THE WEBSTER SCHOOL

A District of Columbia

Program for Pregnant Girls

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IN THIS SERIES of publications, the Division of Research of the Children’s Bureau reports the findings of studies of child health and welfare services and of matters relevant to providing such services. Most of the studies in the series were conducted as part of the Bureau’s programs of research and demonstration grants. Some, however, represent work carried on by the Bureau’s own staff, and some the work of investigators not associated with the Bureau. Whatever the source, the primary purpose of the series is to promote the utilization of research findings by those who make policy and those who administer programs in the fields of child health and welfare.

To report the findings of research and factfinding efforts is not a new activity of the Children’s Bureau. Indeed, for many years the Bureau’s chief means of carrying out its mandate to promote the welfare of American children was to report the findings of investigations carried on under its auspices. Through these publications many conditions adversely affecting child life in the United States were revealed, and from them many remedial actions flowed.

The very success of these publications resulted in a relative diminution in their volume. For among the changes in American life that the Bureau’s investigations helped to produce was the passage of the Social Security Act, under which, among other matters, Federal participation in the support and fostering of public child health and welfare programs was authorized. Several of these grant-in-aid programs were entrusted to the Children’s Bureau to administer, and recent amendments to the act have increased the Bureau’s responsibilities in this respect. The result has been that for many years the Bureau’s efforts have been directed largely to the setting and maintaining of standards for the operation of these service programs and to the compilation of the relevant statistics. Reports of research and reviews of research findings have been published from time to time, of course, but the main thrust has been in other directions.

Recently, however, the Bureau’s capacity to produce studies has been greatly augmented by the establishment of programs of research and demonstration grants in child health and welfare. Supported largely by these funds, many investigations are now underway or have been completed. What has been lacking so far is an effective means of bringing the findings of these and other important studies to the attention of administrators and practitioners in a form in which they can be put to use. It is to this objective of research utilization that this new series of Children’s Bureau publications is addressed. We hope that through these reports this objective can be significantly forwarded.

HELEN L. WITMER
Editor

CHARLES P. GERSHENSON
Director, Division of Research

P. FREDERICK DELLQUADRI
Chief, Children’s Bureau
SOCIAL and REHABILITATION SERVICE

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THE WEBSTER SCHOOL
A District of Columbia
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MARION HOWARD
a study funded through the Child Welfare Research
and Demonstration Grants Program

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INTRODUCTION

AMONG recent developments in the field of services to unmarried mothers, "comprehensive programs" for pregnant adolescent girls are arousing particular interest. This is not only because of the age of their clientele and the hope and challenge this presents both for ameliorating the girls' present situation and for improving the outlook for their future. It is also because these comprehensive programs are so diverse in their auspices, organization, and manner of providing services that they offer an unusual opportunity for comparative studies and, through such studies, for determining the most promising means of serving these young women, who are steadily increasing in number.

The present report describes the activities, clientele, and accomplishments of one such program during the demonstration-research phase of its development—the Webster School Project in Washington, D.C. This project was carried on during 1963-66 by the Board of Education of the District of Columbia, in cooperation with the District's Department of Health and Department of Welfare. It was financed in part by the Children’s Bureau under its program of research and demonstration grants in the field of child welfare. At the present writing, the Board of Education is continuing the program through funds provided through the Elementary and Secondary Education Act. The present report was prepared by the author under the Bureau’s supervision. As a report of a demonstration project and its findings, it does not necessarily reflect either the views or the policies of the Children’s Bureau.

In addition to a detailed account of the Webster School Project, the report contains brief descriptions of 35 other comprehensive service programs whose names came to the author's attention through her review of the literature and her search of the Webster School Project's file of visitors and inquiries. While this list undoubtedly does not include all the programs of this sort that are currently in operation, it serves to suggest the present diversity in the field. We hope that this brief portrayal of present efforts, placed in juxtaposition to a detailed analysis of one program's achievements, will stimulate evaluative studies whose findings can be compared.

THE EDITOR
I. THE PROBLEM

HOW to provide schooling and needed health and welfare services to school girls who are pregnant is a problem of increasing urgency in many communities. Schools, of course, have always had among their students some girls who became pregnant. In recent years, however, the number of such girls has apparently increased markedly, especially in large cities and especially in the “inner-city” schools.

There are various possible reasons for this increase. In part it reflects the simple fact that both the total child population and the high school population are much larger than they used to be. In part the change in number of high school pregnancies may be the result of the increase in early marriages. In part it may be a reflection of less sexual restraint among those not yet married. In greater part, it is probably attributable to the changed character of the high school population in most large cities: a larger proportion of nonwhite students and of students from low-income families.

The increase in pregnancies, it is important to note, does not stem from a change in the overall rate of illegitimate births among teenagers; that is, from an increase in the number of births out of wedlock per 1,000 unmarried teenage girls. That rate has remained fairly constant (approximately 16.5 per 1,000) since 1957. At present about 2 percent of unmarried teenage girls bear out of wedlock babies, but the actual number of such babies is increasing because there are more girls to become pregnant. In the United States in 1966, there were over 70,000 illegitimate births to girls less than 18 years of age.

The increase in pregnancies among high school girls is also not attributable to an increase in the illegitimacy rate among young Negro girls. In fact that rate—although it is nearly 10 times as high as the white rate—has declined in the last 10 years. The increase may be due in part, however, to the fact that the proportion of big-city dwellers who are Negro and poor has increased considerably in recent years. Because of this, the rate as well as the number of illegitimate pregnancies among high school girls in big-city schools may have gone up.

School systems throughout the country have traditionally dealt with pregnancy by excluding the girls from school. Currently some school systems provide home instruction for these girls, usually on a minimum basis. Some permit girls to attend night school classes or receive instruction under some form of adult education. Very few permit pregnant girls to remain in their regular classes or provide them with an equal amount of schooling elsewhere. Moreover, most school systems are not eager to have girls return to school after childbirth and willingly excuse them from child care even if they are still of compulsory school age.

For several reasons these responses to the problem are clearly unsatisfactory. First it is apt to be demoralizing for girls to be unoccupied—neither going to school nor having a job—during the long months of pregnancy. This may be especially true for Negro girls, since they are much more likely than white girls to remain in their own homes during pregnancy, and to keep their babies afterwards.

Second, the policy of exclusion from school may mean that the girls do not secure proper health supervision early in pregnancy. Knowing they will be dropped from school upon discovery, many girls hide their pregnancy as
long as possible and begin health care late, if at all.

Third, many girls who are dropped from school never return—sometimes because they would be as much as a year behind when they could reenter. Since school completion is increasingly needed for satisfactory employment, girls who quit school generally begin in and remain in low-paying, unskilled jobs. Moreover, the number of such jobs is declining, while educational requirements for those that are available are continually being raised. The result is that these girls' long-range outlook for employment at adequate wages is poor.

In addition to these negatives, there is the mounting public ire over financial support of illegitimate children through public funds. Recent Federal legislation attempts to reduce the number of recipients of Aid to Families with Dependent Children through remedial education and job training. Such adult education, however, is a poor substitute for completing school at the usual age.

In view of all this, new approaches to the problem are being tried. In different areas of the country, a number of special programs have been established to meet the educational, medical, and social needs of pregnant school girls. Although almost all of these programs are "comprehensive," their emphases vary.

Some of the special programs are health-centered. Focused on the need for good pre-natal care to reduce poor outcome of pregnancy, most of these programs also provide schooling and social services at a health center or hospital. Other special programs, developing out of community-action projects, concentrate on the conditions of poverty. They try to ameliorate some of the effects of poverty while using community resources for supportive services. Still others are recreation-centered. Several, located in YWCA facilities, provide space for classroom teaching, extensive recreation facilities, and a professional worker to coordinate medical care and social services. Finally, some of the programs are education-centered, using the school system itself as the focal point for the coordination and provision of various types of services.

The project that this report deals with belongs to this latter category.¹

The Project

Its origin

In the District of Columbia, where the Webster School-Centered Rehabilitation Project was begun, three-quarters of the resident female population under 20 years old are "non-white."² As has been noted, illegitimate births are unusually frequent in such a population, and the problem is compounded by the tendency of many Negro women to bear more than one child out of wedlock. (See Table 1.)

For instance in the District in 1965 there were close to 4,000 births to teenage girls. Eighty-eight percent of these young mothers were Negroes. Almost two-thirds of these Negro girls were not married at the time their babies were born. For a third of them, this was not the first child born out of wedlock. In contrast, a fourth of the 457 live births occurring to white teenage girls were illegitimate, and only a tenth of these illegitimate births represented repetitions of out-of-wedlock pregnancies.

Far from all of these teenage mothers, Negro or white, married or single, were in school when they became pregnant. It is difficult to determine just how many girls in the District of Columbia leave school or are excluded from school each year because of pregnancy. This is because some pregnant girls leave school before their condition is discovered. These girls often give "cover-up" reasons for dropping out. The girls the school system records as "pregnancy dropouts" are largely those who remain in school until they are discovered and then asked to leave.

¹ Summary reports and information concerning many of the other projects may be found in Appendix B.
Probably a substantial proportion of the 4,000 teenage girls who bore children in 1965, especially those who were over compulsory school age, were not in school when they became pregnant. In recent years, however, it is estimated that as many as 2,000 girls annually leave the District schools because of pregnancy. Well over 500 of these girls are under 16 years old, the upper limit for compulsory school attendance.

As long ago as 1955, District of Columbia school officials became aware of and concerned about the increased incidence of pregnancy among their pupils. Pregnant girls, they felt, created serious discipline and attendance problems and were a demoralizing influence. They attracted undesirable elements to the school area and drove some students from the public school system into suburban or private schools. School officials believed the other pupils should be protected from contamination. Like the administrators of most school systems, therefore, they enforced a policy which excluded pregnant girls from school.

In the early 1960's increasing numbers of requests for homebound instruction of pregnant girls caused school administrators to reevaluate their policies. As a result, the idea of providing a few of the more promising pregnant girls with homebound instruction began to gain support. The Superintendent of Schools directed the principal of the Sharpe Health School to form a committee of school personnel and representatives of community agencies and organizations to study the problem and make recommendations. After 2 years' consideration, the committee recommended that a specialized full-day program for pregnant school girls be established. It was suggested that, in addition to regular school courses, social, psychological and health services be provided or arranged for. The program, therefore, involved cooperation between the Public Schools of the District of Columbia, the Department of Public Health, and the Department of Public Welfare.

Opposition to the program turned out to be less than was anticipated. A letter from the local Council for Exceptional Children, which was published in a Washington evening newspaper, described and recommended the project to the public. Resolutions supporting the program were passed by various community organizations. Following approval by the School Board, a demonstration-research grant was applied for and received from the Children's Bureau for the 3-year period, 1963 to 1966.

The project's purposes

The immediate purpose of the project was to meet the educational, medical, and social needs of the girls who attended the Webster School. This was to be accomplished by providing a special school in which teaching and health and welfare services would be provided by a multidisciplinary team.

Setting up the program as a demonstration-research project of limited duration enabled the administrators to answer certain questions concerning feasibility and results before embarking on a permanent program. Prominent among the feasibility questions were the following. Would a sufficient number of girls be interested in continuing in school during pregnancy? If so, would enough of them be willing to attend a special school whose purpose was known to the public? Would the girls be physically and emotionally able to attend such a school consistently and up to the time of childbirth? Would officials in the three sponsoring agencies, the parents of the girls, and the community in general cooperate by referring girls to the project, giving them necessary support while in the project, and (in the case of the schools) receiving them back afterwards?

Along with these questions of feasibility, the administrators also sought to determine how effective such a program would be in securing certain objectives. (1) By avoiding interruption of schooling, would it increase the likelihood of return to regular school and continuance in school after childbirth? (2) Would the consistent, coordinated health care that would be provided reduce the incidence of poor pregnancy outcomes? (3) Would the girls who were served by this program be less likely than usual to have further illegitimate pregnancies or, if they were married, to postpone later pregnan-
cies at least until after graduation? These three long-range purposes of the project can be thought of as the major consequences that were hoped for.

Program evaluation

From 1963 to 1966 the Webster School retained the services of a part-time research consultant to help the administrators determine the progress being made and the extent to which the project’s hoped-for consequences were being achieved.

Each year descriptive reports of the program were prepared by the project supervisor and the principal. These were issued in 1964, 1965, and 1966 and included statistical data submitted by the research consultant. The amount of attention needed by the ongoing service program, however, limited the number and kinds of information kept. Followup information in particular was restricted by the lack of staff time to trace former enrollees. In addition to the descriptive reports, therefore, two outside studies were authorized in order to provide for a more detailed examination of records and followup.

The first study was conducted in 1965 by the Bureau of Social Science Research, Washington, D.C. It dealt with the girls who had attended the school during the first year, 1963–1964, and followed them through personal interviews.

The second study, on which the present report is chiefly based, was conducted by the author in 1967. It attempts to determine the feasibility of the program and the extent to which it accomplished the purposes stated above. Feasibility was determined by examining the demand for the program’s services, and the response of the community and cooperating agencies to the project. The extent of accomplishment of the program’s objectives was measured by the outcome of the girls in terms of extent of continuation in school, improvement in health, and reduction in the number of subsequent pregnancies.

The report deals with three main topics: the services provided, the girls who were served, and the program’s feasibility and effectiveness. Where appropriate and possible, the information about the girls who attended the Webster School is compared with that for a matched group of girls who were not enrolled, as well as, occasionally, with that for the District of Columbia as a whole.

Data used in this report were obtained primarily from records of the Webster School, public health records, public school records, and previously published reports concerning the project. Other information was obtained from interviews with Webster School staff and with administrative personnel in the Departments of Public Welfare and Public Health and the District of Columbia Public Schools. Information about other “comprehensive service programs” was obtained through a search of the literature, correspondence, and site visits. The data was collected by the author with the assistance of Miss Carol Jackson and Miss Elizabeth Crain.

Although it is not possible to list the names of all the individuals who contributed information about the project, the major sources were the following:

Much information was obtained from those who served as administrators of the project during its 3-year demonstration period: Mrs. Elizabeth Goodman, Project Director, Mrs. Ethel Neustadter, Assistant Project Director, and Mrs. Fobola Gill, Project Administrator. On the school staff, Mrs. Patricia Schiller, the psychologist, Mrs. Hazel Garrett, the present school nurse, and Mrs. Louise Deane, the school social worker, along with many teachers were most helpful. From the Department of Public Health, information was contributed by Dr. Barbara Groben, Chief, Maternal Health Division, and Miss Lois Pilch, the Project Nursing Supervisor. On the project health staff, Dr. Margaret Bridwell, the physician; Mrs. Jeanette Pelcovits, the nutritionist, and Miss Rachael Geiger, the medical social worker also contributed information. From the Department of Public Welfare, Mrs. Elma Ashton, Chief of Intake and Study Section,
Child Welfare Division, and Mrs. Naomi Hardiman, Supervisor of Child Welfare Caseworkers, were contributors.

Mrs. Mattie Wright of Chicago's 3-C's program, Dr. Dorothy Lyons of the Los Angeles Public Schools, Mrs. Elaine Wolfe of the San Francisco Unified School District, Miss Billie Jo Rains of the Oakland Cyesis Program, and Miss Olga deFreitas of New York's Unwed Mother's Program contributed background information and comments on the problem of working with pregnant schoolgirls.
IN JUDGING the feasibility and accomplishments of a service program, the reader will want to know exactly what the program consisted of and what manner of individuals it served. This chapter of the report is, therefore, devoted to a description of the Webster School program. Its physical setting, administrative structure, staffing, routine operation, and services provided will be described.

In the next chapter the process of recruiting and selecting students is discussed, and certain information about the girls who were chosen to participate in the project is provided. Later, a description is given of a matched group of pregnant girls who were not enrolled in the program, this group being used throughout the study for comparison purposes.

Administrative Arrangements

Physical setting

The choice of location for the project proved to be controversial among school administrators and members of the School Board. Some wanted the classes for pregnant girls to be held in a regular school building. Others proposed that they would be held in a church or YWCA building. Pressure against having pregnant girls attend classes in a building that was being used by other students led to a compromise solution—a former school building that could accommodate the students and staff as well as the school system's administrative personnel who were already using it.

The square, red-brick building chosen—the former Webster School—is located in the downtown shopping section of the District of Columbia. A leading department store is but half a block away, while commercial buildings, a church, and a parking lot share the block on which it stands. At first only the second floor of the building was used for the project but subsequent expansion led to the use of the entire first floor and a portion of the third floor as well.

Some renovation was required, since the Webster building had not been used as a school for over 30 years. As refinished, the inside corridors were lined with lockers. Yellow and green paint freshened the walls. Large, multipaned windows let in outside light. Inside light came from egg-carton-style fluorescent lights which lent a rather modern look to the classrooms. Sidearm desks and tables with chairs provided work space for the students.

The project was originally called "a Multidisciplinary Approach to a School-Centered Rehabilitation Program for Pregnant School Age Girls." To preserve some anonymity for its students, the name was later changed to the Girls' Junior and Senior High School. Eventually, through popular use, it became and is now known simply as the Webster Girls' School.

Administration and staffing

An advisory committee consisting of some members of the original planning committee and some officers and supervisory persons from the school system and from the Health and Welfare Departments met monthly to coordinate and assess the progress of the
project and make recommendations for its improvement.

The school was placed under the direction of the principal of the Sharpe Health School and was administered through the Office of Assistant Superintendent in charge of Junior and Senior High Schools. The principal of the Sharpe Health School, with the aid of the assistant principal, had administrative responsibility for the Webster staff. They gave direction to the organization of classes, ensured curriculum standards, procured necessary supplies and equipment, established procedures for proper certification of credits earned, and set up methods for coordinating the services of the various disciplines involved in the project. The salaries of these two people were paid by the District school system.

The Department of Public Welfare made available 10 percent of the time of a member of the Child Welfare Division's staff to supervise the school's social workers, to aid in their casework activities, and to coordinate the welfare needs of the girls and their families. The Department of Public Health provided one-eighth of the time of a supervisor for the medical social worker, a member of the project staff who was assigned to work at the Gales Maternity Clinic. As the project developed, the Department of Public Health also provided the part-time services of an obstetrician, a nurse, and a nutritionist.

Full-time employees of the project consisted of the project supervisor, three classroom teachers and a visiting instruction teacher, three social workers, a psychologist, and a clerical worker. In addition, as has been noted, there was a part-time research consultant on the project's staff.

The project supervisor directly supervised the staff of the school and the student body and coordinated the efforts of the various other professional workers who provided services to the girls. Complicated hiring procedures of the school system at first, and a few resignations later, left some positions unfilled at various times.

The regular school calendar was followed throughout the year. Classes were held between 9:00 a.m. and 3:30 p.m. A daily enrollment of 60 girls was planned for. It was assumed that girls would be in the program at least 4 months, including a post partum period of 6 to 8 weeks. This gave the school a yearly enrollment of approximately 150 girls, including those who entered during the summer. Girls were to be enrolled at any time in the year that vacancies occurred, either by students dropping out of the project or by returning to regular school as scheduled.

A full program of studies consisted of four subjects, carried as in regular school, and an 18-week "personal and family living course"; in addition there were scheduled interviews with the psychologist and social workers as indicated and medical appointments. The latter, although off the school premises, were an integral part of each student's schedule.

A summer session was held the first year, operating 5 days a week from 8:30 until 12:00. Decreased need for summer school led to suspending the summer session the second year.

The Educational Program

The major purpose of the Webster School Project was to provide pregnant girls with an opportunity to continue their junior or senior high school education until they could return to a regular public school, usually 6 to 8 weeks post partum. To facilitate this interim educational process, the school portion of the Webster program was set up to follow the regular secondary school curriculum and procedures as closely as possible.

The courses followed the prescribed District of Columbia curriculum and were selected to replicate, as nearly as possible, those the girls had been studying in their previous schools. Minor exceptions were music and physical education, which were not offered. The public schools' standard "personal and family living course" was given in an expanded form. Additions to this course included special educational

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and rehabilitative classroom lectures and discussions, as described further on.

Procedures, too, were similar to those used in regular school. The girls were assigned homerooms, where their attendance was kept in standard homeroom role books. They changed classrooms for different subjects. Their grades were recorded on regular report cards, either junior or senior high school level. If a girl’s length of enrollment did not span a full grading period, provisional grades were issued. Standard school-transfer slips were used for entry into Webster and reentry into other public schools.

The teachers

The Webster School opened with two teachers on the staff; a third soon joined them. With the exception of a home instruction teacher the second year, no other teachers were added until the last half of the third year of the project, when pupil enrollment was substantially increased because funds from another Federal source became available.

When selected, not all teachers were actively employed in the District school system but all had taught before. Their first experience in working directly with pregnant girls, however, was gained at the Webster School.

The teachers were qualified to offer one or more of the following courses: English, social studies, mathematics, business education, home economics, science, foreign languages, and personal and family living. In addition to competence in areas taught, the teachers were selected on the basis of personal qualities. Several were mothers of teenage daughters. All were women.

The task of the teachers was complicated by having to instruct students who were concerned about pregnancy while pursuing school studies. Because of this, however, they played a key role in helping the girls keep alive the idea that continuing in school was important despite serious change in their lives. The teachers attempted to maintain a relaxed classroom atmosphere and took considerable time to work with the girls individually. Most teachers felt that listening to the girls was important; that they were, in a sense, sounding boards and second mothers. One girl told her teacher, “Maybe if someone had listened to me before, this wouldn’t have happened.” Many girls told interviewers in the Bureau of Social Science study that they remembered their teachers as being unusually warm and understanding.

