those concerned with employment and labor policies, to discuss some of the particular issues that come up in the day-care program. This group can't take the time and isn't as large a group as we thought should be called together for that purpose, but I wanted your suggestions as to what kind of a group we could get together in the near future.

Miss Perkins, Miss Anderson and myself have all taken a firm stand that women should not be recruited for employment as a patriotic necessity if they had children to take care of, that they were performing their service to the country when they were providing care for the children. How do you implement that policy? I think that you needed to strengthen the ability of the employment services to intelligently deal with women who might come in and ask for employment; that we might need community counseling...
services. So, if you had a community committee providing day-care, there would be qualified people on the staff of the committee or some agency who could talk with the mothers and give them advice as to what resources there were for care of their children; the very difficult problems that would be involved if they did enter full time employment.

Now, I would assume that there would be no question about the advisability of such policies, but when it comes to any indication that there should be barriers at the factory gate or questions asked by the person who has charge of interviewing applicants for employment as to whether they have any children and whether provision should be made for their children, I should imagine that that would present a great many problems as to whether the unions who consider it a legitimate responsibility of employment—management. What do you think, Mrs. Bellanca?

MRS. BELLANCA: I don't know. It is very hard to say. Our industry doesn't have very much of this problem and how it would react on others. Have you any information as to how many married women who have children to take care of, are seeking employment out of patriotic motives because they think it is necessity for them to work in defense industries?

Here the Labor Department and the employment services make a statement that there are plenty of workers
available, and then we talk about the married women going to
work out of patriotism. It is inconsistent. Now, I am
for the person who is on the employment rolls to get a job.

CHAIRMAN LENROOT: Well, for instance, I under-
stand there was a full-page advertisement in New York by
some group interested in providing care for children--
day-care provided for married women working. That type
of thing ought to be discouraged.

On the other hand, I was up in Connecticut which
has felt the impact more than other states and they had
a delegation from Bridgeport and Bristol and other com-
munities that were concerned about this problem; and Bristol,
I believe it was, said that within a few months seventy-
five per cent of the employees in the industrial establishments
would be women, and fifty per cent of the women would be
married women; and in Bridgeport the manufacturers association
made a proposal which was frowned upon, of course, that no
employer should employ a married woman unless she could
present a certificate from a social agency that her children
were receiving proper care. Of course, neither the social
agency nor the people who had an intelligent point of
view with working women would want that kind of setup;
but it is going to require some pretty definite statements of
policy of where the responsibility of the community is and
where the responsibility of industry is in this field.
MRS. BEILANCIA: Is there a shortage of workers in this area? What is the Manpower Board supposed to do about it? They are supposed to shift workers from one community to another in order to make up the needs and they are supposed to be men and women who are not working, who can be spared.

CHAIRMAN LENROOT: The Manpower Board is considering all these questions and it is clear that we should not recruit married women with home responsibilities, but actually the facilities for housing are so limited in some of these communities that we can talk about it all we want to but it is going to happen some of these communities.

In Bridgeport, they had an actual school census and they found 2500 children without adequate care, and that story can be repeated in a number of communities so that we are trying to face the thing so that on the one hand we don’t seem to be encouraging the employment of married women, when it isn’t wise, and on the other hand we are encouraging community efforts for development of care for children when it isn’t there. I did feel that some of these questions and some of the other questions like the question of the nightshift that we discussed earlier ought to be thrashed out with a committee which would include representatives of several of the unions and management, so that we could explore these questions further.
MRS. BELLANCA: Shouldn't that be dealt with on the basis of community needs?

CHAIRMAN LENROOT: Well, now, take the midnight shift in Bridgeport. We will assume that there are 4500 children in need of care. There is not enough of the defense service to meet that need and some of these women are employed on the midnight shift. Now, we hesitate to discourage day-care centers to take care of children four hours a day, because it gets into the institutional type of situation that is exceedingly difficult and in fact, in Bristol, which is a smaller community, they had forty-six children without any supervision. Only two of those children at the time of the census had mothers employed on the midnight shift. Now, in order to take care of two children should you change the operation of your center, or in that very small type of case could seniority rights and management rights be shifted so that those women would be able to take care of those children at night and not have to operate at the center four hours a day? Those are very practical questions that get into your seniority problems and other problems.

MISS NORD: In some places—we had a plant near Bristol—the operator has bothered us for months; he has had a very difficult time getting help. It looks almost as though a difficult situation has developed, and then you
have to find a way to adjust to the situation rather than standing on the policy, which I understand was your first approach, of what shall we do to prevent it? I don't see how you are going to prevent it. It is a matter of how we are going to adjust to it. We are not going to have employers refuse employment to married women who come to them for jobs, and I don't think that is going to happen.