Planning the girls’ programs

Upon acceptance into the project, the girls’ credentials were requested from their previous schools. The project supervisor held a conference with new girls to assign homerooms, set up programs of study, and smooth their entry into school routines. The teachers then talked with the girls to find out where they were academically. Through individual tutoring and careful supervision of classroom work, they helped the girls fit into the classroom plans.

As the girls neared the expected time of confinement, teachers prepared study outlines for them. These covered the lessons that were to be studied during the 6 weeks of postdelivery convalescence at home. After a visiting instructor teacher was added to the staff, these girls were tutored at home for 2 hours a week, in order to help them keep up with their classmates. This visiting teacher also alerted the school to services needed as a result of the baby’s birth. If the visiting teacher could not serve all the girls who were on birth leave, the Visiting Instruction Corps of the Sharpe Health School assigned other teachers if possible.

Six weeks after childbirth and after a medical checkup the girls were expected to return to the Webster School for 2 weeks, after which time they were usually transferred to a regular school. Exceptions were made if the project staff felt the girls were not ready to return to regular school or if the school year was almost at an end. In those cases the girls remained at Webster for a longer period.

Girls who secured enough credits for either junior or senior high school graduation while in the Webster School either received diplomas from their home high schools or, if those
Curriculum and teaching methods

The teachers adhered as closely as possible to the course of study and the curriculum guide used in the District of Columbia public schools. Concomitantly, however, they had to shift their schedules and maintain flexible daily plans in order to be able to meet the needs of the diverse and transient student population.

Generally, classes were departmentalized and multigrade. Each teacher was responsible for six grades of academic subjects. If one of the subjects a teacher taught was English, for example, she taught all girls who were “taking” English, from 7th through 12th grades. In one class period, she might have 7th, 8th, and 9th grade students, ranging in ability from “college preparatory” to “basic” (below average). Also, depending upon the subject and textbook availability, girls might either join in what their class level was studying in Webster or continue to work from the books they had been using in their previous schools.

The base student-teacher ratio of 20 to 1 fluctuated, depending upon enrollment and the subject taught. Although class sizes were often small, in most cases the teacher’s attention was divided among several subgroups.

As the program developed, the students were either separated according to grade level or were grouped according to adjacent levels as far as possible. This was done particularly for classes involving group discussion, where interest and maturity levels contributed to successful interchanges. During the last year, increased enrollment and additional teachers made it possible to shift away from the one-room country-school approach toward fuller use of classes separated by grade levels.

In both major and minor subjects, learning was made more meaningful and lasting by the inclusion of special activities—reports, original poems and skits, displays, exhibits, fashion shows, and charts. Teaching was geared into the coordinated, rehabilitative efforts of the project. Based on staff recommendations, some girls were given special assignments, which were to be carried out in a group; other girls were asked to recite only when the teachers were sure they could answer correctly.

The students were encouraged to develop attitudes and skills useful in their prospective mothering roles. Through the home economics courses, the girls learned about home management, the planning and preparation of everyday meals, and foods for special occasions. They were also instructed in how to set attractive tables and handle simple home entertaining. As a complement to their homemaking skills, girls in the business courses learned how to write checks, balance budgets, and perform general recordkeeping functions.

Because of the special nature of the project, the home economics teacher worked especially closely with the nutritionist and the nurse to avoid overlapping and to strengthen the effort of each. She stressed the kinds of diets recommended for the girls by their physicians. She used the flyers issued by the Nutrition Committee of the Food Stamp Program to illustrate low-cost, nutritional balanced family menus. Once a month the girls cooked these meals at school—preparing them one day, completing and consuming them the next. The home economics teacher also took the girls on shopping trips to grocery stores, where they could look at foods and compare prices, and to the furniture division of a department store, where they investigated furniture values and quality.

The sewing classes, where the girls made outfits for their babies as well as themselves, seemed to interest the girls most of all. The first year’s girls made baby clothing for layettes. The second year’s group made maternity dresses or clothes for other members of the families, since many girls already had clothes for their babies. The third year’s group again made layettes, as well as other things useful in the care of infants.
The personal and family living course

All girls were required to enroll in a course that covered subjects related to personal and family living. This course was the core of both the special education and the rehabilitative efforts of the project. The curriculum for this course, based on the one currently in use in the District of Columbia public schools, was expanded to include consideration of pregnancy, preparation for the mothering role, special family relationships, and involvement with the putative fathers.

The standard segments of this 18-week course were taught by the school's regular teachers. Additional lectures and discussion sessions conducted by other staff members (psychologist, physician, etc.) supplied special information, direction, and support for program enrollees, as shown below.

The psychologist taught a section of the course that consisted of a series of group discussions held once a week. In these she covered the main areas of the Social-Sex Attitude Inventory, a test she devised for use in the project. The object of the sessions was to assist the students in gaining better understanding of acceptable social attitudes toward family relationships, child care, and sexual behavior and to build up personal understanding and self-esteem.

The psychologist said she felt that, for the most part, the attitudes of the girls toward marriage and child rearing reflected socially acceptable attitudes. However, she found the students unclear about the role of the family and the father. The girls also expressed uncertainty about how a mother should feel and act toward a child when he misbehaves. Many girls, the psychologist felt, had preconceived and limited notions about what was possible for them to attain in social, family and community situations.

Specific sex information was provided by the nurse and the physician assigned to the project. However, the school's main means of altering the students' sexual behavior was through the group discussions conducted by the psychologist. Primarily she sought to discourage premarital sexual activity. Classroom discussion of birth control methods was forbidden in the Webster School, as in all public schools in the District. In this connection, it should be noted that it was the school's official policy to refer girls to their own doctors, clinics, or hospitals if they asked for birth control information. In addition, as will be explained later, many girls received their prenatal care from a maternity clinic closely associated with the school. There they had an opportunity to talk with the project physician about birth control and to enroll in a birth control clinic.

The psychologist reported that the girls often seemed uncertain about how important love and companionship were to childbearing and childrearing. Although she stressed the undesirability of premarital relations as a part of "dating," she said she found it difficult to get the students to cope with their sexual needs in socially acceptable ways.

The psychologist met with the girls in small groups to permit maximum participation. Such techniques of group interaction as role playing, presentation of case profiles, student leadership of discussions of attitudes expressed on the Social-Sex Attitude Inventory, and written statements of problems were employed along with films, charts, and other visual aids. The students wrote evaluations of these sessions at the end of each 18-week series which were used as guides for future discussions.

In the second year new areas of discussion were added. These included the matter of combining the responsibilities of motherhood with going to school, the question of continued relations with the putative father, and ways of dealing with possible conflicts between the emotional needs of infants and those of very young mothers.
The physician, in her section of the personal and family living course concentrated on health care, with particular reference to anatomy, prenatal physiology and childbirth. Visual material in the form of motion pictures, anatomical charts, models, and pictures were used to enliven her lectures. She recommended reading material, such as the pamphlets Nine Months to Get Ready and Personal Care in Pregnancy.

Whenever classes were small enough to permit it, the physician encouraged spontaneous discussions. Through these she learned that the girls viewed pregnancy with a mixture of knowledge and superstition. Opportunities opened up by the discussions were used to correct misinformation.

In this connection, certain of her observations and impressions may be of interest. She found, she told the author, that some girls turned away from watching particular parts of movies or put their heads on their desks during discussions. From this and other observations, she sensed that the girls were preoccupied with the question, "How much will it (labor and delivery) hurt?" This fear of pain, brought out over and over again as the girls' important first question, is in marked contrast, she said, to the concerns of older women who most often worry about whether the baby will be physically perfect.

Then, too, the physician said that a number of girls told her that they were afraid of being mistreated at the hospital because they were not married or were young. She learned, too, about the interest of some girls in abortion and suspected that a few girls may have tried to abort. In response, the doctor stressed that there was nothing that could be done by the girls themselves to abort pregnancy safely. She brought to class a variety of medical instruments, some of which were used in internal examinations, and insisted that the girls pass them around and look at them. She verbally "walked through" for the girls what would occur when they came to the hospital to deliver. She explained the terms they would hear during labor and following.

She also became aware, she said, that the girls were frequently exposed to old-wives tales about pregnancy and childbirth. To counteract this, she and the public health nurse tried to reinforce selected parts of each other's teaching, as well as to develop in the girls enough confidence to question what they heard elsewhere.

The physician was of the opinion that fear of the physical pain of delivery, fear of medical examinations, and the more bizarre fears brought on by old-wives tales probably reflected, among other traumatic feelings, the great insecurity that pregnancy added to the lives of these adolescents, many of whom were already insecure. As a result, the chief aims of her teaching became (1) to help the girls untangle their webs of fear and concern and (2) to help them build emotional and mental confidence about the physical process of becoming a mother.

The public health nurse for her section of the course, prepared a manual containing 12 lessons on infant care and six on accident prevention. Broadly speaking, the manual covered infant growth and development from conception through the first year of life, child care (including attention to emotional needs), and community resources for the promotion of child health.

The principal topics under infant care were growth and development of the baby before birth, preparation for the baby, the baby at birth, care of the baby during the first week, growth and development of the baby during the first year, parent-child relationships. The latter included such topics as the influence of the girl's own childhood on her attitude toward the baby and toward being a mother, her relationship with the baby's father, and her relationship with her own mother.

The second section of the manual dealt with accident prevention and first aid, being designed to make the student safety-minded. These lessons covered both preventive measures and remedial techniques—what to do and not
to do in cases of sudden illness. Principal topics covered were: accident prevention, first aid, wounds, infections, bandaging, artificial respiration, hemorrhages, shock and unconsciousness, injury to the skeletal system, poisoning, and common emergencies.

The manual also included suggestions for discussions, demonstrations, practice exercises, and reviews. Topics covered here included how to make the baby’s formula and what to buy for the baby—such as clothes, bathtubs, diaper pails. In addition, instruction was given on how to hold the baby while feeding. A doll was used for practice feeding, burping, and bathing. Breast feeding was only briefly discussed.

In the infant care classes, the nurse’s aim was to foster feelings of security and confidence in caring for the baby. Informal opportunities during classes to discuss common health problems of mothers and babies aided this objective.

The nutritionist who participated in the personal and family living course said the main objective of her instruction was to motivate students to select and prepare foods to meet their own health requirements and those of their infants. Aware that not all girls were applying what she taught, the nutritionist tried various teaching devices.

For instance, she used brief, self-contained lesson units in order to meet the needs of the fluctuating student body. She discarded tests. (“It is more important they practice what I preach than write what I say,” she said.) She obtained a sample of baby foods to show the girls the wide variety of substances babies can be fed. She also devoted some of her class time to consumer education. “Are the different kinds of milk equally good nutritionally? What makes one kind cost more than another?” Her teaching, geared to the economic level of most of the students, emphasized preparation of the less expensive items, especially the use of nutritious but inexpensive cuts of meat.

Because the problem of interesting teenage girls in nutrition seemed an ever present one, the nutritionist turned for assistance to the art staff of the Nutrition Division of the Health Department. Learning that the girls were exceptionally interested in their sewing classes, she had a near-life-size cardboard model made of a pretty Negro teenage girl. The model’s skirt and blouse ensemble was composed of removable sections resembling four pieces of a sewing pattern. Interchangeable illustrations of the four basic food groups were used to point out that just as the model was incompletely dressed if one or more of the clothing pieces were missing or substituted one for the other, so was she inadequately fed if one or more of the food groups was missing or substituted one for the other.

She also had the art staff create cutouts of four life-size infants at different stages of development. “Would you go off to school and not feed your baby in the morning?” she asked. After the surprised response of “no’s,” she would point out that the girls were feeding their babies during pregnancy and that the mother’s breakfast was therefore of special importance. Further explanation of the babies’ needs and the girls’ needs for the same kind of nutrients during pregnancy followed, with use of the cutouts.

Health Services

The health services provided by the project were of three types. The first, which has already been described, consisted of health education in the form of instruction in the classroom by members of the staff of the District Health Department. The second, provided by the same individuals, consisted of health services to individual students given on the Webster School premises. The third was the prenatal care offered by the Health Department at maternity clinics throughout the city; in particular, at the Gales Clinic, which served many of the Webster students.
Health services at the Webster School

The physician (an obstetrician) mentioned above was assigned by the Health Department to the Webster School as a consultant. Since no medical examinations were conducted at the school, this doctor’s services were largely educational. She came to the school one day a week for the first year and two half-days a week thereafter.

This physician participated in the meetings of the staff of the school and was available for individual discussion and consultation with staff members. In her talks with the nurse, for example, she might recommend that a student see her physician for an additional checkup. At the staff meetings, she was often helpful in clarifying for the teachers how certain health problems might be affecting a student’s performance in school.

A public health nurse was also assigned by the Department of Health to work in the Webster School. For the first 2 years the service of this nurse was provided half time. This was increased to full-time in the third year of the school’s operation. In addition, in the last half of the third year another full-time nurse was added to the Webster School staff by the public school system.

The major function of these nurses was general nursing supervision of the students’ health. At the time of school entrance, they gave health screening tests to all students. Height, weight, blood pressure, vision and urine were checked, and interviews were conducted to reveal both chronic health problems and those specifically related to pregnancy. A project health record was devised, on which a history of the students’ general health, prenatal visits, and special information, such as medication, was kept. This was done in part because it was felt that information about pregnancy should not appear on any permanent school records.

In order to encourage continuous health care, a medical appointment form to be signed by the physician from whom the girl received prenatal care was developed. It indicated the date of the visit, health recommendations, and the time of the next appointment. Although all students had to present a medical certification of pregnancy before being admitted to Webster many did not voluntarily seek further prenatal care. The nurse counseled these girls and referred many of them to community facilities. With the aid of the medical appointment form, she was able to ensure that these girls followed through and remained under care.

The nurse was available daily for health guidance and counseling in the form of information, advice, or reassurance. When useful, she explained to the girls and to their parents and the school personnel, the medical information and advice given by the doctors. She also explained the extent and limitations of available community resources and helped parents to accept the need for and to obtain the recommended health care. When complications of pregnancy led to long absences, the nurse served as a liaison between the school, the families, and the clinics. Girls were encouraged to return to school as soon as possible.

When a baby was born, the nurse was notified by the girl or her family. She then contacted the Department of Public Health’s Field Nursing Division to request a home visit. Field nurses were given any school information that would assist them in providing good care for the girls in their homes. After the girls returned to Webster, they were interviewed by the nurse. She inquired about the results of their 6-week physical examination, their general postpartum condition, and their infants’ health care, and responded to the girls’ questions. For the rest of the girls’ stay in the Webster School, she was available as usual for health services.

During the first year of the project a nutritionist on the staff of the Sharpe Health School was assigned to the Webster School to work with the girls twice a week. Among her other duties, this nutritionist made arrangements for indigent girls to receive a lunch of sandwiches and fruit sent in from the Sharpe Health School. During the second and third years, the Health Department contributed the services of a nutritionist on its staff. This nutritionist made weekly visits to the school and took over the nutrition-teaching role.

In order to learn about the girls’ food
habits, one of the nutritionists conducted a survey of what the students ate at lunch and during the remaining hours of a day. Ninety-three percent of the girls were found to have a lunch that was inadequate nutritionally. Since three-fourths of the girls drank no milk at all, a form of powdered milk was made available to them. Because potato chips and soda pop—the favorite foods of most of the girls—were eaten between classes when the girls had access to their lockers, the soft drink machine was removed, girls were asked not to bring soda pop to school, and a morning snack period was arranged. Suggestions were given as to what a suitable snack consists of, either as an addition to breakfast or as a partial substitute for it.

Since there was no cafeteria at Webster, most students brought a lunch from home. The nutritionist arranged to have her teaching session just prior to the noon lunch period. She then observed the girls' lunches and counseled about the food they brought. Working closely with the nurses and the home economics teachers, the nutritionist also explained to the girls the reasons for and the value of the therapeutic diets prescribed for them by their physicians. She assisted in having the girls prepare meals with low cost foods, foods for restricted calorie and low sodium diets, and nutritionally correct bag-type lunches.

Health services at the Gales Clinic

All Webster students were required to be under medical supervision and to have regular appointments with their doctors. They could secure such care from private physicians, hospital clinics, or public health clinics as they chose. Health services at the Gales Clinic, which was within walking distance from the school, were conveniently available, however, to students who wanted to use that source of care. Over the years, about half of the student body were registered for prenatal care at Gales.

The working relations between the Gales Clinic and the Webster School were close, a reflection of the Health Department's involvement in the Webster Project. It had been arranged by the Department that all pregnant girls under 16 who appeared in any of its clinics should be referred to the Gales Clinic for service. The Gales Clinic, in turn, served as a major referral agent for the Webster School.

In addition, the clinic meshed its work with Webster students with the project's school program. Specific clinic hours were allocated to Webster patients. This both cut down the amount of time the students had to spend waiting for their medical appointments and enabled the scheduling of appointments with some reference to the girls' classroom responsibilities.

The Gales Clinic was staffed and equipped in the usual manner of Health Department maternity clinics. To the usual clinic staff, however, a medical social worker was added by the project. One duty of this medical social worker was to screen the clinic's teenage patients for suitability for the Webster Project and to refer the selected girls to the Webster School for further evaluation. She also acted as general caseworker for some of the Gales Clinic patients who attended the Webster School. In addition, she acted as liaison for the social service departments of other maternity clinics that were serving Webster students.

At the Gales Clinic, this medical social worker assisted the project physician and the project nurse in answering questions the girls asked individually and in group meetings. Once a week she visited the Webster School to consult with the other staff members of the project, to talk with some of the girls who were her clients, and participate in meetings. Her work was supervised by the Bureau of Maternal and Child Health of the District Health Department.

The medical care of the Webster students who used the Gales Clinic was provided by various physicians, among them the obstetrician who served as a medical consultant to the school and who participated in the course on personal and family living. This physician also conducted some group-discussion sessions at the clinic with the students who came there for prenatal care. Since she felt that it was unrealistic to expect the girls to abstain from all sexual
activity following childbirth, she made an effort to have the girls consider using the services of the Gales Birth Control Clinic. In an informal way, she tried to assure that the students who received prenatal care at Gales would be served by doctors who were aware of and sympathetic with the concerns of young pregnant girls.

Another service provided by the Health Department consisted of arranging visits to a maternity ward of a hospital. Such a visit was scheduled for each student who was a maternity patient of a Health Department Clinic, who had parental permission, and who wanted to go. The arrangements for these visits were made through the cooperation of the Bureau of Maternal and Child Health, the Bureau of Family Nursing, and the District of Columbia General Hospital, where these girls would be confined. In the maternity unit, the students met the doctors and nurses who would be caring for them while in the hospital. They were also shown the labor room, the area where they would stay after the baby was born, and the nursery. An opportunity to ask questions about childbirth and the hospital stay was provided.

Social Services

There were three full-time social work positions on the Webster Project staff. One was the position of the medical social worker who, as has just been described, was assigned to the Gales Maternity Clinic. The other two social workers, both child welfare workers, maintained offices at the Webster School. These child welfare workers were supervised by the Child Welfare Division of the Department of Public Welfare. Supervision was limited by the lack of sufficient clerical staff to make adequate record-keeping possible, but the supervisor counseled on problems as they were raised, and she aided in the coordination of welfare services.

Initially, based upon an expected staff of three full-time caseworkers and an anticipated average daily enrollment of 60 students, casework with all or most students was planned. The slowness with which positions were filled, however, the frequent vacancies, variations in the students' length of stay in the school and the increase in the number of students made this impractical. By the third year, intensive casework was being carried on only with girls who appeared to be exceptionally disturbed.

The usual sequence of casework services was the following. After the initial study of a girl was completed, a determination was made as to the kind of casework to be provided. Some girls were referred to social agencies for assistance. The remaining girls were scheduled to receive intensive help, to be seen irregularly, or to be dealt with only as emergencies in their situations arose. According to these determinations of need, girls could be seen as often as once a day or hardly at all. School records do not indicate the number of contacts per student.

Casework with the students

Although each girl's situation was unique, the girls had some rather similar problems. They had the problem of adjustment to pregnancy. This was closely associated with their relations with their families and the latter's attitude toward pregnancy. They had to decide how to provide for and care for the baby after it was born, a problem that was especially likely to be acute for girls who wanted to continue in school. Interacting in both these areas were the girls' ongoing, and sometimes changing, relations with the fathers of their children.

Because of the nature and aims of the project, the social services were aimed particularly at maintaining school attendance. The social workers offered support and encouragement to the girls and their families during the pregnancy, with the particular aim of helping the girls remain in the Webster School during that time. They concomitantly worked on plans for the care of the baby so that girls could return to regular school following childbirth.

In the first follow-up study, many of the girls reported to the interviewers that the social workers were especially "nice," interested, and
helpful. For many girls, the social workers provided their first opportunity to talk with a professional person about themselves and their problems. Fright, hostility, and aggressive behavior often diminished as the girls became aware that the social workers wanted to understand and help alleviate some of the stresses and strains in their lives. Enabling the girls to recognize that their lives were not “finished,” that they could continue with many of their earlier plans, that they would be supported in working out solutions to complex problems was an important part of the casework services.

The social workers alerted some girls to employment opportunities. During one school year, for instance, arrangements were made for a few girls to enter a work program involving vocational training. The girls earned $1.25 per hour for a half day of work and were excused from school early in order to participate. Some girls, embarrassed by their pregnancy, withdrew. Others continued in the work program successfully. In addition, a few girls who were eligible for the work scholarships offered by the District of Columbia Public Schools spent part of the day as student clerical workers in the Webster School office.

In helping the girls with their varied problems, the social workers drew freely upon other sources for assistance. They referred some of them to the staff psychologist for testing and counseling. They also referred girls to community resources, such as the Public Assistance Division of the Department of Welfare, Pupil Personnel in the District Schools, United Planning Organization, juvenile court, family agencies, mental health clinics, and neighborhood centers.

**Casework with families and putative fathers**

The social workers met with the girls' parents or guardians both at the school and in their homes. Because of the smaller caseloads and more adequate staffing during the school's second year, the social workers were able to make over 600 home visits, almost four per family. Such intensive efforts were not possible either during the first or the third school year.

During the home visits, the social workers involved the families both in resolving some of the girls' immediate problems, such as adjustment to school, and in seriously considering plans for the future. They also attempted to help the parents develop some awareness of the factors that had precipitated the pregnancies.

The social workers also tried to work with the putative fathers or husbands. During the first school year, group meetings with films and discussion sessions were arranged. Despite some show of interest on the part of the men, these were discontinued because of shortage of staff and the difficulty of arranging convenient times to meet. Some of the fathers, nevertheless, were seen individually, sometimes at the request of the social workers and occasionally upon their own request.

**Planning for care of the babies**

The girls who kept their babies (as most of them did) had to arrange for at least 8 or 9 hours of continuous care of the infant if they were to be able to return to school. The most common solution to the baby-care problem was for the girl's mother to take care of the child. This was most likely when the mother had young children of her own at home or when she worked at night. The next most frequent solution was to have the baby cared for by another relative. In other cases, a person not related to the family was paid to care for the infant. In some cases, the putative father's family was able to assist, either in actual care of the baby or through financial help toward payment of a babysitter.

The lack of infant care facilities in the Washington community hampered the social workers in their efforts along this line. Most day care facilities took children only aged 3 and above. Moreover, the cost of such care in a licensed center was usually more than most Webster girls could afford.

In cases in which no child care arrangements could be made, the girls did not return to
school. Some plans collapsed after the birth of the baby—one girl had twins, which altered the arrangements she had made. While the girls were still at Webster, however, the social workers continued to help with plans as necessary.

**Follow-up social services**

Social services for girls after they left the Webster School were offered on a limited basis. After leaving the program, girls usually returned to the school for at least one group meeting. In addition, girls occasionally called upon the social workers for individual assistance.

At the group meetings, the girls discussed their experiences in the Webster School and afterwards. The meetings were conducted by the social workers and proved to be of immediate value to them. They learned first hand about the girls’ concerns as they reentered the regular school system, and the kinds of situations they commonly faced. This information led to a more realistic approach in counseling other Webster girls.

**Psychological Services**

The psychologist had three main duties in addition to her classroom teaching: to give psychological tests, to interpret psychological findings to staff members, to provide psychological counseling for certain girls. Her half-time status during the first year was changed to full time for the second and third years.

**Psychological testing**

At the time of registration for the program, the girls’ parents or guardians were asked to sign statements granting the psychologist permission to administer intelligence and attitude tests. These tests were usually given within the first week after enrollment. The battery of tests included the following:

1. The Social-Sex Attitude Inventory
2. A sentence-completion inventory for pregnant girls
3. Draw-a-person test
4. Kuhlman-Anderson intelligence test
5. Achievement tests
6. Vocational aptitude tests

The Social-Sex Attitude Inventory, along with the sentence completion inventory, were tests devised by the psychologist for use in the project. The former consisted of 150 statements arranged under these headings: dating, marriage, child rearing, sex attitudes and practices. To encourage free and honest responses, the girls were asked to use self-selected code numbers rather than their own names to identify their test forms. It was explained that the information they gave would be confidential and would not appear on their permanent school records.

The protocols of the various tests were reviewed shortly after being administered, and their implications for the school’s work with the girls were noted. This information was passed on to staff members, either verbally or by memorandum. Girls who appeared to have personal or family problems were studied in depth. Recommendations were then made for special clinical services, remedial aid for family adjustment, or teamwork by the staff on certain problem areas.

During the school year, other tests, such as achievement tests in basic subjects, were administered routinely or upon request. The psychologist interpreted the findings to the teachers as they related to individual students’ school adjustment, learning situations, and grade readiness in particular areas, and she recommended special educational services when indicated. She also discussed achievement and aptitude test findings with individual students, as part of her counseling service in vocational and academic areas. In working with the social workers, she discussed findings and made rec-
ommendations concerning the students' school and home problems and their plans for the baby.

The original plan was to use the Social-Sex Attitude Inventory to measure attitudinal shifts (through repeating the test at the time the girls left the program). This plan, however, did not work out sufficiently well to be useful for the present evaluative study. There were several reasons for this. One was that changes were made in the test during the 3-year period; also, some students were not tested a second time. The psychologist, however, found the inventory a useful clinical device in her work with the girls.

**Special case studies**

If a student's problems appeared to be unusually severe, either in school or at home, an indepth study was conducted by the psychologist in cooperation with other staff members. Girls who showed signs of emotional distress were interviewed and given individual psychological tests for diagnostic evaluation. They then received intensive counseling from the psychologist, who spent about 20 hours with each girl. The girls' problems and situations were also discussed in the case-conference sessions of a multidisciplinary team of staff members.

During the first year, the psychologist selected girls for this service on the basis of psychological tests and interviews. During the second and third years, any member of the team could recommend girls whose problems seemed to indicate they needed this sort of study and counseling. Although it was not possible to work with all girls who might have benefited, approximately 40 girls each year were designated as "special cases."

The Project's Multidisciplinary Approach

As is clear from the foregoing descriptions, staff cooperation was essential to meet the complex and overlapping needs of the Webster girls. The interchange of ideas among staff members and the necessary followup were unstructured for the most part. Weekly case conferences were held, however. These were focused mainly on the girls whose problems seemed to warrant intensive study and treatment.

The project had no formal inservice training program, but the weekly case conferences facilitated learning among the staff members. The information provided by the specialists was particularly valuable for the teachers, who gained insight into the functioning of the girls and factors that might be affecting their school performances.

Reports from programs comparable to the Webster Project indicate that even though staff members may feel they have the best interest of the students at heart, they may at times exhibit hostile or punitive attitudes toward pregnant girls who are their clients or students. Through the weekly meetings, the Webster staff members were able to review some of their own attitudes and feelings concerning teenage pregnancy, particularly pregnancy out of wedlock. Some came to recognize that they had a tendency to project their own feelings and values on the girls. That the girls wanted to keep their babies and were as proud of them as other mothers are of their children came as a surprise to some, despite the fact that the program was geared to helping girls become good mothers. Supervisory personnel who attended the case conferences were able to assist in this enlightenment and in the staff's clarification of roles.

The staff also worked closely in planning and conducting monthly discussion meetings for the girls' parents. Such subjects as child care, family relationships, sex education, nutrition, educational and vocational goals were covered. The team members both gave lectures and met with the parents informally.

Attendance of the parents at the meetings varied; usually both parents could not attend. Young children in the family, especially in one-parent families, often prevented attendance at any meeting. For those who did attend, it was
hoped the team approach would provide better understanding of their adolescent daughters and that this would lead to improved relations with them.

Within the interdependent project structure, each discipline maintained a certain amount of autonomy, partly because of the outside supervision and also because of the part-time status of some staff members. Nevertheless, conflicts between the disciplines were rare. Full interagency cooperation was limited somewhat, however, by some contradictory viewpoints of the various disciplines and sponsoring bodies. In terms of overall project objectives, perhaps the most serious of these had to do with sex education and birth control.

**Community Relations**

The response to the Webster Project by the cooperating agencies and the community was positive for the most part.

The Health Department, in addition to contributing staff to the project and making many referrals, also expanded services to other pregnant girls. A plan was set up by the Bureau of Nursing whereby nurses visited all girls referred to the project even though the girls were not enrolled in the program. These follow-up services were responsible for involving many additional girls in prenatal care. Some girls, moreover, upon learning that one way into the project was through the Gales Maternity Clinic began prenatal care there early and on their own accord. This kind of ripple effect, by increasing knowledge about and desire for health care, extended to mothers of the girls as well, many of whom were still of childbearing age.

The Welfare Department was able to find a few adoptive homes for babies of the Webster girls. Department officials, however, frankly told project staff at the start of the program that girls should not be encouraged to think of adoption as a solution to their problem. Adoptive homes for Negro infants are rare in Washington, as elsewhere.

The public schools responded to the project by referring pregnant girls to it, although acceptance of the project by all school personnel was not immediate. Some schools were opposed to taking girls from Webster when it came time for reentry. Attitudes such as “they acted like women, now they should be treated as such,” were sometimes expressed by principals and teachers. Although by no means representative of all school personnel, such opposition was often discouraging to the project supervisor in working to place the girls in school.

Refusal to allow some of the Webster girls to graduate from their home high schools when they finished their credits in Webster is another indication of some school principals’ attitudes. This initial lack of interest and perhaps disapproval of the project by some school personnel was apparent to project staff.

However, as a number of girls returned to regular school and did well there, some of these antagonistic feelings abated. Concomitantly other changes within the school system began taking place. Additional educational opportunities for pregnant girls were created or expanded. Evening schools became more ready to accept girls 16 and over even though pregnant. The STAY (School to Aid Youth) program, a special late afternoon school program for school dropouts, admitted pregnant girls and provided nursery facilities for girls with children so that they could continue in school.

Most important, the school superintendent recommended and the Board of Education voted for a budget item that permitted the expansion and continuation of the Webster School after the demonstration period ended. Elementary and Secondary Education Act funds were later used for the purpose of expanding the Webster School and making it a permanent part of the school system in the District of Columbia.

The acceptance of the project by the community can be partially illustrated by the climate it set which encouraged other groups to include services to pregnant girls. Community action groups staffed with volunteers provided tutoring services for pregnant girls at such
places as churches, settlement houses, and community centers. The Red Cross formed a group called Chicken Little, in which tutoring services were provided for pregnant girls.

Favorable publicity was given the Webster Project by the local press. Radio and TV interviews were conducted with staff members and with members of the Advisory Committee. Talks on the project were also given at community gatherings. The psychologist was asked to teach a college level course entitled *Theory, Teaching, and Counselling in Personal and Family Living*. Other staff members provided consultaive services to guidance and planning organizations as well as serving on the boards of maternity homes. The project supervisor spent a great deal of her time in answering questions and providing information about school and community resources for pregnant girls for the many persons who saw in the project a new helping agent in the Washington area.

Close to 75 communities in different parts of the United States made over 500 different requests for information about the project. A number of people came to Washington to visit the school as well. As one of the first projects of its kind in the country, Webster helped to generate thoughtful discussions in many other communities that were searching for answers on how to provide education and needed health and welfare services to pregnant school age girls.
III. THE STUDENTS

THROUGHOUT the period of the project's operation, the administrators were faced with having to choose among referrals for admission to the school, since there was a decided limit to the number of girls that could be served at any one time. This led to the establishment of priorities for admission into the project. The criteria originally established are listed below, along with later changes in selection procedures. The girls who were enrolled in the project are then described so that the reader may know to what sorts of girls our findings regarding the program's effectiveness refer.

Selection Criteria and Process

Technically, any pregnant girl who was enrolled in a public school in the District of Columbia and whose parents or guardian lived in the District was eligible for admission to the project. Since, however, the project could accommodate only about 60 girls at a time, it was decided that chief emphasis would be put on serving the youngest girls and those who were in an early stage of pregnancy. Accordingly, no attempt was made to interest all pregnant girls in applying for admission. Instead, a referral system was used, with the results described below.

The original criteria for admission specified that preference was to be given in the following order:

1. Girls who were under 16 years old and who were in the early stage of pregnancy
2. Girls who were under 16
3. Those who were 16 or over and who were in the early stage of pregnancy
4. Girls who were near to graduation from either junior or senior high school.

Later, these criteria were somewhat modified and enlarged. A desire to enroll girls who would be most likely to benefit and a natural desire to secure favorable results from the demonstration caused school personnel to seek girls who were strongly motivated to continue in school. Parents' motivation was also made a selection criterion. Motivation was judged on the basis of admission interviews conducted by the project supervisor and a social worker, it being required that parents or parent substitutes be present when girls applied to be admitted. In addition, the parents of the girls who were selected for admission had to sign a statement saying that they would cooperate with the school and permit their daughters to participate fully in its activities.

Selection criteria were also altered by limiting admission to girls who were pregnant for the first time and who were still in school or who had been out of school not more than about 2 weeks. It was also decided not to enroll elementary school students. Other deviations from the original criteria were occasioned by...
pressure from school, health, and welfare personnel or other persons in the community to admit certain girls. These people would bring the names of girls to the school's attention and would urge that the girls be admitted as soon as there was an opening. Occasionally, they would even alter the expected date of confinement to meet the project's preference for girls who were in the early stage of pregnancy.

In the original plan, it was envisaged that a major source of referrals would be the Gales Maternity Clinic. As has been said, it was Health Department policy that all pregnant girls of compulsory school age who sought prenatal care should be sent to that clinic. These girls, as well as older Gales Clinic patients who were in school, were screened by the clinic and referred to the project on the basis of the selection criteria. It had also been expected that a considerable number of referrals would be made by school personnel—principals, teachers, nurses, etc. Referrals by parents and self-referrals were also permitted, as well as referrals by other persons in the community.

When girls were referred to the project, their names were put on a waiting list, and certain information about them (such as age, expected date of confinement, name of school last attended, school grade) was filed. Whenever an opening occurred, the project supervisor reviewed the waiting list and selected a girl for an intake interview. The girl chosen was often not only one that fit the criteria but also one whose admission to the school was being especially urged by the referral source. Generally no attempt was made to interview a number of girls and to choose among them. Rather, it was only if the first choice was not selected or did not accept the school's invitation that a second girl was called in, and so forth.

The intake interview consisted of two parts. First, the girl who was applying was interviewed along with her parents by the project supervisor. If the supervisor felt she was a good candidate for the school, she was then interviewed by the school social worker. The parents were sometimes interviewed again also. The final decision about enrollment was made by the project supervisor after conferring with the social worker.

**Referrals and Referral Sources**

Figures for the second year (1964–65) suggest that, by that time, perhaps as many as half of the pregnant school girls in the District were being referred to the project. We estimate that 57 percent of the 619 girls in the District who became pregnant when they were under 16 and who were not married when the baby was born were referred to the project. To this number was added about a fifth of the 1,232 girls in the District who were between 16 and 18 when they became pregnant. Many of these older girls were doubtless out of school when pregnancy occurred. Of those who were in school at that time, some may not have been referred because the project's preference for younger students was known. Because these numbers do not include school age girls who were married when the baby was born, our estimate that close to half of the pregnant school girls were referred may be too high. Unquestionably, however, a considerable proportion of pregnant high school girls were called to the project's attention.

Unfortunately for our study, it is not known what proportion of the referred girls would have enrolled if they had had the opportunity of doing so. Also not known is how many of the referred girls were called for an interview, how many of them did not respond favorably, and how many of those who were interviewed were refused admission. If information about these girls were available (why some showed no interest, why some were refused, and who these girls were as compared with those who were admitted) we would be in a better position to determine how selected a group it was that the project served, as well as how many pregnant school girls are apt to want to continue in school during pregnancy. Similar information about the characteristics of the girls who were not referred would, of course, add even
more to our understanding of these questions. This information would also be most useful for program planning.

It is known that most of the girls who were referred were never called for an interview. This was because, when openings occurred, the girls most nearly fitting the admission criteria and those whose admission was being most strongly urged were the ones most likely to be considered. In addition, by the time there was a vacancy, some girls would have been out of school too long to make consideration of school admission feasible. The number of girls who would have wanted to enroll if they had had an opportunity was undoubtedly high. For example, if most of the girls who referred themselves had been enrolled, their number alone would have equalled 60 percent of all the girls that Webster admitted over the 3 years. Yet these self-referrals constituted only about 15 percent of all referrals.

Part of the desire for and the scramble for admission is reflected in two rather poignant types of occurrences. Some girls called the school before receiving medical confirmation of pregnancy, hoping to reserve a place if it turned out they were pregnant. Others called in the hope of being enrolled before they told their parents that they were pregnant, thinking that this could ameliorate some of the anger and hurt that would probably ensue when they did tell them.

As to referral sources, it turned out that, overall, the Gales Clinic referred the largest portion of girls—31 percent. (See Table 2). The girls’ parents were the second most frequent source, their percentage being almost as large as Gales’. In about 15 percent of the cases the girls referred themselves, and the schools were the referral source in an equal proportion of cases.

Referrals from parents, schools, and the Gales Clinic increased most during the second year, while self-referrals and referrals from miscellaneous sources increased most during the third year. This may reflect a ripple effect. The organizations most closely associated with the project, and the parents they informed, were probably the first to learn of and appreciate the proffered services. Other organizations, individuals, and pregnant girls themselves probably became more familiar with the project later on, as it was more publicized and as girls who had attended Webster returned to regular school.

Girls were most likely to be accepted for admission to Webster if they were referred by school personnel and least likely to be accepted if they referred themselves. (Twenty-seven percent of all school referrals and 14 percent of self-referrals were accepted.) The former probably reflects the Webster School’s responsiveness to referrals by professional persons in their own field, as well as a desire to cooperate with these persons in order to ensure their cooperation with the project in return.

Referrals by parents resulted in the next highest proportion of acceptances. This undoubtedly reflects the project’s emphasis on parental motivation and support. Even if girls were highly motivated, their requests for admission were unlikely to be accepted unless their parents were willing to call the school, come for interviews, and promise their support.

The Girls Who Were Enrolled

In total, 487 girls were admitted to and entered the Webster School over the 3-year period, that is, about a fifth of the total number referred. One hundred and forty-six girls were enrolled the first year. In the second year, 25 of these girls were reenrolled because their babies had not yet been born. To their number, 136 new students were added, making a second year total enrollment of 161. The total enrollment for the third year was 219—14 girls who reenrolled and 205 new students.

Age and grade in school

As has been mentioned, original priorities would have directed the project to focus on girls under 16 years of age. Changes in the criteria, however, meant that a large
proportion of girls who were over that age were admitted. This was true in all 3 years of the project. Close to half of the girls selected each year were over compulsory school age. (See Tables 3, 4, 5.)

For the 3 years as a whole, 46 percent of the girls who were selected came from junior high schools and 54 percent from senior high schools. Their distribution by grade differed somewhat, but not significantly, from year to year.

Most of the Webster girls were in the normal grade for their age. If out of place, they were more likely to be advanced in grade level than retarded. Ten girls in the first year, 11 in the second, and 13 in the third were advanced in grade—8 percent of the girls admitted over the 3-year period. Only three girls were behind in grade for their age level. All of the latter were in the seventh grade and were admitted to Webster during the last year of the project.

Intelligence quotients and grade averages

Of the girls whose IQ’s were known (80 percent), just about as many had an IQ between 90 and 110 as had a rating below that level—188 and 190 girls, respectively. Eight of those in the below-normal range had an IQ below 70, and only one was below 60; the rest had IQ’s in the 70’s or 80’s. Eight percent of the girls had an IQ that was decidedly above normal.

Grade averages were available for about three-quarters of the girls. Sixteen percent were A or B students; 54 percent had a grade average of C. Thirty percent were D students. Only four girls had an F average.

Race and residence

Because of the racial imbalance in the school system of Washington (over 90 percent of the students are Negro), it is not surprising that only seven of the girls enrolled in the Webster Project were white while 480 girls were Negroes.

Most of the girls had either been born in the District of Columbia or had been living there for a long time. Eighty-five percent had been attending public schools in the District since kindergarten. All but 3 percent had entered the system before going into junior high school.

Pregnancy and marital status

Almost all of the Webster girls were pregnant for the first time. Except for one girl, who was admitted through error, the few who had previously been pregnant had not had babies who were born alive.

As has been noted, an important selection criterion for admission to the project was being in an early stage of pregnancy. This criterion was established in order to allow sufficient time to work with the girls and, as such, was rather carefully followed. Over three-quarters of the girls who entered the program were in no later than their 5th month of pregnancy, and 90 percent entered at least by the end of the second trimester. Twenty-two percent entered in the first trimester of pregnancy.

With a very few exceptions, the girls were single when they entered the Webster School. Fifty-four girls (11 percent) were married at the time the baby was born.

It was the social workers’ impression that, with minor exceptions, the Webster girls were not promiscuous. Nor did the stereotype of male exploiter seem to be a valid description of the majority of the putative fathers. The followup study of the girls who were enrolled in 1963–64 indicated that most of the girls had known the putative fathers from 1 to 3 years by the time they became pregnant. Only a fifth of the girls had known them a shorter period of time.

Three-quarters of the putative fathers were either the same age as the girls or within 2 years of that age. The rest were older. Approximately half of the putative fathers were in school with the potential for graduating or had already graduated. The other half had dropped
out of school. Fifty-five girls brought successful paternity suits against their partners.

**Family situation**

The home environment and family background of the girls varied widely. Although some of the families were intact and financially secure, many showed evidence of disorganization and deprivation.

In the first year's intake, more than half of the girls who were living with their own parents belonged to broken families. Most of these families were headed by women (usually the girl's mother). This was a considerably higher proportion of broken families than was characteristic of nonwhite families with children under 18 in the District of Columbia, as reported by the 1960 Census. Twenty-six percent of such families had one parent absent, and 21 percent were headed by women.

Further indications of family fragmentation and parental absence were found in the school records. It was noted that the father's name, occupation or address was missing from many records, these being pieces of information the students were asked to supply. Almost a third of the 487 girls at one time or another had left a blank space next to questions about their fathers. Approximately 15 percent had listed the name of a guardian instead of the names of their parents. (In most cases, this was probably not a legal guardian.) Other listings, such as temporary addresses and names of persons apparently unrelated to the girls, suggested that a number of girls had been shifted into and out of a variety of living arrangements.