CHAIRMAN LENROOT: Would you agree with me that the unions and people you stand for would feel that it was undesirable to have any inquiry at the factory door of whether the mother is providing good care for that child?

MISS NORD: Definitely.

CHAIRMAN LENROOT: It seems to me that goes against the grain, and I think that even a simple thing as a statement from a representative group would be desirable for even such a simple thing as that.

MRS. BELLANCA: What have you in mind? To make a statement?

CHAIRMAN LENROOT: I thought that we could get representatives of six or eight unions in mass production.

MISS NORD: In a lot of places you don't have facilities. I am thinking of one large woolen center that has a day nursery which certainly is not adequate, I think, to take care of all the children I think need to be taken care of.
CHAIRMAN LENROOT: I thought it was better to wait until we saw what the federal program was to be.

There is in the mill an attempt to get a federal appropriation to assist in providing care. Mr. McNutt's office is very much interested, but it is just being explored with reference to the Bureau of the Budget, and how it is to be done. Probably we had better wait until we see whether it can be financed. Then, if we find that a considerable amount of federal money is to be available to defense grants state agencies at that time, I should think we might call an advisory group to go into definite policies on the employment side.

MISS NORD: I have been interested in another phase of this situation. On the one hand I have just said that there are not sufficient facilities, but then on the other hand, there are a great many. The thing that is going to get us the best kind of facilities and the best kind of assistance for pregnant mothers, and mothers who need relief and leave their children in day nurseries, is the extent to which they are educated. We have in one large manufacturing center a welfare house which has established fairly good clinics and day nurseries, but it doesn't seem to me that some of these facilities are used to the extent that they should be or if they were and people were aware of them and educated to the need as to their use, we would have a much larger center than we now
have. I am interested in educating working people, not only mothers and women, but all workers in general. Here is a center which should be used and whose services should be used and extended. I am interested in having more of our people know about such things because we will never get adequate facilities.

CHAIRMAN LENROOT: Until we get the support and interest of the people.

MISS NORD: Perhaps, it is not to the point to speak of this now, but we are not going to get adequate facilities.

MRS. BELLANCA: It is the same thing.

CHAIRMAN LENROOT: Do you think it would be desirable for the Children's Bureau within the next three or four weeks to call together a group of twenty or thirty people, whether or not we have the money at that time, to open up the problem of the need of policies? Would you think that would be helpful?

MISS NORD: Yes.

MRS. BELLANCA: Yes.

CHAIRMAN LENROOT: What unions would you suggest as the leading ones?

MRS. BELLANCA: The mass production industries like steel and auto.

CHAIRMAN LENROOT: And management.

Provided by the Maternal and Child Health Library, Georgetown University
DR. HESSELTINE: If I may just ask a question? Are these mothers going into employment given a physical examination other than the examination that is given to the other employees?

MISS SCHNEIDERMAN: They are not given any examination.

CHAIRMAN LENROOT: What we hope—we have plans worked out. We have published plans—for instance, there is an article by Miss Lundberg, "Day Care of Children of Working Mothers," and we envisage having a community program with provision for medical care with counseling or advisory service to mothers where they could get care, for developing types of cooperative neighborhood projects. For instance, in Bridgeport people said that even if they go right ahead and get some centers it would only care for ten or twenty per cent of the total, because with 500 children you couldn't get conceivably more than two or three centers started within the next two or three months, and would only care for two or three hundred children; and it was the type of service where they could have qualified people in the center. The trouble in Bristol was not having adequate supervision, and because all kinds of unfortunate things were happening in the homes where these children were placed for day-care.

There are six children with minor ailments. There
are some who are not used to the psychology of groups and those would do better in the right kind of individual care, and they told of the instance of a widower of five children under thirteen or fourteen years of age and no woman in the home, and the children were not doing well in school; and in this day-care service they had set up they found a very competent woman of sixty living alone in the same block who was perfectly willing to take those children before and after school. We are interested in it not only from the standpoint of pre-school children in nurseries, but children of school age up to adolescence, because we feel they need some planning for them.

MISS NORT: There again, Connecticut has some excellent child placement centers.

CHAIRMAN LENROOT: They are extending their regulations to cover these day-care homes, but again it gets to a question of money. The communities need money for these special workers and for supervision of the home, medical care and supervision of all of these things.

MRS. NETTERT: The after-school group would be useful with respect to schools and parks and playgrounds.

CHAIRMAN LENROOT: Yes, all of those things ought to be developed in an overall program. Before school, after school and leisure type. We don't feel that you can answer the problem by saying, "Establish more day nurseries."
is a much broader thing than that. We will then proceed
to consider the possibility of a conference in three or
four weeks on this broader subject.

Is there anything else that anybody has to say?

Thank you all.

... The meeting adjourned at 1:15 p. m. ...