Most of the girls belonged to large families, the median number of persons being about six per family. This is much above the 3.6 average for all Negro families in the District of Columbia in 1960. Ten percent of the families contained 11 or more persons, 24 percent had between eight and ten; 35 percent had between five and seven; and only 21 percent had less than five (6 percent were unknown).

According to the followup study of the first year's students, the socioeconomic status of most of the Webster families appeared to be lower-middle class. The median annual income of the families was $4,644, which is quite close to the median for all nonwhite families in the District as shown in the 1960 census ($4,800). Because of the greater number of family members in Webster households, however, their per capita income was considerably lower than the median for all nonwhite families in the District. Despite this and despite the large number of fatherless homes, only 19 Webster families that first year were known to be receiving public assistance. Half of these families listed that assistance as their largest single source of income.

Nearly two-thirds of the families in the first year's group contained more than one wage earner, and most of these second wage earners were regularly employed at full-time jobs. (The main wage earner was employed regularly and full time in over 90 percent of the cases.) For the 3 years as a whole, school records showed half of the girls' mothers to be employed. About a third of the mothers were in clerical, sales, or other service positions. Approximately 20 percent were private household workers. Very few were either operatives or professional workers.

Of the fathers who were in the labor market and whose employment status was known, 6 percent were unemployed. Over 40 percent of the fathers were listed as being skilled, semiskilled, or service workers. About 30 percent were engaged in unskilled occupations. Three percent were professionals and small-business proprietors. About a quarter of the girls left a blank in the space on school records relating to father's occupation.

It was the social workers' impression that in many of the families there had been a long history of discord and poor personal relationships. This social breakdown, they felt, was closely associated with financial stress, inadequate and crowded housing, and little or no recreation. Lack of understanding of the girls' emotional needs, inadequate parental supervision, and general absence of feelings of family solidarity were frequent. In spite of this, the girls selected to attend the Webster School must have had a certain amount of parental support, since this was a selection criterion. In addition,
as has been noted, the girls were, for the most part, average or better students, and all indicated a strong desire to finish school.

Summary

In general, then, it appeared that the selection priorities set up for the project at the outset were only partially followed as to age but fairly well followed as to stage of pregnancy. Girls under 16 and girls in junior high school constituted at least half of the Webster School's students, and 90 percent of the girls who were admitted were in the first or second trimester of pregnancy.

Within the above two priorities, much attention was given to trying to select girls who were motivated toward continuing in school and whose parents promised to give support to their desire to attend. While we do not have the information that would be needed to determine how much this criterion biased the selection, it seems likely that it made the Webster students unrepresentative of the total pregnant student population. To say this is not to imply that this criterion should not have been used, given the limited number of girls who could be served by the Webster Project. The point is made only to emphasize that what is learned from this project's experience should not be generalized to all pregnant school girls in the District unless further study is made.

The selected character of the girls in the Webster program is partially reflected in their IQ's, grade averages, and school placement as related to age. About half of the girls had an IQ that was normal or above. Close to three-fourths had grade averages of C or better. Only three girls were retarded in grade placement. Socially and economically, however, many of the girls were handicapped, and a few appeared to be living in dire poverty. How the girls compared in some of these respects with a matched sample of girls who were referred to the project but not enrolled is detailed in Chapter 5.
IV. THE STUDENTS’ PERFORMANCE IN THE WEBSTER SCHOOL

FROM THE FACTS already presented, certain questions about the feasibility of providing schooling and associated services to selected high school students during pregnancy have been answered. That public agencies can cooperate effectively in such a program is indicated by the ease with which the school system secured the cooperation of the District’s Public Health and Public Welfare Departments and by the nature of the services that were provided. The problem of finding a suitable site and educational equipment and an enthusiastic staff was solved without major delays. Many more girls were referred to the project than could be accommodated. In many cases, indeed, “pressure” was used to secure the admission of girls regarded as especially needy or worthy. Most of the girls who were offered an interview accepted, although the exact proportion is not known. Almost all of the girls offered admission entered the school.

With the feasibility of the program established to this extent, the next and very important questions, which bear on both the feasibility of the program and its accomplishments, are the following: Once the girls were enrolled in the school, what proportion continued throughout pregnancy and the post partum period? How regularly did the girls attend? Which girls attended irregularly and which dropped out? Did academic performance improve under the school’s tutelage?

Continuance at Webster

The major immediate purpose of the project was to enable pregnant girls to continue their education until they could reenroll in a regular school. As has been indicated, girls were carefully selected for admission, so that those given this opportunity were the ones judged most likely to take advantage of it. The findings on the number of girls who completed the program probably reflect this selection.

“Completion” is defined simply as either having remained in the Webster School until ready to be transferred to regular school or having obtained in Webster the course credits needed for graduation.

Of the 487 girls enrolled during the 3-year period, 422 (87 percent) “completed” the program. For almost all of these girls, program completion meant an opportunity to return to regular school at the grade level they would have achieved if they had not become pregnant. For 29 girls who were in the last year of senior high school when they entered the Webster School (6.5 percent of the total enrollment), program completion meant graduation. The proportion completing the program did not vary significantly from year to year.

In this respect, then, the Webster Project proved to be highly feasible. The great majority of girls who entered were able and willing to stay in school throughout pregnancy.
Webster's immediate objective for them—educational continuity during pregnancy—was therefore achieved.

**Length of enrollment**

Although program completion, as defined above, was one of the major goals of the Webster Project, length of enrollment was also regarded as important. A minimal enrollment period of 18 weeks was needed to cover all the material presented in the Personal and Family Living Course, the key to the program's special education and rehabilitation objectives. No mandatory period of enrollment in Webster was established, however, although preference was given to girls in the early stages of pregnancy in order to make a reasonable length of enrollment possible.

The school records show that approximately two-thirds of the girls (310) were enrolled for the desired 18 weeks or more. Nearly all (95 percent) of these girls completed the Webster program. The other third of the girls (177) were enrolled for less than 18 weeks. This latter group was composed mainly of girls who were admitted to the school relatively late in pregnancy or who had their enrollment period broken by summer vacation. One-quarter of these girls who were enrolled for less than 18 weeks dropped out of the program.

**Attendance**

Along with length of enrollment and continuance until completion, regular attendance would seem to be important because of its effect on learning and on exposure to the rehabilitation program. The school's attendance records were therefore regarded as another indication of the feasibility of the program.

In the first 2 years of the program, teachers and other school personnel spent considerable time and effort on improving attendance. They would call girls who were absent to check on the reason for nonattendance and would talk with their parents. By the third year, however, the pressure for enrollment had become so great that students whose attendance was noticeably poor were often told that dozens of others were waiting to take their places if they were not willing to attend.

Over the years, half of the girls (52 percent) attended school at least three-fourths of the time. An additional 39 percent were present from a half to three-fourths of the sessions. Only 9 percent attended less than half of the time.

Attendance improved substantially during the last 2 years. As opposed to 30 percent in the first year, 62 percent and 57 percent of the girls were present over three-quarters of the time during the last 2 years, respectively. Undoubtedly the program's operation stabilized as time passed. Knowledge of the long waiting list may have influenced attendance, since the last 2 years' percentages are much alike and are better than the first year's.

In viewing attendance, one must keep in mind that the students had the difficult tasks of attending school regularly while coping with the illness and fatigue that may accompany pregnancy. Pregnancy may have also meant an unusual amount of emotional stress. In spite of these handicaps, approximately 90 percent of all the girls who were enrolled were present over half the time.

Senior high school girls had somewhat better attendance records than those who came to Webster from junior high school. (See Table 6.) Fifty-seven percent of the senior high school girls attended at least three-quarters of the time as compared with 46 percent of the junior high school girls, a statistically significant difference. The project supervisor said she thought that the younger girls' parents were more solicitous about them and that this might have influenced their attendance, in that the parents may have been more inclined to let the girls "skip" school. Other factors possibly influencing attendance will be considered further on.

**Academic achievement**

The effect of the Webster program on the students' academic achievement could be
determined for about two-thirds of the girls. These were the ones—309 in all—for whom grade averages could be secured for the first full year before entering the Webster School and for the period in Webster. These girls' grade averages before coming to Webster were practically the same as those of the total Webster student body. One percent had had an A average, 15 percent a B average, 57 percent a C average, 26 percent D, and 1 percent F. 

In the Webster School, despite pregnancy, 50 percent of these girls maintained their previous grade averages and 30 percent improved them. Twenty percent received poorer grades in Webster than formerly.

Improvement took place most frequently among girls whose previous averages had been D or F; 70 percent of these girls raised their grades. It was least likely to take place among the B students. Indeed about 60 percent of these girls received lower grades in Webster than previously. The C students were the ones most apt to remain at the same level.

Some reasons for the improvement are suggested by the answers given by the students who were interviewed in the followup study of the first year's group. Most of the girls said that they could “concentrate better” in the Webster School (“no boys”, “nothing else to do,”), that they studied harder, and that because of smaller classes they learned more than in regular school.

The dropouts

As has been said, 65 girls (13 percent of the total) “dropped out” of the Webster School. This was in spite of the fact that some of these girls’ length of enrollment and stability of attendance exceeded that of girls who stayed until the end. The largest proportion of these girls (25 percent) were dropped by the school because of poor attendance. An almost equally large proportion left because of illness. Twelve percent said they left because they were not interested in school, while an additional 5 percent said they didn't like the Webster School. Eight percent reported some kind of family pressure against continuing in school, and the rest gave miscellaneous reasons for dropping out. The fact that so few girls left because of lack of interest in school (less than 2 percent of the total enrollment) and that even fewer reported family pressure against continued education probably reflects the enrollment criteria, which stressed positive motivation of both parents and students toward school.

Those who dropped out of Webster were likely to do so in the early stages of enrollment. Almost three-fourths left before completing 18 weeks. They formed a little over a fourth of the total Webster enrollees who were in the program less than 18 weeks. Slightly more junior high school girls (17 percent of their total) than senior high school girls (10 percent of their total) dropped out. This difference is not statistically significant, however.

Response to services offered

The girls' use of the program's services was, of course, related to their frequency of attendance, length of enrollment, and program completion, as described above. By and large, the girls seemed to take advantage of the services available to them and, for the most part, indicated that they felt the services were useful.

The only detailed information available on this subject, however, is that contained in the report of the followup interviews with 109 of the Webster students who were in the program during its first year of operation.

According to this report, the largest proportion of the girls (40 percent) cited baby care as the most useful subject they studied at Webster. In much smaller proportions, other useful areas cited were commercial skills, homemaking knowledge and skills, and a “different outlook on life and different attitudes toward love and sex.”

About half of the girls named baby care instruction as the major role of the nurse. On a four-step scale running from “very useful” to “not very useful” in the girl's life since she left Webster, three-fourths of the girls listed the
baby care instruction as very useful, and almost none rated it not very useful.

About a third of the girls who responded to questions concerning the social workers described the social worker’s role as that of discussing and helping girls with their problems. Three-fourths rated the entire social work function as very useful.

Two-thirds of the girls regarded the “talking and answering questions” role of the psychologist as very useful. Her total role was rated as less useful, but it is unlikely that the purpose of her tests and her consultative work was known to the girls.

Only half of the girls regarded the nutritionist’s overall work as being very useful. In this connection, it should be remembered that the nutritionist altered her teaching format over the years, so this first year group’s response may not be typical. In addition, probably many girls had little opportunity to use much of what the nutritionist taught.

As a group, the girls remembered the Webster professional staff as being warm, friendly, and interested in them. They were especially appreciative of the amount of time that the teachers and other staff members spent with them individually. That many of the girls urged friends who became pregnant to apply for admission is probably another indication of students’ favorable reaction to the program.

Cost of the program

The average total cost of the program was approximately $550 per pupil. Most of the expenditure was for salaries, although some unusual costs, such as building renovation and research, are included in the figure.

Summary

Overall, then, the girls’ response to the services offered was a positive one. With few exceptions, they said they liked the program. For the most part, they felt what they had been taught was very useful, particularly in areas that had immediate practical application. Although attendance was rather irregular, especially among younger girls, the majority of the girls were enrolled in the program the desired length of time. The girls’ academic accomplishments were adequate, at least as compared with their previous performance in school. The grade averages of only a small proportion of girls declined.

Most important, almost all of the girls remained in Webster throughout the expected period, thus achieving one of the project’s main goals, educational continuity. Thus the project’s feasibility is clearly established from this point of view. Girls of the sort selected for admission to the Webster Project do want to and can and will attend such a program. Furthermore, nearly all of them will stay in the program until ready for transfer to regular school.

The expenditure involved in operating such a program may be viewed primarily as one which permits children to receive the schooling to which they are entitled. If so, the additional cost of such a program per pupil is dependent upon the kind and amount of special services provided.
V. THE PROJECT'S EFFECTIVENESS IN PROMOTING CONTINUANCE IN SCHOOL

WITH the feasibility of the project established, the reader will next want to know how successful the project was in achieving its stated objectives. As has been shown, the project was highly successful in providing continuing education for selected school girls during the course of pregnancy. Its educational, health, welfare, and psychological services were apparently well accepted by the students and generally viewed as helpful.

The next questions to be considered are:
How effective was the project in securing the girls' return to regular school and their continuance in school until graduation? Did its services result in a decrease in the proportion of girls who had what physicians call complications of pregnancy and delivery? Were the rates of premature births and perinatal deaths reduced? Were the girls who attended the Webster School less likely than others to become pregnant again, especially out of wedlock?

It is perhaps too much to expect that 20 weeks or so in school—even in a special program such as the Webster project provided—would have marked, long-range effects, especially on so complicated a phenomenon as illegitimacy. Nevertheless, the administrators of the project had high hopes; at least they wanted to find out what a program like that of the Webster School could accomplish.

In this and the subsequent chapters these questions will be pursued. They will be answered in two ways. First, the outcome for all Webster students will be presented. Second, the outcome for the students who were enrolled during the second year of the project will be compared with that for a matched group of girls who did not attend the Webster School. Such a comparison is necessary if cause-and-effect relations are to be imputed. It should be emphasized, however, that even the use of this comparison group does not firmly establish causal relationships but is merely suggestive of the project's effectiveness.

The Comparison Group

For the purpose of comparison, it was decided to follow the histories of a number of pregnant girls who did not attend the Webster School. However, some difficulty was encountered in selecting proper cases. Since the selection was made in 1967, when the present evaluative study was carried out, there was no possibility of securing a truly random group, as might have been done during the admission process. The best that could be done instead was to use the list of referrals and attempt to find matches with girls who were enrolled in the project.

It was decided to try to match the 136 girls who were enrolled in the project in the second year with an equal number of pregnant girls who had been referred during that year but had not been enrolled. The second year of the project was chosen for study in order to allow for both a maturing of the program and a reasonable period of time lapse between the end of...
the girls' stay in Webster and the first half of 1967, when the present study was made.

As has been shown above, lack of enrollment did not at all imply refusal of enrollment on the part of either the girls or the school, though it could mean that in some cases. What it does mean, however, is that it is not known to what extent the girls chosen for the comparison group were as well motivated to continue in school as were those who were enrolled. It should be noted in this connection, however, that the same proportion in each group were referred by parents.

The referral records contained information on only three characteristics of the girls who were not enrolled—age, grade, and absence of previous childbirths. After the followup was well underway, however, it was discovered that four girls in the comparison group had previously had a child. Since no adequate substitutes could be found for these girls, they were kept as part of the comparison group.

As established, the comparison group consisted of 136 girls who did not attend the Webster School and who were matched by age and grade with the 136 girls who attended Webster during its second year of operation. These 272 girls constituted over a third of the total referrals listed for the school year ending June 1965.

The girls in the comparison group were found to be like those in the 1965 Webster group in a number of ways. By design the two groups were alike in age and grade, and, with four non-Webster exceptions, all of the girls were preparing to give birth to their first child. Almost all of them were Negroes. About the same proportion in both groups were born in the District of Columbia (almost 80 percent). A few more Webster girls were married at the time the baby was born (13 percent as opposed to 8 percent). These numbers are so small, however, that the difference between them is not regarded as significant.

The Webster and non-Webster girls did differ, however, in a number of ways. The Webster girls may have been slightly better off financially. More of them received prenatal care, and more received this care from a private physician (see Table 16).

Webster girls may also have been somewhat more likely to come from intact families, although an equal proportion (14 percent) in the two groups were living with "guardians." On the public school records filled out by the pupils, employment status of the non-Webster girls' mothers was left blank or marked "unknown" in 30 percent of the cases as contrasted with only 8 percent of the Webster cases. This may indicate that non-Webster girls were less likely to be living with their mothers. The father's employment status was marked "unknown" or left blank in 39 percent of the non-Webster cases as contrasted with 21 percent of the Webster. Sixty-four percent of the non-Webster girls, as opposed 38 percent of the Webster girls, had at one time or another been unable to supply requested information about their fathers.

As has been noted, equal numbers in the two groups were referred to the Webster Project by parents. Fewer of the non-Webster girls were referred by the schools (15 percent as compared with 27 percent). (As has been stated, the Webster School tended to give preference to girls referred by schools.) It may be that girls referred by schools were those who seemed to show more promise, since such girls may have evidenced what the teachers regarded as good citizenship and acceptable academic performance.

The above information should be kept in mind throughout the discussion on outcome. In general it would seem to indicate that there is some reason for thinking that, although many of the Webster girls came from disadvantaged homes, they were likely to be somewhat better off than many of the girls who were referred. First of all, they had some degree of parental support. Many, in addition, had strong support from a referring source. In a good many cases that support came from the schools. The Webster girls were known to be doing well in school, by and large. Their financial status, although often poor, may have been better on the average than the other girls'. They appeared to the project staff to be well motivated, at least at the outset. Based on these findings, it is probably not inaccurate to say that the prognosis for Webster girls achieving the program's objectives was
certainly as good if not better than for the girls in the comparison group.

This of course leaves unanswered any questions about pregnant girls who were not referred to the project—approximately as large a number as were referred. Further study might show that some of those not referred were of higher social status (socially concerned and economically able to consider such alternatives as maternity homes and abortions). It might also show that others were nearer the bottom of the poverty scale (financially unable to consider further schooling and more resigned to the “fate of illegitimacy” and incomplete education). More information about girls not referred to the program would be most useful in program planning for the future.

Return to Regular School

The central purpose in providing girls with an opportunity to continue in school while pregnant was to facilitate and encourage their return to regular school following childbirth. One measure of the Webster program’s effectiveness is therefore found in its ability to achieve this objective.

The Webster students

Information about the subsequent school history of the Webster students is given in Table 7. The figures shown there (secured from public school records) refer to the situation in June 1967, that is, from 1 to over 3 years after the girls left Webster. A word of caution must be given about the table. Because of the different lengths of time that had elapsed, the figures for the various years are not really comparable, nor do the figures for the group as a whole (the “total” column) necessarily indicate what may happen in the longer run.

The 1964 figures are probably the most reliable, for girls who attended the Webster School in that year had had the greatest length of time to show whether they would eventually return to school and stay until graduation. Because there were some differences among the student groups in the various years, however, even these 1964 figures are not necessarily predictive of the performance of the subsequent years’ students. They do, nevertheless, give the best estimate of what is likely to happen.

Information about return to regular school was secured for all but three of the 487 girls who were enrolled in Webster sometime between 1963 and 1966. Twenty-nine girls had graduated while in the Webster School. Of the remaining 455, only 83 had not returned to regular school by June 1967, when the check of school records was made. In other words, by that time 84 percent of all the girls who had not already graduated returned to regular school.

This proportion varied somewhat from year to year. Table 7 shows that, by June 1967, 90 percent of the girls who were in Webster in the school year of 1964 had either graduated in Webster or had returned to regular school. The corresponding percentages for the following 2 school years were 84 and 76, respectively. In other words, the proportion returning to regular school apparently decreased, even though it still remained high.

To what extent was this apparent decline a reflection of the difference in lapse of time between the dates of leaving Webster and June 1967, and to what extent were other factors operating? These questions cannot be adequately answered. We do know, however, that in the 1964 group of students, only 3 percent of those who did not immediately reenroll in regular school reentered later. This suggests that the difference in time lapse was probably not a major explanation of the decrease in rate of return to regular school on the part of the 1965 and 1966 students. It may be that there was a decrease in the amount of followup of reentry on the part of the Webster staff, and it may be that the students themselves differed from year to year in some significant ways.

Whatever the explanation, it is to be
noted (as will be detailed below) that the decline in return to school may have been partially counterbalanced by an increase in the proportion remaining in school once they did reenter. As can be calculated from Table 7, 51 percent of the 1964 girls who reentered had dropped out by June 1967. The corresponding figures for the next 2 years were 35 and 25 percent, respectively. Here the difference in time lapse is a factor, of course, but the decline in proportion of dropouts may be greater than can be accounted for by that explanation.

The non-Webster girls

The Webster School’s achievement in returning girls to school becomes even more notable when contrasted with the record of the girls who did not attend Webster. Out of the 136 girls in the matched comparison group, 40 percent failed to return to school, as compared with 16 percent of the 136 girls who attended Webster in 1965. This 24 percentage point difference between the two groups is statistically significant.

The kinds of help the project gave with respect to return to school points up problems that non-Webster girls may have had to face. Non-Webster girls over age 16 would not have been sought out by the school system following childbirth. Even if they did try to reenter, some schools might have refused to take them back and the girls might not have applied to other schools for enrollment.

Moreover, many of these non-Webster girls would have been as much as a year behind in school by the time they were able to reenter. In addition, many of them would not have had the outside help they would have needed to deal with family relations and other problems and to work out plans for baby care. Undoubtedly, there was not the same consistent encouragement for school continuation in their lives as in the lives of the Webster girls.

Although it is not known which, if any, of the above factors led to the poor return rate of the non-Webster girls, Webster programming to alleviate these problems does show an effect. The Webster girls’ rate of return to school following childbirth was gratifyingly high.

Webster students who did not return

In spite of this good showing, there were 83 girls who had not returned to regular school by June 1967. Nonreturnees constituted 10 percent of the 1964 group, 16 percent of the 1965 group, and 24 percent of the 1966 group.

An examination of the scanty information suggestive of why the 83 girls did not reenter school indicates that the compulsory school attendance law was not an important influence. It was expected that girls of compulsory school age would be more likely to return. It was therefore somewhat surprising to find that these girls did not return at a greater rate than the girls who were over 16. This was also true of the non-Webster group. Non-Webster girls 16 years of age and older returned in the same proportion as those who were of compulsory school age. This serves as a first clue as to the possibility that more or greater deterrents were operating in the lives of the younger girls. These deterrents will be discussed more fully later on, when the relationship of age to school outcome is examined in detail.

Thirty-eight (close to half) of the 83 Webster girls who did not return to school had dropped out of the Webster School before they could be transferred to regular school. In some of these cases, the same factors that caused girls to drop out of Webster may be assumed to have kept them from returning to regular school. In very few cases, however, are the actual reasons for not returning known. This lack of information is due partly to the fact that once the girls had left the school, the project administrator almost immediately lost track of them. Even information about whether or not the girls reported to their new schools as arranged was rarely given to Webster. The girls who had dropped out of the Webster program were not followed at all.

Nevertheless, in a few cases the reasons for not returning could be ascertained. For nine girls the reason was a second pregnancy
(one girl was pregnant with a second child when she left Webster). Three girls said they were no longer interested in school. One said she had to work, another that her husband objected, a third that she did not like the school to which she was transferred. Five of the girls listed baby care as preventing their return to school. For the other 63 girls, no reason for lack of return was noted on the school records.

It may be significant that over a quarter of the 83 girls who did not return were married by the time of the child's birth. This was a much higher proportion than in the total Webster group, where the proportion was only 11 percent. Some of the other projects for pregnant school age girls report that married girls sometimes have more difficulties than unmarried girls. Many of them are rejected by their families, isolated from their peer group, and financially threatened, even as they try to meet the demands of familial responsibilities.

Continuation in School After Return

As has been said, the Webster project's involvement with the girls usually stopped with their transfer to regular school. It was hoped, however, that the project would have so lasting an influence on the girls' educational attitudes, interest, and abilities that a high proportion of those who reentered regular school would stay in school until graduation. To see to what extent this hope was fulfilled and whether the Webster girls did better than those who were not enrolled, an examination was made of the girls' subsequent school history. The figures are presented in Table 7, and a comparison with the non-Webster girls is shown in Table 8.

The Webster students' record

As of June 1967, 52 percent of all the girls who had attended Webster were either in regular school or had already graduated. Forty-eight percent were not in school.

There was a decrease year by year in the number of girls who dropped out after returning: 46 percent, 31 percent, and 19 percent of the total number of Webster students in the respective years. To a considerable extent, these differences are attributable to the varying amount of time that had elapsed between the date of school reentrance and June 1967. Since only a year or less had passed for many of the 1966 girls, it seems likely that some of them—as well as some of the other girls—will later drop out. If this happens, the outcome picture for the Webster girls as a whole will also be affected. In other words, the 50-50 continuation versus noncontinuation rate may in the long run not be an accurate figure.

Over the 3 years, there appear to be some differences in school outcome that go beyond the time-lapse explanation, however. By June 1967, 35 percent of the 1964 girls had graduated as compared with 31 percent of the 1965 group. The smallness of this difference suggests that the 1965 group may in the end do better than the 1964 group. One factor that may be related to the apparently better outcome for 1965 may be the stabilization of the Webster program that had occurred by that time.

The third year's group of girls (which did not in June 1967 give promise of bettering either the first or second year's record) was probably still too much in flux to justify accurate predictions. Nineteen percent of these girls had dropped out after returning to regular school. This lack of noticeable improvement over the 1965 group may reflect the sudden expansion in the Webster student body (with subsequent loosening of criteria and lessening of services) that took place during the last half of 1966.

Overall, since the difference in trends over the years seems rather minor, it is probably fairly likely that the final outcome for all 3 years will show that at least 45 percent of the girls who attended Webster went on to graduate from high school.
The comparison group's record

Greater understanding of the Webster School's results can be achieved by taking the Webster school-outcome figures out of isolation. One perspective is provided further on in the report when a comparison is made between the school records of the Webster girls and those of their nonpregnant peers. Another is provided by comparing the Webster results with those of the matched group of non-Webster girls.

Table 8 shows how the school outcome record of the girls who attended the Webster School in 1965 compares with that of the matched group of girls who were not enrolled. In making this comparison, we have to remember that the girls who were chosen to attend the Webster School were selected in part on the basis of motivation to continue in school, while those in the comparison group represented, doubtless, a mixture of girls who were well motivated and those who had less interest in continuing. Motivation is, however, not the only factor that determines continuation in school, as is suggested by some of the facts detailed further on.

It has already been shown that Webster attendance made a substantial difference in the proportion of girls who returned to school. Now it becomes clear that the total school outcome of the Webster girls was quite superior to that of the non-Webster girls.

By June 1967, 54 percent of the 1965 Webster girls were either still in school with the potential for graduating or had graduated. This contrasts with 35 percent for the non-Webster girls—almost a 20 percentage point difference. Forty-six percent of the Webster girls were not in school, as compared with 65 percent of the non-Webster girls. Thus Webster girls did significantly better in total school performance than non-Webster girls.

The difference between the two groups almost disappears, however, if the comparison is limited to the girls who returned to school. In that case, 61 percent of the Webster girls who reentered had dropped out, as compared with 42 percent of the non-Webster girls.

The closeness of the above percentages indicates that if they returned to school, the girls who did not attend Webster were just about as likely as the Webster girls to remain in school and graduate. It may be that this results from a selection process, in that the non-Webster girls who returned to school were the ones most likely to continue until graduation. If so, this suggests that some of the non-Webster girls were at least equal to and perhaps superior to the Webster girls in motivation, parental support, and the like.

To say this—especially with the limited state of our information about the girls in either group—is not to diminish the impact of the Webster program. In toto, the Webster girls had significantly better school outcomes. However, further study might show that certain types of girls will return to school and do well regardless of whether or not they are given the kind of help the Webster project provided. It might also show that other types are in special need of Webster's services to enable them to return to school and that in both groups there are girls who need extra help even if they do return to school. Program planning might therefore give special attention to those girls whose prognosis for return is poor and who appear to need special guidance and encouragement for continuing in school after returning.

Some Details About the Post-Webster School Histories

Schools to which the girls returned

The policy of the District of Columbia school system is to return pregnant girls to schools other than the ones which they attended prior to delivery. It was found, however, that some girls were taken back by the schools from which they came to Webster. Among these were
vocational schools whose programs were not offered in other nearby schools; schools in which girls had been enrolled only briefly before leaving because of pregnancy; and schools whose principals were flexible in interpreting policy. In total, 11 percent of the Webster girls (42 students) went back to the schools they originally came from. In the main, however, Webster girls (333) returned to different schools.

Non-Webster girls, if they went back, were less likely than Webster girls to return to a different school. Twenty-five percent of those who returned went back to the same school, as contrasted with 17 percent of the matched Webster girls. This may have occurred because non-Webster girls perhaps turned first to their own schools, where—especially if they had a good record—they might be accepted. In addition, if non-Webster girls were turned down by their own school, they may not have pursued entry into other schools.

Ninety-six percent of the Webster girls who went back to school entered day school rather than night school. Non-Webster girls were significantly less likely to enter day school: 77 percent of the non-Webster group entered day school as opposed to 99 percent of the matched Webster group. Thus almost a quarter of the non-Webster girls who reentered went directly into night school, while only one of the matched Webster girls did so. However, over the course of time, 20 of the 136 matched Webster girls shifted to night school, bringing their number to within two of the number in the non-Webster group who had started in night school.

The use of night school by the non-Webster girls is possibly related to lack of satisfactory day care arrangements for their infants. Webster girls were encouraged to plan for day school attendance because of the shorter period of day school enrollment needed to complete their schooling and the generally richer programs offered in day school. However, the transfer of Webster girls into night school may indicate that changes in their baby care plans necessitated a switch.

The complexity of going to school as a mother is shown by the shift toward night school by the Webster group as a whole. Thirteen percent (46) of all Webster girls who started day school eventually transferred into night school in an effort to continue their education.

The school outcomes of the Webster girls who either entered directly into or later transferred into night school are better as a whole than those of the Webster girls who attended only day school. Seventy-eight percent of the night school attendees either graduated or are still in school as compared with the 57 percent of the day school attendees. Among other things, this suggests strong motivation for continuing school among night school attendees. Although whatever caused the girls to drop out of day school may have prevented their reentry into night school, the positive record of girls in night school places emphasis on this kind of attendance. It particularly highlights the valuable role that night school served for girls in Webster who wanted to finish their education.

Interruptions in schooling following Webster

Of the 372 girls who were known to have returned to regular school, 51 percent (190) were able to continue in school without interruption or dropping out. Of these 190 girls, approximately half had already graduated by June 1967. One hundred and eighty other girls were known to have had their schooling interrupted following reentry into the regular school system. Yet over a quarter of these 180 girls (54) managed to return to school again. Only eight of those 54 girls, however, had graduated by 1967; 21 had dropped out.

For the girls whose schooling was interrupted following Webster, the timing of their dropout seemed important. Table 9 shows how soon the girls first dropped out after reentering regular school. Included are both those girls who later returned as well as those who did not return.

Eighty-seven percent of the 180 who dropped out had done so before they could enter the second full year after their return to school. Thirty-eight percent had dropped out before
they could enter their first full year back. A quarter of the girls had dropped out before even 3 months of school had passed following Webster. The first year back at school must therefore be termed a very crucial one for these girls. It is during that time that they face adjustment to the dual role of school girl and mother. It is then that the strength and durability of the baby care plans are tested. It is then that crucial decisions regarding relationships with the putative father and others are often made.

Through their followup group meetings with the girls, the Webster social workers learned that the girls sometimes faced hostility from teachers and administrators in their new schools. At times, the girls were threatened with expulsion for minor absences. Many times, the baby care plan had not included care of a sick infant or off-schedule trips to a doctor or clinic. When the baby became ill, the girls remained at home. Many of these girls attended school when they themselves were ill rather than risk accumulating too many absences.

Some girls told the social workers that boys in the new schools were overly attentive to them, though not usually in a "serious" way. Other girls felt awkward about telling boys that they had had a baby, if the boys, unaware of it, did become seriously interested in them.

**Reasons for dropping out following reentry into school**

For almost a third of the 147 girls who reentered but were no longer in school in June 1967, the reasons for dropping out following Webster are not known. In looking at the known reasons, it should be remembered that some girls may have given the schools valid but not overriding reasons for leaving.

Thirty-two percent of all the girls who dropped out said they did so because of a second pregnancy. This was by far the reason most frequently mentioned. Poor attendance accounted for 9 percent of the Webster dropouts. Being over compulsory school age, baby care, work, moving, marriage and other reasons were given in about equal numbers, accounting for close to 20 percent of the dropouts. As has been mentioned, 30 percent of the girls gave no reason.

The only difference between the 1965 Webster group and the comparison group on this point was that in the non-Webster group pregnancy was listed as the reason by only 15 percent of the girls in contrast to 30 percent of the Webster group, and "reason not known" accounted for 45 percent as opposed to 15 percent, respectively.

**Academic progress after reentry**

Even though, as of June 1967, 147 Webster girls who had returned to school were no longer in school and had left before graduating, they still had made some academic progress. Approximately three-quarters of them had advanced from one to three grades before they dropped out of school, the largest proportion advancing one full grade (59 percent). The rest of the girls who had returned to school (221) were, of course, still advancing in school or had already graduated.

As was said in the previous chapter, a comparison of grade averages of 309 girls before and during Webster showed that 80 percent of the girls either maintained or improved their grades in Webster. The girls who had formerly had the lowest grade averages were the ones most likely to improve.

The grades of only those 1964 and 1965 girls who had been in regular school for at least one full academic year were available for a post-Webster comparison—114 girls in toto. In their first full year back in regular school, 28 percent of these girls had grades that were higher than their pre-Webster grades; 44 percent had the same grade averages, and 28 percent were lower. As happened in Webster, the girls most likely to have improved their grades were the D students. (All but one of them raised their grade average.) The C students did less well, in that only a quarter raised their grades, although half maintained the C grade level.
Two-thirds of the B students were not doing as well in school as they had done before going to Webster.

It will be shown later that, despite these findings, the girls with good pre-Webster (pre-pregnancy) grades had better school outcomes than did those with poor pre-Webster grades. One explanation of the apparent contradiction may be that among the poorer students, it was primarily those with the greatest academic potential who returned to school and stayed for at least a year. Or it may be that the factors in these girls' lives that led to pregnancy also led to their being poor students, and that the assistance given in the Webster program helped these girls greatly.

It should also be taken into consideration that good students who barely maintain or lower their grades are not as likely to fail in school as are poor students who barely maintain or lower their grades. Under stress conditions and without the academic leeway of the better students, these latter girls may either not pass or be discouraged enough by their school performance to leave voluntarily. If this is so, schools should perhaps give special attention to girls whose level of performance is such that a decline in grade average could endanger their remaining in school.

Factors Affecting School Outcome

In the following discussion of possible factors in the school outcomes, an examination is first made of factors associated with the Webster program: whether the girls stayed until completion, their length of enrollment, intensity of service provided, and type of school to which transferred. Then the relation between school outcome and certain social and personal attributes of the girls is examined: age and grade, IQ, disposition of their infants, marriage, subsequent childbirths. This is done in an attempt to try to identify some of the factors which contributed to or operated against remaining in regular school.

Program completion and length of enrollment in Webster

The effect on school outcome of completing or not completing the Webster program has already been partially described. Sixty percent of the girls who left the Webster School before completing never returned to school, as opposed to 11 percent of those who completed the program. (See Table 10.) Less than 2 percent of those who did not complete the Webster program had graduated by June 1967, as contrasted with 30 percent of those who completed the program.

The reasons for withdrawal from Webster may have continued to influence both the return to regular school and ability to remain in school. Half of the girls who did not complete the Webster program but who did reenter regular school eventually dropped out, as opposed to 39 percent of those who completed Webster.

Contrary to what might be expected, spending a greater amount of time in the Webster program did not make a significant difference in motivating or assisting girls to finish regular school. It is true that a higher percentage of girls who were in the program over 18 weeks than of those who were in under 18 weeks reentered regular school. This is not surprising, however, since the girls who did not complete the program were more likely to leave in the early stages (under 18 weeks) and were less likely to reenter regular school. However, in looking at the total picture, this initial difference is muted. As of June 1967, 49 percent of those who had been in the program under 18 weeks were still in school or had graduated. Fifty-three percent of those who had been in the program 18 weeks and over were still in school or had graduated. As this difference was not statistically significant, it cannot be assumed that the amount of time spent in the program substantially affected school outcome.
Intensive services

Apparently the intensity of service girls received while in the Webster School had an impact on their later school attendance. As has been mentioned, some of the girls in Webster who were designated as having severe problems were discussed in special case conferences and received intensive staff effort. When 76 of the Webster girls who received this special assistance during the first 2 years were compared with the Webster girls in those years who did not receive this sort of service, it was found that about the same proportion of girls in the two groups reentered regular school. As of June 1967, 47 percent of the girls who received the special care were in school or had graduated as compared with 49 percent of the girls who had not. Since the girls referred for special care were presumably more disturbed than the others, the fact that they had school outcomes comparable to the other girls suggests that the services they received played a meaningful part in their return to and success in school.

Return to own school

It was assumed that placement in schools other than those the girls had come from might have had an adverse effect upon their ability or desire to stay in school. Such girls might have had to travel further to get to school, might have missed the association with students they knew, etc. This is not to imply, however, that all girls would have preferred to return to their former schools. Some comprehensive programs for pregnant teenagers usually return the girls to their former schools, on the assumption that the girls would feel rejected otherwise. In the District of Columbia, the girls seemed to have mixed feelings on this matter.

It was found that what schools the girls entered did not make a significant difference in school outcome. Practically the same proportion were still in school or had graduated (about 60 percent) regardless of whether they went back to the same school or went to a different school. Other factors, such as the receptivity of the school the girls entered, apparently play an equal or greater role than familiarity with the school.

Age and grade at entering the Webster School

The age of the girls on entering Webster appears to have been one of the most significant factors in school outcome. (See Table 11.) It has been seen that age (being under or over the compulsory school age limit) did not greatly affect the likelihood of return to regular school. Girls who were 16 and over when entering Webster, however, were more likely to continue in regular school once they reentered than those who were under 16 when they entered Webster. As of June 1967, 63 percent of the girls who were over compulsory school age when they entered Webster had graduated or were still in school, as compared with 44 percent of those who were of compulsory school age.

This may seem to be a rather surprising finding. It is true, of course, that the younger girls had a longer period of time to attend school before graduating. Indeed, the fact that the dropping out of the younger girls occurs over time is reflected in the differences among the 3 years. The percentages for girls 16 and over who were in school or had graduated was 64 percent, 61 percent, and 63 percent for the 3 years, respectively, as compared with 30 percent, 48 percent, and 52 percent for the girls who were under 16. The 1964 differences are particularly important, for they show what happened over a 3-year period.

It is also interesting to note that the non-Webster girls' outcomes reflected the same favorable trend. Of those who returned to regular school, 36 percent of both non-Webster and matched Webster girls under 16 were in school or had graduated as contrasted with 62 percent and 70 percent of the older girls.

Because of their age, the younger girls were less likely to be married and to have established separate homes, more likely to have had some form of adult assistance in caring for their babies, and less likely to have been able to drop
out of school without a valid reason, and less likely to have found employment if they did drop out. All these factors might lead one to expect that girls under 16 when entering the program would be more able to stay in school than the older girls. However, the evidence is to the contrary.

One explanation may be that girls who become pregnant at an early age are more likely to be emotionally disturbed than the older girls. For them, too, pregnancy may be more likely to be indicative of lack of guidance and supervision. That they became pregnant at an early age may mean that they had not yet developed a sense of importance about themselves. Since it is less likely that their pregnancy was the result of a mature emotional relationship, it may have instead been a way to gain attention or deal with stress in their personal life. Coupled with such factors, which in themselves may influence school outcome, is the likelihood that younger girls may not have gained a mature sense of the importance of school, and they may be less aware of the "facts of life."

The social workers noted that many of the girls, through TV and mass media, had romantic associations about pregnancy. Some fantasied it as a way to marry or at least to retain their relationship with the putative father. Some girls found it difficult to view motherhood as a serious responsibility. Among younger girls this attitude often remained until after childbirth. Only when presented with the separate identity of the baby were they able to begin to face realistically the problems of being teenage mothers. Some younger girls never appeared to face this. Girls who were especially immature seemed to view their babies as dolls. Infants of younger girls were sometimes absorbed into the family unit in such a way that they became siblings rather than sons or daughters. In contrast, the more mature girls (many of whom were high school seniors or were engaged or already married) were eager and ready to accept the responsibility of being a parent.

Some of the Webster School's staff said they noticed a difference in the attention span of the younger and older girls. In particular, the teachers noted that the younger girls were often more difficult to keep interested. Because of their different interest levels and responses, an effort was made to group them separately for the personal and family living lectures and discussions. Social workers found long-range planning more difficult for the younger girls, for the girls had little idea of the direction they wanted their lives to take or the goals they could realistically expect to achieve.

The comment was also made that one effect of the compulsory school law on the younger girls was to relieve them of the suspense experienced by the older girls. Younger girls as well as their parents knew they could always return to school. Older girls more closely associated their return to school with Webster's ability to make a way for them and their own ability to do well once they reentered.

**Grade in school**

By 1967, the senior high school girls were much more likely to have a good school outcome than the junior high school girls. Sixty-three percent of the senior high school girls were still in school or had graduated as opposed to 41 percent of the junior high school girls.

The influence of school grade on continuance in school is further confirmed when the Webster girls' performance in this respect is compared with that of their nonpregnant classmates in the District school system. The first comparison refers to girls who came to Webster from the eighth grade in the school year, 1964. By June 1967, 76 percent of these girls' public school classmates had graduated or were still in school as compared with only 32 percent of the Webster girls. This is a difference of 44 percentage points. In contrast, when the comparison was made for Webster girls who were in the 12th grade in 1964, it was found that by 1967, 90 percent of their public school class had graduated as compared with 84 percent of the Webster girls—a difference of only 6 percentage points.

When the 1965 figures were compared, much the same difference was found. For the Webster girls who were in junior high that year,
there was a 50 percentage point difference between their school outcomes in 1967 and those of their nonpregnant classmates. Between the 1964-65 senior high school girls and their classmates, there was only a 10 percentage point difference.

These figures serve to point up the impact of pregnancy on girls in general and particularly upon younger girls, where the effect can be seen to have been quite devasting. (See Table 12.)

**Intelligence quotient**

IQ, it was found, improved school outcome only when it was above normal. Eighty-five percent of the Webster girls whose IQ's were above normal were still in school or had graduated by June 1967, as compared with 52 percent of the girls with an IQ between 90 and 110, and 50 percent of the girls whose IQ's were below normal. (See Table 13.) Despite the closeness of the percentages in the normal and below-normal categories, however, there was a slight trend toward better school outcome in favor of the normal girls. More of the girls with a normal IQ had graduated (30 percent) than of those whose IQ was below normal (18 percent), leaving 22 percent of the normal IQ girls still in school and 32 percent of the below-normal-IQ girls. Therefore, more of the below-normal-IQ girls will have to graduate to keep the two groups in balance.

**Pre-Webster academic achievement**

Academic achievement in the form of grade averages was found to be positively related to later school outcome.

Grades for the complete year before becoming pregnant and entering Webster were available for about three-fourths of the students (356 girls). Two of these girls had been A students, 56 B, 193 C, 101 D, and 4 F. There was no significant difference between the grade averages of the junior and senior high school students, the median in both cases being C.

The girls who graduated while in the Webster School or within a few months after reentering regular school were more likely to have been B students than either C or D students before entering Webster. (See Table 14.)

Twenty-three percent of the B students, 11 percent of the C, and 10 percent of the D graduated. The girls who returned and completed at least one full year were also more likely to have been former B students than either C or D students. The respective proportions were 70 percent, 52 percent, and 45 percent.

By 1967, the girls whose grade averages had been high before entering Webster were more likely to be still in school or to have graduated. To be more specific, 65 percent of the former A or B students were in school or had graduated, as contrasted with 54 percent of the former C students and 34 percent of the former D or F students. Nevertheless, that a third of the previous D's and F's had not dropped out of school seems in itself a considerable achievement.

**Placement of the infant and marriage**

Almost all of the Webster girls kept their babies. Out of the 487 girls, only 30 were known not to have their babies living with them. These included those whose babies died, those whose babies were in foster care, and those whose babies were placed for adoption. All but one of these 30 girls reentered school.

Four hundred and forty-seven girls were known to have kept their babies. The location of the babies of 10 girls was unknown. Sixty-five percent of the 30 girls who did not keep their babies were still in school or had graduated in 1967, as contrasted with 50 percent of the girls who kept their babies. Although baby care and placement of the babies may have had an influence on the school outcome, the number of girls who did not keep their babies was so small that no meaningful statistical association between keeping the baby and remaining in school could be determined.

Marriage was also assumed to have been a factor likely to affect school outcome. Of the
54 girls who were married by the time of first childbirth, 23 did not reenter school. These 23 formed slightly over a quarter of all the girls in Webster who did not reenter. They formed, however, 43 percent of the total number of married girls. Of the unmarried girls, only 14 percent did not reenter school. (See Table 15.)

Of the 30 married girls who reentered school (the reentry status of one girl was unknown), only four dropped out; 25 (83 percent) were still in school or had graduated by 1967. This compared with 61 percent of the girls who were not married. Thus although marriage may definitely influence the decision on whether or not to return to school, the married girls who did decide to return were particularly likely to stay in school.

When the total school outcome of girls married at the time of first birth is compared with that of girls who were not married at that time, however, 50 percent of the married girls were in school or had graduated as contrasted with 52 percent of the unmarried girls. There is no meaningful statistical difference here. Therefore whether or not girls are married cannot be said to make a difference in the total school outcome, although marriage does seem to affect the decision to return to school and the continuance in school of those who do return.

Subsequent pregnancy

Although the question of subsequent pregnancy will be covered in more detail later, it is examined here in connection with school outcome. No attempt was made to examine where the girls were in the educational process at the time of their second pregnancies. However, two facts are immediately apparent. At least one third of the permanent dropouts gave "second pregnancy" as their reason for leaving school. Girls who had graduated from school by June 1967 were least likely to have had a second pregnancy. The lower rate among these girls may indicate a greater likelihood of emotional maturity. It may also illustrate the partial changes in life style that come about through graduation and its potential for employment and greater independence.

Many girls who had second pregnancies before they graduated returned to school after the baby was born. As of June 1967, however, the 1964 Webster girls who had had second babies were significantly less likely to be in school or to have graduated than those who had not. The 1965 Webster girls who had had second babies, on the other hand, did not show this difference and were almost as likely to be in school or to have graduated as the girls who had not had second pregnancies. Nevertheless, there was a trend toward better school outcome in favor of the 1965 girls who had not had second pregnancies. More of them had already graduated (35 percent) than girls who had had second pregnancies (19 percent).

It may be, therefore, that although girls with second babies initially return to school in sufficient proportions to balance the dropout and return rate of those who do not have second babies, over a period of time they drop out in greater proportions. It may also be that girls who, with little hope of returning, drop out sometime after the first childbirth eventually have second pregnancies. This would make it appear that it is not so much a matter of second pregnancies influencing the dropout rate as it is of dropping out exerting some kind of influence on the likelihood of second pregnancy itself.

However, as will be shown later when subsequent pregnancies are discussed in more detail, more of the younger girls had second pregnancies, and most girls who were pregnant a second time tended to have the second baby within 2 years after the first. This tends to lend weight to the idea that second pregnancies did indeed influence school outcome.

Summary

The Webster project was highly effective in promoting school reentry following childbirth. Over four-fifths of the girls who attended Webster reentered regular school. Their rate of return was definitely superior to that of girls who did not attend the program. However, con-
trary to expectation, girls of compulsory school age did not have a better return record than girls over compulsory school age.

Although there was little information available about reasons for not returning, at least 10 percent of the girls who did not return were kept from doing so by the fact that they had become pregnant again. Marriage may also have influenced return to school, since a much higher proportion of the girls who did not return were married than was typical of the entire Webster group.

In returning so many girls to school, Webster made a major step toward its goal of increasing the proportion of girls who continue in school following childbirth. Many of the girls who returned to school, however, were not able or willing to stay until graduation. By June 1967, over a third of those who reentered had dropped out. That proportion will probably increase as time goes by, for some girls had been back in school less than a year when this study was made.

Nevertheless, the Webster girls had much better records for continuation in school than did the non-Webster girls. This was primarily due to the poorer return rate of the non-Webster girls. The outcomes for the non-Webster and the Webster girls who returned to school were much alike. This could indicate that the program did not have a lasting effect on the Webster girls, particularly on their ability to cope with being a mother and attending school simultaneously. However, it seems more likely that the non-Webster girls who returned to school despite not having had help from Webster may have had an equal or even greater amount of support or equal or greater inner motivation than the program's enrollees.

The major known reason for dropping out of school following reentry was pregnancy, this reason accounting for a third of the Webster cases. Other reasons given (such as poor attendance, baby care, work, and marriage) appear to be ones that might have been overcome if more help had been available to the girls. There were indications that some girls were apparently discouraged by unresponsive or actually adverse attitudes on the part of school personnel. In particular, girls who did not do well academically appear to have needed encouragement and support in order to keep them from leaving school.

This would seem to indicate that in planning comprehensive programs of the Webster sort, emphasis should be placed on services that deal with problems of special importance for the students. For instance, it was found that when a great deal of attention was given to individual girls with serious problems, the results were good in that these girls at least equaled the other girls in continuing in school.

The most significant factor related to school outcome was age at first pregnancy. Girls who were under 16 when entering Webster dropped out in significantly higher proportions than girls over the compulsory school age. Greater stability, maturity, and a sense for the importance of school may have accounted in part for the relatively better showing of the older girls. The sheer amount of time the younger girls had to attend before finishing may have acted as a negative factor; for the proportion staying in school decreased as time passed. The school outcomes of senior high school girls compared favorably with those of their peers in the regular school system while the junior high school girls did much less well than their nonpregnant peers.

Second pregnancies also seemed to have influenced school outcomes, particularly among the younger girls. Older girls were less likely to have had second pregnancies, and graduates were least likely of all. Over a period of time, it appears that girls with second pregnancies tended to do less well in school, even though their initial efforts at school continuation may have equalled that of girls who did not have second pregnancies.

There was some indication that marriage also was a deterrent to continuation in school. The married girls who did return, however, had unusually good school-continuation records. Through this counterbalancing, the married girls' total school outcome corresponded almost identically with that of the unmarried girls, who had both higher return and higher dropout rates.
VI. THE PROJECT'S EFFECTIVENESS IN IMPROVING THE OUTCOME OF PREGNANCY

IN THE District of Columbia in 1965, three times as many pregnant Negro women as white women had no prenatal care. The Negro fetal death ratio and the proportion of live births of low birth weight were twice as high as the white. The infant death rate was 37.8 for Negro infants as compared with 23.1 for white infants. These statistics point up the likelihood of poor pregnancy outcome among low-income, nonwhite women. Childbearing at an early age when not married are additional factors that would be expected to affect the Webster students' chances adversely.

A major objective of the Webster project was to improve this situation for the pregnant school girls it served. As has been indicated, procedures were established to ensure that girls enrolled in the Webster School received prenatal care as early as possible and remained under care throughout their pregnancy. In addition, through the project's health education program, an attempt was made to teach the girls how to care for themselves during pregnancy and to prepare them for childbirth and motherhood.

To determine the effectiveness of the health aspects of the Webster program, an examination will first be made of the number of girls who received prenatal care, how soon they began such care, and how much care they received. Information on pregnancy outcomes will then be given. This will include information about the health of the girls during pregnancy, conditions relating to parturition, and the health outcome of the infants. Whenever possible, similar figures for the comparison group will be presented.

Prenatal care

Over the 3-year period, all but four Webster girls received prenatal care. Although required to be under care, the girls were free to choose the source of their health supervision. As a result, care came from a variety of sources. Half of the girls attended the Gales Maternity Clinic, which had a close working relationship with the Webster School. A fourth attended other public health or hospital clinics, and another fourth received their prenatal care from private doctors. The proportions using these various sources were about the same each year.

Most Webster girls started prenatal care early in pregnancy. Thirty-five percent began during the first trimester of pregnancy; 93 percent were under care by the end of the second trimester. That a third of the girls began as early as the first trimester undoubtedly reflects the selection process, as well as the project's emphasis on health supervision. Girls in the early stage of pregnancy were given priority in enrollment and were then immediately helped to secure prenatal care if they had not already done so.

The number of prenatal care visits a girl made of course depended in part on her health needs. For evaluation purposes, it was assumed that girls who received standard prenatal supervision would have had 12 appointments at a maternity clinic or with a private physician dur-
ing the course of pregnancy. Starting with the first missed period, this figure allows for monthly appointments until the 7th month of pregnancy, and then five visits from 3 weeks to 1 week apart. Ten percent of all the Webster girls had this or a greater amount of prenatal care. Almost half the Webster girls were seen by their doctors eight or more times. Only 10 percent had fewer than four examinations.

The 136 girls in the matched comparison group had considerably less prenatal care than the 136 Webster girls with whom they were compared. The overall figures for care versus no care were not greatly different, but the Webster girls received more care and received it earlier than the girls in the comparison group. (See Table 16.)

All but one of the matched Webster girls were under care at some time or other, as compared with 88 percent of the non-Webster girls. Actually, some of the non-Webster girls were brought under care through their attempts to enter the Webster program.

More Webster girls than non-Webster girls (24 percent and 10 percent, respectively) were under private care. Because of the program structure, a higher proportion of the Webster girls also attended Gales Clinic, 49 percent as contrasted with 32 percent.

Considering only the girls who were under care, it was found that 58 percent of the matched Webster girls began prenatal care in the first trimester as contrasted with 14 percent of the non-Webster girls. Ninety-four percent of the matched Webster girls had started care before the beginning of the last trimester, while 21 percent of the non-Webster girls who received care did not start until this time.

The Webster girls also made more prenatal care visits than the non-Webster girls. This was due partly to their having started care earlier and partly to the consistency with which the school saw to it that they kept their appointments. Only 8 percent of the Webster girls had less than four prenatal visits as contrasted with a third of the non-Webster girls. Half of the Webster girls made over eight visits as contrasted with less than a fifth of the non-Webster girls.

Thus the Webster girls were more likely to be under care, to begin care earlier, and to receive more care than the girls who were not in the program.

Medical conditions during pregnancy and delivery

Three hundred and ninety-one Webster girls (85 percent) had no "complications of pregnancy." Of the girls who did have such complications, almost all had only one. Twenty-three Webster girls had preeclampsia, and there were three cases of eclampsia. (See Table 17.) Nine girls experienced premature rupture of membranes. All of the girls (less than 1 percent) who had more than one complication were under 16. In general, complications occurred more often to girls under 16 (20 percent) than to girls 16 and over (10 percent).

The girls in the matched comparison group had about the same record. Eleven percent of the Webster girls and 10 percent of the non-Webster girls had complications of pregnancy.

Over half of the Webster girls (57 percent) had medical complications associated with delivery. About a quarter of the girls had more than one such complication, and 57 girls (12 percent) had three or more. Eighteen girls had a cesarean birth. There were 11 cases of malpresentation and five breech extractions. There were four cases of fetal disproportion, and two anomalies of the bony pelvis. In 195 deliveries, forceps were used; 27 deliveries required the use of either midforceps or rotation forceps. The median labor time was 12 hours. There was no significant difference between the length of labor or the incidence of complications of labor of the girls who were under 16 and those who were older.

In the groups that were compared, 55 percent of the Webster girls had complications in labor as compared with 50 percent of the non-Webster girls. There was no significant difference in the median labor time of the two groups.
Premature births and birth weights

Of particular concern to health authorities is the incidence of premature births. These tend to occur relatively frequently in populations of the sort here described; that is, one composed of young girls, mainly Negroes, mainly from poor families, and mainly unmarried. Premature births may mean a decreased chance of survival for the infant and an increased likelihood of mental retardation and other handicaps. Various authors report between 15 percent and 19 percent premature births among nonwhite teenage girls elsewhere.1

Nineteen percent of the Webster girls gave birth prematurely. This happened at less than 27 weeks gestation in about 1 percent of the cases, and between 28 and 36 weeks in 18 percent. The incidence of premature births was 14 percent among the girls who were 16 or older; 25 percent among the younger girls.

Table 18 compares this record with that of several relevant groups: (a) all first births in the District of Columbia in 1965; (b) all illegitimate nonwhite births in the District in that year; (c) births to girls in the comparison group; and (d) births to the 1965 Webster group of girls. The percentages of births under 37 weeks' gestation in these four groups as compared with the Webster group were as follows:

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<tr>
<td>All first births in D.C., 1965</td>
<td>16.0</td>
</tr>
<tr>
<td>Illegitimate nonwhite births in D.C., 1965</td>
<td>23.8</td>
</tr>
<tr>
<td>Non-Webster comparison group, 1965</td>
<td>25.2</td>
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<tr>
<td>Webster group, 1965</td>
<td>21.2</td>
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<tr>
<td>All Webster, 1963-1966</td>
<td>18.8</td>
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The percentage of premature births in the total Webster group is lower than that for all nonwhite women in the District who bore children out of wedlock in 1965—18.8 compared with 23.8. The difference is a bit less marked, however, when the matched Webster and non-Webster groups are compared: 21.2 versus 25.2.

Indeed, in the latter case, because of the small numbers involved, the difference is not statistically significant, even at the 5-percent level. This is not to say that the difference should be disregarded. It is only that the case for the Webster program's having significantly reduced the incidence of premature births is not proved by these figures.

Of the 479 live births occurring to Webster girls, 56 Webster babies (11.9 percent) weighed 5 lbs. 8 ounces or less. In 1964 in the United States 16.9 percent of all illegitimate nonwhite first-born babies were of low birth weight during the first year of the project's operation, 1964.

The National Center for Health Statistics reports that, in 1965, 13.8 percent of all live-born nonwhite babies weighed 5 lbs. 8 ounces or less. In the District of Columbia in 1965, the corresponding figure for all illegitimate nonwhite births was 15.6 percent. In the matched groups, 13.3 percent of the 1965 Webster girls were found to have had low birth weight babies, as compared with 14.9 percent in the non-Webster group. Low birth weight babies, therefore, formed a lower proportion of the total in the Webster group as a whole than in any of the other groups with which they were compared. Again, the differences are in a favorable direction although not so great as to be statistically significant.

Among the Webster babies as a whole, low birth weight was, as usual, associated with the age of the mother. Thirteen percent of the girls under 16 had a baby whose birth weight was low, as contrasted with 9 percent of the girls who were 16 and older.

Fetal and infant deaths

In the total group of 487 Webster girls, pregnancy ended in a fetal death in only seven cases (See Table 19.) Two of these deaths occurred early in pregnancy, five intermediate or late in pregnancy. This fetal death ratio was below that for all nonwhite girls 19 and under in the District of Columbia in 1965, the Webster ratio for intermediate or late fetal deaths being

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10.2 per 1,000 live births as compared with 15.1 for the District. This ratio was also half the ratio for nonwhite females of all ages in the District of Columbia in 1965 (10.2 as compared with 20.9). It was slightly lower than the ratio for white females of all ages (10.2 as compared with 11.0).

A recent report covering 1,221 nonwhite girls under age 18 served by voluntary agencies in 39 States and the District of Columbia during 1966 indicated a fetal death rate (including early fetal deaths) of 20.6. Webster's rate (when changed to include early fetal deaths) compares favorably with that record as well, being 14.3.

Within the first month after birth, eight of the Webster infants died. This neonatal death rate of 16.7 per 1,000 live births compares favorably with the rate for all nonwhite infants in the District of Columbia in 1965 which was 27.0 per 1,000.

The total perinatal loss, 26.8 per 1,000 in the Webster group, was considerably lower than that reported for nonwhite teenage girls elsewhere.

Within the next 11 months after birth, four more infants died, making a postneonatal death rate of 8.9 per 1,000. The total infant mortality rate for the Webster group was 25.6. This compares favorably with the District of Columbia nonwhite infant mortality rate of 37.8 per 1,000 in 1965, being much closer to the District's white infant death rate of 23.1.

In the Webster and non-Webster groups that were compared, the Webster girls also had somewhat better records. (See Table 19.) No fetal deaths occurred in the Webster group, and there was one neonatal and one postneonatal death. In the non-Webster group (nine unknown) there were four fetal deaths (three early; one intermediate or late), one neonatal death, and no postneonatal deaths. Although these numbers are very small, there was a noticeable difference between the two groups in incidence of fetal deaths.

**Effects of age and marital status on pregnancy outcome**

Age and marriage were examined in combination and separately to see what relation they bore to the outcome of pregnancy. In most cases, although there was a difference, the numbers were too small to indicate statistical significance. (See Tables 20 and 21.)

There was only a 2 percentage point difference in favor of married girls whose infants were full term as contrasted with those of unmarried girls. No fetal deaths occurred to married girls while seven fetal deaths occurred to unmarried girls. By the end of the first year, there were no known deaths among the infants of the 55 married girls; 54 babies were definitely known to be alive. By that time, 12 infants born to 432 unmarried girls were known to have died; 380 were known to be alive.

When age at delivery was considered separately, the younger girls were found to have had slightly poorer pregnancy outcomes. Girls under 16 at delivery were more likely to have complications during pregnancy. Their babies were less likely to be full term and more likely to be of low weight at birth. Fetal deaths occurred in almost equal proportions to girls under 16 and to those who were older (three and four, respectively.) However, six out of the eight neonatal deaths occurred to the younger girls. Seven of the 223 younger girls' babies died before they were a year old, as compared with five of the 264 older girls' babies.

When age and marriage were combined, all babies born to married girls under 16 (10) were found to be full-term live births. Among infants born to the 213 unmarried girls under

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3Hassan and Full (op. cit.) cite rates varying from 38 to 59 per 1,000.
16 there were three fetal deaths, 23 low birth weight babies, and two post-term infants.

Summary

Overall, then, the Webster girls had better records for outcome of pregnancy than comparable groups in the District of Columbia. The proportion of low birth weight infants, the infant mortality rates, and other indices were all better for Webster girls than for various Negro populations in the District. Indeed the fetal death ratio almost equaled that for the white population.

Though the incidence of premature births was high (18.8), it was considerably lower than that of comparable populations in the District. The differences between the Webster and non-Webster comparison group, however, did not prove to be statistically significant.

Some authorities maintain that attitudes and emotional feelings influence the outcome of pregnancy. If this is so, the good results apparently secured by the Webster program may be partially attributed to the fact that pregnant girls at Webster were grouped together and were given adult support and the feeling that they were acting constructively. A more important influence may have been the early and consistent prenatal care the girls received. The age of the girls was probably another important factor—perhaps a positive factor for the older girls and doubtless a negative one for those who were under 16.

In general, the Webster program appears to have been successful with respect to its objective of reducing the incidence of poor pregnancy outcomes. The reduction in the infant death rate was a particularly noble achievement.
VII. THE PROJECT'S EFFECTIVENESS IN REDUCING SUBSEQUENT PREGNANCIES

IN THE following pages the effectiveness of the Webster program in reaching its third hoped-for consequence is examined—that of reducing the incidence of second and later pregnancies. In school, the Webster program attempted to achieve this objective primarily by discouraging premarital sexual activity. The psychologist dealt with this area in group discussions, as a part of the expanded personal and family living course. Provision of birth control information and devices was not permitted on the school premises, but the Department of Public Health provided such services in several birth control clinics that it set up shortly after the project began. One of these centers was located in the Gales Maternity Clinic, where half of the girls received their prenatal care. The girls who used the clinic for prenatal and post partum care were specifically asked whether they wished to receive birth control information and devices, but the services were available to all Webster girls.

Subsequent pregnancies among Webster students

By April 1967, the 487 girls who had been enrolled in Webster had had 114 second pregnancies and 10 third pregnancies. Because of the difference in time lapse between the date of leaving Webster and April 1967, each year's students will be discussed separately.

A note of caution, first, however. In the following discussion, it is assumed that all additional births to Webster girls (married or not married) by April 1967 were known, that is, that all such births took place in the District of Columbia and could therefore be traced through the file of D.C. birth certificates. Insofar as this is a justified assumption, the statistics presented concerning subsequent illegitimate births are reliable. Since no check of marriage records was made, however, some birth records of infants born to girls who were not known to be married but who actually were married may have been missed. Therefore the figures on subsequent legitimate births may be incomplete. In addition, the base used for computing the proportion of recidivists in the married and unmarried categories is based on the same limited marital information.

The figures presented below come from Table 22. By April 1967, 70 of the 146 girls enrolled during the first school year of the Webster Project (1963–64) were known to have become pregnant a second time, 48 of them out of wedlock. In other words, within approximately 3 years after their first child, half of these girls had had second babies. Twenty-one of these girls were married at the time the baby was born; 48 were not married at that time. The marital status of one girl was unclear. Sixty-two percent of the girls known to have been married had had a second child. Forty-six percent of the girls who were not known to be married had had a second child. In addition, 10 girls (nine of whom were not married by the time the baby was born) had become pregnant a third time.

Almost half of these 70 girls had had second babies within 18 months after the birth of their first child. Almost 90 percent had had
them within 2½ years. Much the same quick rate of having second children apparently was being demonstrated by the 1965 group, though the total number of children to be born to girls with a 2½-year period was not yet known.

By April 1967, 36 of the 136 girls enrolled during the second year of the Webster project (1964–65) had had second babies, 28 of whom were illegitimate. In other words, within approximately 2 years after their first child, more than a quarter of the second-year girls had had a second baby, and over a fifth of them had had a second illegitimate child. Twenty-two percent of the girls known to have been married had had a second child; 27 percent of the girls not known to be married had had a second child.

The 205 girls enrolled during the third year of the Webster project (1965–66) had had eight additional pregnancies by April 1967, six of which were out of wedlock.

Comparison between the years is made difficult not only by the different lengths of time between April 1967 and the year in which the girls attended the Webster School but also by the different times within the years at which the first babies were born. Based on the last date at which any girl enrolled in a given year of the project could have delivered, the total subsequent births to the 1964 girls would have been known for only a 30-month period; for the 1965 girls for an 18-month period; and for the 1966 girls there would be no period for which the total number of births could be known. A comparison between years is made therefore only for the 1964 and 1965 Webster groups, and the comparison is restricted to the 18 months following each girl’s first birth.

By this calculation, 23 percent of the first years’ group produced second children within 18 months of their first child’s birth. The corresponding proportion for the 1965 group is 13 percent. Thus for at least the first year and a half following the first birth, the second year’s students had a lower rate of subsequent childbirths. However, because of the shortness in time, a longer-range estimate cannot be made on the basis of these figures. Even though Table 22 appears to show the number of second births declining after 2 years, this may be deceiving, since the total number of second births during a 2½ year period is known only for the 1964 group.

The percentage of second births that were legitimate increased with the passage of time—14 percent, 18 percent, 30 percent, respectively, for the 3 years. Also of interest is the fact that the girls who were married when they had their second babies tended to have waited longer before bearing the second child than did the girls who were not married. Even though the numbers are small, this conclusion seems to be further borne out by the statistics on third births. The girls who had babies in rapid succession were not the married girls, for nine-tenths of the third babies were illegitimate.

### Subsequent childbirths in the matched groups

In the matched groups (1965), 36 of the 136 Webster girls were known to have had second children, 28 of these being out of wedlock. Twenty-four of the 136 non-Webster girls were known to have had additional pregnancies (including one third birth), 17 of which were illegitimate. It should be remembered, however, that four non-Webster girls were known to have had a child before the one to which this study refers. If these children are included, the non-Webster girls would be known to have produced 29 children beyond their first births, 20 of whom were illegitimate.

In interpreting these figures, it must be remembered that the information about marriage may be incomplete. This fact is important for two reasons. First, some birth records may have been missed in this survey because some girls married men who were not the fathers of their first children. The actual number of second or third births may therefore be larger than those stated above or shown in Table 22. Second, there is no solid base for computing illegitimacy rates since some of the girls regarded as unmarried may in fact have been married.

These facts may explain in part why Webster girls appear to have had more second births than the matched group.
babies. However, even if more information should indicate that enough babies had been born to married non-Webster girls to make their total above that of Webster girls, Webster's record would still not be a good one.

As they stand, however, the figures do not indicate a statistically significant difference between the Webster and the non-Webster girls. That is, the difference may have occurred by chance and therefore should not be generalized.

Influence of certain school factors

Four aspects of the Webster program were examined as possibly being associated with second births. The first two were program completion and length of time in the program. Neither of these factors was found to be significantly related to subsequent childbirths. Apparently neither dropping out of the program nor being transferred into regular school before fully completing the personal and family living course had a significant role in determining whether a girl had a second pregnancy.

The third factor examined was the special social psychological service to the girls who were judged to be especially in need of treatment. Thirty-six percent of the girls who received this sort of special help had second babies as contrasted with 38 percent of those who did not receive this service. This, of course, is not a statistically significant difference. It may be, however, that the more severely disturbed girls would be the ones most likely to have had repeated pregnancies. If so, the special care may have been effective, in that proportionally these girls did not have more second babies than their better adjusted peers.

Influence of birth control services

As has been said, the Webster School referred girls to their own doctors, clinics or hospitals if they asked for birth control information and devices. For the present study, a search of records regarding the provision of birth control devices was made only at the Gales Clinic. No attempt was made to determine how many girls received birth control advice from private doctors or from birth control facilities other than the Gales Clinic. Since all girls who received their prenatal care from Gales were offered birth control (for girls under age 16 parental permission was required), this group is considered a subsample for analytic purposes.

Two-hundred and twenty-six girls received their prenatal care from the Gales Clinic. (See Table 23.) Each year there was an increase in the percentage of these girls who chose to use birth control: 30 percent, 41 percent, and 52 percent, respectively, for the 3 years. This indicates that about half of the girls who are known to have had an opportunity to obtain birth control devices did so. There were some cases of parental refusal, some cases where the girls chose to rely on their "will," and some in which other reasons were given for not choosing birth control (such as religious grounds, circumstances surrounding the first pregnancy, changed relationships). A few girls (23) who were not receiving prenatal care from Gales also registered for birth control there. The proportion of the total Webster population that registered for birth control at the Gales Clinic over the 3 years was 23 percent, 24 percent, and 29 percent of the respective year's enrollment.

Of the girls who received prenatal care from Gales, 47 percent of the married girls chose birth control as contrasted with 44 percent of the unmarried girls. This difference is not statistically significant. Girls who are married, therefore cannot be said to be more likely to choose birth control.

In total, 124 girls were registered for birth control at the Gales Birth Control Clinic. In 23 percent of these cases, the method of birth control used could not be determined from the clinic's records. Of the methods that were known to have been chosen, the "pill" was first in popularity (46 percent), next was the "loop" (19 percent), while 12 percent of the girls chose "foam."

Thirty-two percent of the Gales Clinic patients who registered for birth control became pregnant a second time, as opposed to 30 percent who were not on birth control. Although this difference is not statistically significant, the
fact that more girls on birth control than not on birth control became pregnant again may appear startling. It may be, however, that girls who chose birth control were those who knew they were going to continue to have sexual relations. Thus it may be that the incidence of pregnancy among girls having sexual relations is being compared with the incidence in a group in which an undetermined number of girls were not engaging in sexual relations.

Even though this may explain some of the difference, the fact remains that close to a third of the girls who took the trouble to try to prevent another pregnancy failed to do so. This then brings up the reliability of the method and the consistency of the user.

Sixty percent of the girls who were prescribed foam became pregnant again as compared with 35 percent of the girls on the pill, and 25 percent of the girls who were given the loop. Eighteen percent of the girls whose methods of birth control were not determinable from the records became pregnant a second time. (See Table 24.)

Although the pill is considered the most reliable method of birth control, it requires consistent motivation on the part of the user. On the other hand, the loop requires only occasional checking to be effective. This may explain some of the difference between the expected and actual results of using these two methods of birth control.

As to the girls' actual use of birth control methods, a bit of evidence is available from the followup study of girls in the 1964 group. Two-thirds of the girls told the interviewers that they were continuing to have sexual relations following the birth of their first baby. Exactly how many of these girls were using birth control is not known. However, probably the number was less than half. Only 46 of all girls interviewed (109) said they were using birth control. In a few instances, the girls reported using the "pill" only when they were about to have intercourse, rather than in the prescribed daily pattern. Some girls used techniques that are more like folklore methods for abortion than modern birth control. Fourteen of the girls reported that they knew of birth control but said they "took chances."

The Webster program's lack of coordinated adult support for birth control and its proper use may well have had an important effect not only on the use of birth control devices but also on the ability of such devices to prevent second pregnancies.

In this connection, another finding of the followup study seems of importance. When interviewed, at least half of the first year's girls who had second babies said the same man fathered both of their children. In view of this, it might be useful in a program like Webster's to attempt to reach the putative fathers with respect to the methods and purposes of family planning.

Influence of age and marital status

Thirty percent of the girls who were under 16 when they entered the Webster project had second babies, as compared with 14 percent of those who were 16 and over at that time. (See Table 25.) This seems an important finding. It provides additional support for some of the previous suppositions made in this report, such as that the younger girls were perhaps more likely to be emotionally disturbed or to have lived under more stressful circumstances. It also sheds light on why so many of the younger girls dropped out of school.

Three-quarters of the total 114 second births were illegitimate. Of the few older girls (over 16 on entering Webster) who had second pregnancies, a large proportion were married. Since younger girls (girls under 16) were much less likely than older girls to be married, this finding may indicate that measures aimed at prevention of subsequent pregnancies should be concentrated on the younger girls. Eighty-four percent of the illegitimate second births were to girls who were under 16 when they entered the Webster School, though girls of this age constituted only 58 percent of the Webster total.
Disposition of first baby

By not having their babies with them, it was assumed that girls might be affected in two different, almost opposed, ways. On the one hand, responding to the encouragement of the Webster staff, they might act in such a way as to avoid threatening their educational goals through pregnancy again. On the other hand, if their first baby died or they gave it up, their security about their womanhood (which seemed to be important to many of the girls) might be threatened. If this happened, especially if the child was an unconscious resolution of a deep-seated emotional problem, they might seek to replace that loss through another child. It should also be remembered that the Webster program, even as it sought to prevent repetition of pregnancy, was also geared to preparing the girls for childbirth and motherhood and thus to making childbearing and child rearing acceptable and desirable.

Examination of the figures showed that a higher percentage of girls who lost their babies through death, foster placement, or adoption than of those who kept their babies (57 percent as opposed to 43 percent) had second babies. In spite of the difference between these percentages, the number in the first group was too small to establish statistical significance.

Summary

The Webster School's main method of preventing subsequent pregnancies was to discourage premarital sexual activity and to try to build the girls self-image and ability to cope. The program was apparently less successful in this area than in the others. The followup study of the first year's group showed that a high proportion of the unmarried girls continued to have sexual relations, and the present study showed that nearly half of all the girls in that group had second babies within 30 months after the birth of their first child.

Although members of the health staff felt it was unrealistic to expect the girls not to have sexual relations, birth control was never made an integral part of the school program. This lack of strong school support for birth control seems to have been self-defeating, not only with respect to reducing the number of second pregnancies but in terms of the school's educational objectives.

Further evidence of the program's limited effect on repetition of pregnancy is seen in a comparison of the matched 1965 groups. A third of the second year Webster girls had had another baby within 24 months after their first child's birth. This record, although not significantly poorer, was certainly not better than that of the matched girls who did not attend the program.

When individual factors associated with the Webster program were examined it was found that neither program completion nor length of time in the program were significantly related to subsequent childbirths. If the more severely disturbed girls were the ones who would have been the most likely to have repeated pregnancies, Webster's special social psychological services to these girls may have been effective in this respect. Proportionally, these girls did not have more second babies than did their better adjusted peers.

Girls who received prenatal and postpartum care at the Gales Clinic were offered birth control information and devices. About half of them accepted the offer (101 out of 226). The present study showed that just about as many girls who chose to use birth control as those who did not became pregnant a second time—about a third in each case. It may be that this finding is partially explainable by a difference in the proportion of girls in the two groups who were continuing to have sexual relations. Or, since there is some evidence that a number of girls were not using birth control properly, it may be related in part to lack of adult support and reinforced education concerning family planning. Indeed, among those using birth control, the ones least likely to have second pregnancies were those whose method (the intrauterine device) required the least amount of motivation or understanding on the part of the user. Other methods, such as birth
control pills and vaginal foam, were less effective.

Repetition of pregnancy affected both return to regular school and continuation in school after return. Nine girls (of the 83 non-returnees) did not reenter regular school because they were pregnant a second time. One-third of the 147 who did return to regular school but who had dropped out by June 1967 gave second pregnancy as the reason for leaving school. It will be remembered that on return to school the older girls did almost as well as their nonpregnant peers, while younger girls did not. Second pregnancies played a role in this. Older girls were less likely than younger girls to have second pregnancies, and high school graduates were least likely of all. Younger girls dropped out of school more and had more second babies. Age was important in another area as well. Illegitimate births were substantially more frequent among the younger girls. Eighty-four percent of the illegitimate second births were to girls who were under 16 when they entered the Webster program.

For some of the girls, marriage was a positive factor in reducing subsequent pregnancies. As will be remembered, married girls who returned to school had better continuation records than girls who were not married. Indeed, girls who were married at their second child's birth had tended to wait longer before having the second child. The girls whose second child was illegitimate were likely to have become pregnant again quite quickly after their first child's birth. Another interesting trend, although not statistically significant because of the small numbers involved, seemed to indicate that the girls whose first baby died or was "placed" may have been more likely to have a second child than those who kept their first baby.
THE WEBSTER GIRLS' SCHOOL was a pioneering effort to meet the complex needs of pregnant school girls. At a time when most school systems were solving the problem by expulsion, the District of Columbia Public Schools decided to fulfill their responsibility to these girls by providing them with continuing education. In addition, the school system went beyond its traditional role and sought the cooperation of two major community agencies, the Department of Public Health and the Department of Public Welfare, so that the girls' needs for health and social services could also be met.

At the time the Webster School began, the idea was an experimental one; there were few models to study or to guarantee success. Yet, as has been shown, the school proved to be feasible in terms of organization, staffing, and arousing community interest and participation. During the 3-year demonstration period, pregnant girls were continuously referred to it by a wide variety of sources. The school's progress was watched with interest by professionals, and its example was used as a stimulus to action in other communities. Finally, as the demonstration period came to a close, ways were found by which the cost of the Webster Girls' School could be borne by the sponsoring agencies so that it became a permanent service.

From the outset, Washington school girls who became pregnant expressed much interest in the program. Almost all of those who were fortunate enough to be enrolled in it stayed long enough to complete the program. As a result, the Webster School achieved its immediate aims outstandingly well. It kept the girls in school during pregnancy. After childbirth, it was then able to transfer them to regular school at the same level they would have been at had they not become pregnant. Moreover, the school gave girls assistance in working out some of their personal problems during pregnancy, in particular, those that centered around plans for care of the baby when they returned to school. It brought the girls under prenatal care early in pregnancy and ensured that they received such care consistently. The significance of these accomplishments cannot be minimized. The Webster School clearly demonstrated that services to meet the needs of school girls during pregnancy can be successfully provided for through comprehensive program planning.

Some additional hoped-for consequences of program participation, however, it was learned through this study, did not completely materialize. Before reviewing these, a number of points might usefully be discussed.

The girls were in the program approximately 18 weeks. It might be questioned how much change could realistically be expected to result from that length of schooling and other services. Moreover, since the girls left the program shortly after childbirth, the problems of going to school as a mother and coping with personal relationships were faced when direct help from the Webster School was no longer available.

Another consideration is the subtle basic conflicts that exist in a program such as Webster's. That is, the girls were taught to try to be good mothers and yet were also encouraged to be absent from their children most of the day by attending school. The girls were taught to
want, love, and care for babies, yet also encouraged to postpone having other children until through school and married.

Also, one should keep in mind the climate in which the program was started. Girls who were pregnant had been considered, up until that time, a threat to the other pupils, so much so that the most meaningful institution in their lives, the school, had ostracized them. Indeed most of structured society was unsympathetic toward them. Although attitudes inside the school system and without began to change as a result of the program, the girls who first attended the Webster School had to face not only disinterest but sometimes hostility when they returned to regular school.

Then, too, in 1963 the climate regarding birth control was far different from what it is today. The Department of Public Health opened its first birth control clinic approximately a half year after the Webster project began.

The above thoughts may be helpful in interpreting the following findings:

As of June 1967 only half of the girls who attended the program between 1963 and 1966 were still in regular school or had graduated. Evidence, however, is that many of those who dropped out had sincerely tried to remain in school. A good number were in and out of both day and evening school before dropping out. Indeed, the fact that so many Webster girls went to evening school (and that the proportion who successfully continued in evening school was greater than that of those who attended day school) seems to highlight the complexity of attending day school while caring for a child. In particular, greater understanding, assistance, and encouragement seems to have been needed by the girls during their first full year back in regular school. Well over three-quarters of those who dropped out did so during that period.

The program seems to have been fairly successful in improving pregnancy outcome, although the numbers are too small to prove this point. It can be pointed out, however, that the girls' general health condition was formulated long before attending Webster. Moreover, the Webster program generally began to work with the girls only after they were several months pregnant. Yet within almost every health category covered by this report, the Webster girls and their infants showed some measure of improvement. The knowledge and feelings the girls gained through the program's health instruction may have been particularly important, because the reduction in infant mortality was one of the more notable long-range health outcomes. Therefore, the apparent success in health outcome may reflect a greater achievement than is shown by statistics alone.

Repetition of pregnancy among the girls was not reduced as a result of participation in the Webster program. Many girls had second babies within a relatively short period of time. It might be questioned to what degree behavior patterns could be altered or serious family problems resolved during an 18-week period. Many of the students came from difficult life circumstances. Obviously, a great deal of understanding, support, and assistance would be needed to help them establish constructive life patterns. Because of this, birth control is not seen as a panacea. Nevertheless, it also does seem that strong adult support for and constructive education within the school program regarding the use of family planning could have helped to protect the girls from the results of self-defeating behavior. Since many of the girls had more than one child by the same putative father, a greater attempt to involve these partners in understanding the purposes of family planning might also have been useful.

The factors that were most influential in differentiating the "successes" from the "failures" were personal rather than program-related. While more must be known about the total pregnant school girl population before detailed conclusions can be drawn, even within the selected group of girls who attended the Webster School, some clues were evident.

The first was the significance of age. Younger girls, it turned out, were higher risks, medically, educationally, and socially. It may be that the younger girls may initially have been more disturbed or have come from more disadvantaged homes, and that this contributed to
their becoming pregnant at an early age. However this may be, the study showed that they had poorer attendance records in the Webster program, dropped out of school more frequently, were more likely to have complications of pregnancy and delivery and less healthy infants. They also had more additional children out of wedlock than the older girls.

There was also a distinction between the better and the poorer students. The poorer students seemed to blossom under the program's tutelage; almost all improved their grades in Webster. However, they appeared to need more encouragement and support to return to and continue in regular school than did the students who were academically inclined. The girls who were the most likely to go on toward graduation were the brighter girls and the better students. The girls who graduated from high school were the least likely to have subsequent pregnancies.

Another distinction between the girls came about through marriage. Marriage seemed to preclude return to school for some girls, although those married girls who did return had unusually good school continuation records. Also, those girls who were married at the birth of their second child tended to have waited longer before having that child than did those who were unmarried at their second child's birth.

From these findings, we conclude that the younger girls and the poorer students are the most vulnerable girls. It would seem to follow, therefore, that if choices among applicants must be made, the school would be doing the most good by admitting these girls, even though, paradoxically, the statistical picture of outcome might later look less favorable than it does at present. Furthermore, if special attention and concentrated services—both during pregnancy and after return to school—were given to these girls, their present rather poor prognosis might be bettered.

Overall, in tackling the problem of how to provide educational, social, and health services to pregnant schoolgirls, the District of Columbia Public Schools, the Department of Public Welfare, and the Department of Public Health have made a significant contribution to the welfare of both pregnant girls and the general community. It is to be hoped that services of this sort will soon be available to all girls who would take advantage of them. Programs such as that of the Webster School are unusually valuable in that they provide unique opportunities. Through them, many pregnant girls who need help and encouragement can be reached at an age when there is much room for learning, future planning, and change.
IX. RECOMMENDATIONS

THE FOLLOWING recommendations to the District of Columbia Public Schools and the Departments of Public Health and Public Welfare are based on the findings of this study of the Webster Girls' School program's effectiveness:

1. Put more emphasis on serving the youngest girls. If needed services cannot be given to all students, most 11th and 12th graders (at least the 12th graders) might be given chiefly educational services while coordinated health and intensive social services are focused on girls of compulsory school age.

2. Establish a followup process to see that girls reenter school as scheduled or as soon as is appropriate and that during the crucial first year, contact with them is maintained so as to provide the needed support.

3. Put greater effort on helping school officials, teachers, and counselors to understand the problems and needs of returning school-age mothers. Encouraging school continuance by these girls should be seen as a total school responsibility.

4. Include in the Webster program adequate and accurate birth control information as a part of health instruction.

5. Expand the program to allow more pregnant girls to have access to it.
APPENDIX A

TABLES

1. 1965 District of Columbia Vital Statistics
2. Referral Sources, All Webster 1963–66
3,4,5. Webster Enrollment by Age and Grade, 1964–66
6. Webster Attendance Records by Grade and School Year
7. Total School Outcome as of June 1967, All Webster 1963–66
8. School Outcome of Matched Comparison Groups 1965
9. Length of Time Before Dropping Out of Regular School Following Webster, All Webster 1963–66
10. School Outcome by Completion or Dropping Out of Webster, All Webster 1963–66
11. School Outcome by Age at Entry, All Webster 1963–66
12. School Outcome by 1967, Webster Compared with Classes in District Public Schools, 1964 and 1965
13. School Outcome by IQ, Webster 1963–66
14. Grade Average Changes In and After Webster
15. School Outcome by Marital Status at First Birth, Webster 1963–66
16. Prenatal Care in Webster and Non-Webster Comparison Groups
17. Selected Vital Statistics Characteristics from Birth Records
18. Incidence of Premature Births, Webster Girls Compared with Other Groups
20. Pregnancy Outcome by Age and Marital Status, Webster 1963–66
21. Fetal and Infant Mortality, by Age and Marital Status of Mother at First Birth, Webster 1963–66
22. Girls Having Subsequent Pregnancies, by Time Lapse Since Birth of First Child and by Marital Status, All Webster 1963–66 and Non-Webster
23. Girls Having Subsequent Pregnancies, by Marital Status and Use of Birth Control
24. Birth Control Method Selected and Subsequent Pregnancy History
25. Age and Marital Status of Girls Having Second and Third Pregnancies

Provided by the Maternal and Child Health Library, Georgetown University
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1965 DISTRICT OF COLUMBIA VITAL STATISTICS*

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**Birth Rate—number of live births per 1,000 women of specified age.
Illegitimacy Ratio—number of illegitimate births per 1,000 live births to women of specified age.
Fetal Deaths—deaths in pregnancies of 20 or more weeks duration or in pregnancies in which duration is not known.
Fetal Death Ratio—number of fetal deaths per 1,000 live births to women of specified age.
Maternal Death Rate—number of maternal deaths per 10,000 live births.

Table 2
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Provided by the Maternal and Child Health Library, Georgetown University
### Tables 3, 4, 5

**WEBSTER ENROLLMENT BY AGE AND GRADE**

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</tbody>
</table>

---

62

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### Table 6

WEBSTER ATTENDANCE RECORDS BY GRADE AND SCHOOL YEAR

<table>
<thead>
<tr>
<th>Percent of Time Attended</th>
<th>Junior High Grades</th>
<th>Senior High Grades</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1964 No.</td>
<td>1965 No.</td>
<td>1966 No.</td>
</tr>
<tr>
<td>0–24</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>25–49</td>
<td>9</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>50–74</td>
<td>38</td>
<td>19</td>
<td>40</td>
</tr>
<tr>
<td>75–100</td>
<td>20</td>
<td>36</td>
<td>49</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>69</td>
<td>59</td>
<td>105</td>
</tr>
</tbody>
</table>

### Table 7

TOTAL SCHOOL OUTCOME AS OF JUNE 1967, ALL WEBSTER 1963–66

<table>
<thead>
<tr>
<th>School Outcome as of June 1967</th>
<th>Webster School Years</th>
<th>All Webster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1964 No.</td>
<td>1965 No.</td>
</tr>
<tr>
<td>Did Not Reenter</td>
<td>14</td>
<td>21</td>
</tr>
<tr>
<td>Dropped Out</td>
<td>67</td>
<td>41</td>
</tr>
<tr>
<td>In School</td>
<td>13</td>
<td>30</td>
</tr>
<tr>
<td>Graduated</td>
<td>50</td>
<td>42</td>
</tr>
<tr>
<td>(In Webster)</td>
<td>(9)</td>
<td>(9)</td>
</tr>
<tr>
<td>(In Regular)</td>
<td>(41)</td>
<td>(33)</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>×</td>
</tr>
<tr>
<td>Total</td>
<td>146</td>
<td>136</td>
</tr>
</tbody>
</table>
### Table 8

**SCHOOL OUTCOME OF MATCHED COMPARISON GROUPS 1965**

<table>
<thead>
<tr>
<th>School Outcome as of June 1967</th>
<th>Comparison Groups 1965</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Webster</td>
<td>Non-Webster</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Did Not Reenter</td>
<td>21</td>
<td>15.7</td>
<td>53</td>
</tr>
<tr>
<td>Dropped Out</td>
<td>41</td>
<td>30.6</td>
<td>33</td>
</tr>
<tr>
<td>In School</td>
<td>30</td>
<td>22.4</td>
<td>25</td>
</tr>
<tr>
<td>Graduated</td>
<td>42</td>
<td>31.3</td>
<td>21</td>
</tr>
<tr>
<td>(In Webster)</td>
<td>(9)</td>
<td>(6.7)</td>
<td><em>(1)</em></td>
</tr>
<tr>
<td>(In Regular)</td>
<td>(33)</td>
<td>(24.6)</td>
<td>(20)</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>X</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>136</td>
<td>100.0</td>
<td>136</td>
</tr>
</tbody>
</table>

*Girl entered Webster in 1966 during second pregnancy.

### Table 9

**LENGTH OF TIME BEFORE DROPPING OUT OF REGULAR SCHOOL FOLLOWING WEBSTER, ALL WEBSTER 1963-66**

<table>
<thead>
<tr>
<th>School Status as of June 1967</th>
<th>Number of School Months in Regular School Before First Drop-Out</th>
<th>Did Not Drop Out Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did Not Reenter</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dropped Out</td>
<td>56</td>
<td>72</td>
</tr>
<tr>
<td>In School</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Graduated</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>(In Webster)</td>
<td>(X)</td>
<td>(X)</td>
</tr>
<tr>
<td>(In Regular)</td>
<td>(3)</td>
<td>(5)</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total:</td>
<td>67</td>
<td>89</td>
</tr>
</tbody>
</table>

| No.             | 27.2 | 49.4 | 11.7 | 1.7 | 100.0 | X | X |

---

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Table 10

SCHOOL OUTCOME BY COMPLETION OR DROPPING OUT OF WEBSTER, ALL WEBSTER 1963-66

<table>
<thead>
<tr>
<th>School Outcome as of June 1967</th>
<th>Webster History</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dropped Out</td>
<td>Completed Webster</td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Did Not Reenter</td>
<td>38</td>
<td>61.3</td>
</tr>
<tr>
<td>Dropped Out</td>
<td>12</td>
<td>19.4</td>
</tr>
<tr>
<td>In School</td>
<td>11</td>
<td>17.7</td>
</tr>
<tr>
<td>Graduated</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>(In Webster)</td>
<td>(0)</td>
<td>×</td>
</tr>
<tr>
<td>(In Regular)</td>
<td>(1)</td>
<td>×</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
<td>×</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 11

SCHOOL OUTCOME BY AGE AT ENTRY, ALL WEBSTER 1963-66

<table>
<thead>
<tr>
<th>School Outcome as of June 1967</th>
<th>Webster 1964</th>
<th>Webster 1965</th>
<th>Webster 1966</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 16</td>
<td>16 and Over</td>
<td>Under 16</td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Did Not Reenter</td>
<td>7</td>
<td>8.1</td>
<td>7</td>
</tr>
<tr>
<td>Dropped Out</td>
<td>53</td>
<td>61.6</td>
<td>14</td>
</tr>
<tr>
<td>In School</td>
<td>12</td>
<td>14.0</td>
<td>1</td>
</tr>
<tr>
<td>Graduated</td>
<td>14</td>
<td>16.3</td>
<td>36</td>
</tr>
<tr>
<td>(In Webster)</td>
<td>(0)</td>
<td>(0.0)</td>
<td>(9)</td>
</tr>
<tr>
<td>(In Regular)</td>
<td>(14)</td>
<td>(16.3)</td>
<td>(27)</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>×</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>86</td>
<td>100</td>
<td>60</td>
</tr>
</tbody>
</table>
### Table 12
SCHOOL OUTCOME BY 1967, WEBSTER COMPARED WITH CLASSES IN DISTRICT PUBLIC SCHOOLS, 1964 AND 1965

<table>
<thead>
<tr>
<th>Grade at Entering Webster</th>
<th>1964</th>
<th>1965</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% D.C. Class as of 1967 Graduate or Still In School</td>
<td>% Webster as of 1967 Graduate or Still In School</td>
<td>% D.C. Class as of 1967 Graduate or Still In School</td>
</tr>
<tr>
<td>7th</td>
<td>90.3</td>
<td>0.0</td>
<td>90</td>
</tr>
<tr>
<td>8th</td>
<td>75.7</td>
<td>31.6</td>
<td>44</td>
</tr>
<tr>
<td>9th</td>
<td>62.9</td>
<td>35.6</td>
<td>27</td>
</tr>
<tr>
<td>10th</td>
<td>64.8</td>
<td>38.2</td>
<td>26</td>
</tr>
<tr>
<td>11th</td>
<td>86.7</td>
<td>73.9</td>
<td>13</td>
</tr>
<tr>
<td>12th</td>
<td>90.6</td>
<td>84.2</td>
<td>6</td>
</tr>
</tbody>
</table>

### Table 13
SCHOOL OUTCOME BY IQ, WEBSTER 1963–66

<table>
<thead>
<tr>
<th>School Outcome as of June 1967</th>
<th>IQ's of Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Below Normal</td>
</tr>
<tr>
<td></td>
<td>89 and Below</td>
</tr>
<tr>
<td>Did Not Reenter</td>
<td>39</td>
</tr>
<tr>
<td>Dropped Out</td>
<td>55</td>
</tr>
<tr>
<td>In School</td>
<td>60</td>
</tr>
<tr>
<td>Graduated</td>
<td>35</td>
</tr>
<tr>
<td>· (In Webster)</td>
<td>(13)</td>
</tr>
<tr>
<td>(In Regular)</td>
<td>(22)</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
</tr>
<tr>
<td>Total:</td>
<td>190</td>
</tr>
</tbody>
</table>

| No.                          | 45.9         | 45.4    | 5.6        | 2.6    | 0.5         | ×          | 100.0       |
| %                            |             |         |            |        |             |            |             |

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Table 14
GRADE AVERAGE CHANGES IN AND AFTER WEBSTER

<table>
<thead>
<tr>
<th>Change in and After Webster</th>
<th>Grade Averages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A or B</td>
</tr>
<tr>
<td></td>
<td>No.</td>
</tr>
<tr>
<td>In Webster</td>
<td></td>
</tr>
<tr>
<td>Improved</td>
<td>.2</td>
</tr>
<tr>
<td>Remained Same</td>
<td>16</td>
</tr>
<tr>
<td>Declined</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
</tr>
<tr>
<td>First Full Year After Webster</td>
<td></td>
</tr>
<tr>
<td>Improved</td>
<td>1</td>
</tr>
<tr>
<td>Remained Same</td>
<td>8</td>
</tr>
<tr>
<td>Declined</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
</tr>
</tbody>
</table>

Table 15
SCHOOL OUTCOME BY MARITAL STATUS AT FIRST BIRTH, WEBSTER 1963-66

<table>
<thead>
<tr>
<th>School Outcome as of June 1967</th>
<th>Married</th>
<th>Unmarried</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. % Column</td>
<td>% Row</td>
<td>No. % Column</td>
</tr>
<tr>
<td>Did Not Reenter</td>
<td>23</td>
<td>43.4</td>
<td>27.7</td>
</tr>
<tr>
<td>Dropped Out</td>
<td>4</td>
<td>7.6</td>
<td>2.7</td>
</tr>
<tr>
<td>In School</td>
<td>5</td>
<td>9.4</td>
<td>4.1</td>
</tr>
<tr>
<td>Graduated (In Webster)</td>
<td>21</td>
<td>39.6</td>
<td>16.5</td>
</tr>
<tr>
<td>(In Regular)</td>
<td>(7)</td>
<td>(13.2)</td>
<td>(5.5)</td>
</tr>
<tr>
<td>Unknown</td>
<td>(14)</td>
<td>(26.4)</td>
<td>(11.0)</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td>100.0</td>
<td>11.0</td>
</tr>
</tbody>
</table>
### Table 16

**PRENATAL CARE IN WEBSTER AND NON-WEBSTER COMPARISON GROUPS**

<table>
<thead>
<tr>
<th>Prenatal Care History</th>
<th>Comparison Groups</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Webster</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>Non-Webster</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Total Girls</td>
<td>136</td>
<td>136</td>
<td>100.0</td>
</tr>
<tr>
<td>Under Care</td>
<td>135</td>
<td>120</td>
<td>99.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>Trimester Care Began</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First</td>
<td>51</td>
<td>13</td>
<td>38.0</td>
</tr>
<tr>
<td>Second</td>
<td>75</td>
<td>59</td>
<td>55.9</td>
</tr>
<tr>
<td>Third</td>
<td>8</td>
<td>19</td>
<td>6.1</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>29</td>
<td>×</td>
</tr>
<tr>
<td>Total</td>
<td>135</td>
<td>120</td>
<td>100.0</td>
</tr>
</tbody>
</table>

#### Number of Visits

<table>
<thead>
<tr>
<th>Number of Visits</th>
<th>Webster</th>
<th>Non-Webster</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>11</td>
<td>38</td>
</tr>
<tr>
<td>4-7</td>
<td>55</td>
<td>51</td>
</tr>
<tr>
<td>8-11</td>
<td>49</td>
<td>15</td>
</tr>
<tr>
<td>12+</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>135</td>
<td>120</td>
</tr>
</tbody>
</table>
### Table 17

**SELECTED VITAL STATISTICS CHARACTERISTICS FROM BIRTH RECORDS**

<table>
<thead>
<tr>
<th>Condition Mentioned</th>
<th>All Webster (N=462)</th>
<th>Comparison Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Occurrences</td>
<td>Occurrences By Age</td>
</tr>
<tr>
<td></td>
<td>Under 16</td>
<td>16 and Up</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>Conditions in the Infant</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unusual Need for Resuscitation</td>
<td>441</td>
<td>10</td>
</tr>
<tr>
<td>Cyanosis Persisting*</td>
<td>452</td>
<td>7</td>
</tr>
<tr>
<td>Erythroblastosis</td>
<td>461</td>
<td>1</td>
</tr>
<tr>
<td>Birth Injury</td>
<td>458</td>
<td>3</td>
</tr>
<tr>
<td>Congenital Malformation</td>
<td>452</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>437</td>
<td>17</td>
</tr>
<tr>
<td><strong>Conditions of Pregnancy Directly Related</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preeclampsia</td>
<td>439</td>
<td>11</td>
</tr>
<tr>
<td>Eclampsia</td>
<td>459</td>
<td>1</td>
</tr>
<tr>
<td>Hypertension</td>
<td>460</td>
<td>1</td>
</tr>
<tr>
<td>Nephritis</td>
<td>462</td>
<td>0</td>
</tr>
<tr>
<td>Hemorrhage</td>
<td>462</td>
<td>0</td>
</tr>
<tr>
<td>Premature Rupture of Membranes</td>
<td>453</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>455</td>
<td>3</td>
</tr>
<tr>
<td><strong>Conditions of Pregnancy Indirectly Related</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirectly Related</td>
<td>450</td>
<td>7</td>
</tr>
<tr>
<td>Labor Conditions</td>
<td>302</td>
<td>81</td>
</tr>
<tr>
<td>Method of Delivery Other Than Spontaneous</td>
<td>173</td>
<td>140</td>
</tr>
</tbody>
</table>

*After onset of normal respiration.
Table 18
INCIDENCE OF PREMATURE BIRTHS, WEBSTER GIRLS COMPARED WITH OTHER GROUPS

<table>
<thead>
<tr>
<th>Length of Gestation in Weeks</th>
<th>District of Columbia 1965</th>
<th>All Webster 1963-66</th>
<th>Comparison Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All D.C. First Baby</td>
<td>Illegitimate Nonwhite</td>
<td>Webster 1965</td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Under 27</td>
<td>97</td>
<td>1.8</td>
<td>121</td>
</tr>
<tr>
<td>28-36</td>
<td>763</td>
<td>14.2</td>
<td>905</td>
</tr>
<tr>
<td>37-39</td>
<td>2,259</td>
<td>42.1</td>
<td>1,710</td>
</tr>
<tr>
<td>40 and over</td>
<td>2,250</td>
<td>41.9</td>
<td>1,579</td>
</tr>
<tr>
<td>Unknown</td>
<td>597</td>
<td>×</td>
<td>196</td>
</tr>
<tr>
<td>Total</td>
<td>6,236</td>
<td>100.0</td>
<td>4,511</td>
</tr>
</tbody>
</table>

Table 19

<table>
<thead>
<tr>
<th>Mortality</th>
<th>All Webster 1963-66</th>
<th>District of Columbia Nonwhite 1965* (Per 1,000)</th>
<th>Matched Comparison Groups 1965</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Per 1,000</td>
<td>All Ages</td>
</tr>
<tr>
<td>Total Pregnancies</td>
<td>487</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>Early Fetal Deaths 1</td>
<td>2</td>
<td>4.1</td>
<td>×</td>
</tr>
<tr>
<td>Intermediate and Late Fetal</td>
<td>5</td>
<td>10.2</td>
<td>20.9</td>
</tr>
<tr>
<td>Deaths 2</td>
<td>***479</td>
<td>×</td>
<td>13,948</td>
</tr>
<tr>
<td>Neonatal Deaths 3</td>
<td>8</td>
<td>16.7</td>
<td>27.0</td>
</tr>
<tr>
<td>Post Neonatal Deaths 4</td>
<td>4</td>
<td>8.9</td>
<td>×</td>
</tr>
<tr>
<td>Perinatal Deaths</td>
<td>13</td>
<td>26.8</td>
<td>46.9</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>12</td>
<td>25.6</td>
<td>37.8</td>
</tr>
</tbody>
</table>

1 Under 20 weeks of pregnancy.
2 Twenty or more weeks of pregnancy or not stated.
3 Under 28 days.
4 One to 11 months.
**Eight pregnancy outcomes are unknown in the non-Webster group.
***Includes set of twins.
### Table 20

**PREGNANCY OUTCOME BY AGE AND MARITAL STATUS, WEBSTER 1963-66**

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Under 16</th>
<th>16 and Over</th>
<th>Total</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetal Deaths</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>3</td>
<td>7</td>
<td>1.6</td>
<td></td>
<td>7</td>
<td>1.5</td>
</tr>
<tr>
<td>Live Births</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Birth Weight*</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>9.1</td>
<td></td>
<td>23</td>
<td>37</td>
<td>8.7</td>
<td></td>
<td>42</td>
<td>8.7</td>
</tr>
<tr>
<td>Full Term</td>
<td>10</td>
<td>40</td>
<td>50</td>
<td>90.9</td>
<td></td>
<td>183</td>
<td>379</td>
<td>89.0</td>
<td></td>
<td>429</td>
<td>89.2</td>
</tr>
<tr>
<td>Post Term</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td>2</td>
<td>1</td>
<td>0.7</td>
<td></td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>Information Inadequate</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td>1</td>
<td>5</td>
<td>5</td>
<td></td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Outcome Unknown</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>∞</td>
<td></td>
<td>1</td>
<td>5</td>
<td>5</td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>46</td>
<td>56</td>
<td>100.0</td>
<td>213</td>
<td>219</td>
<td>432</td>
<td>100.0</td>
<td>487</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

*And under 36 weeks.

### Table 21

**FETAL AND INFANT MORTALITY, BY AGE AND MARITAL STATUS OF MOTHER AT FIRST BIRTH, WEBSTER 1963-66**

<table>
<thead>
<tr>
<th>Mortality</th>
<th>Married</th>
<th>Unmarried</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 16</td>
<td>16 and Over</td>
<td>Total</td>
</tr>
<tr>
<td>Early Fetal Deaths</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Intermediate and Late Fetal Deaths</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Neonatal Deaths</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Postneonatal Deaths</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Alive End 1 Year</td>
<td>10</td>
<td>44</td>
<td>54</td>
</tr>
<tr>
<td>Not Yet 1 Year</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown End 1 Year</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Adopted</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>46</td>
<td>56</td>
</tr>
</tbody>
</table>

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Table 22

GIRLS HAVING SUBSEQUENT PREGNANCIES*, BY TIME LAPSE SINCE BIRTH OF FIRST CHILD AND BY MARITAL STATUS, ALL WEBSTER 1963–66 AND NON-WEBSTER

<table>
<thead>
<tr>
<th>Subsequent Preg.</th>
<th>School Year</th>
<th>Total Enrollment</th>
<th>No. Having Subsequent Pregnancies</th>
<th>Time Lapse Since Birth of First Child</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Year</td>
<td>1½ Years</td>
<td>2 Years</td>
</tr>
<tr>
<td>Second Child</td>
<td>Webster 1964</td>
<td>146</td>
<td>70</td>
<td>9</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Webster 1965</td>
<td>136</td>
<td>36</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Webster 1966</td>
<td>205</td>
<td>8</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Non-Webster 1965</td>
<td>136</td>
<td>24</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

Third Child

|                  | Webster 1964 | 146              | 10     | X        | X       | 2        | 5              | 3         | 10.0        | 90.0        |
|                  | Webster 1965 | 136              | 0      | X        | X       | 0        | 0              | X         | 0.0         | 0.0         |
|                  | Webster 1966 | 205              | X      | X        | X       | X        | X              | X         | X           | X           |
|                  | Non-Webster 1965 | 136          | 1      | X        | X       | 0        | 1              | X         | 0.0         | 100.0       |

*As of April 1967.

Table 23

GIRLS HAVING SUBSEQUENT PREGNANCIES, BY MARITAL STATUS AND USE OF BIRTH CONTROL

<table>
<thead>
<tr>
<th>Registration for Birth Control at Gales Clinic</th>
<th>Married</th>
<th>Unmarried</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Having Subsequent Pregnancy</td>
<td>Having Subsequent Pregnancy</td>
<td>No.</td>
</tr>
<tr>
<td>Birth Control</td>
<td>8</td>
<td>2</td>
<td>25.0</td>
</tr>
<tr>
<td>No Birth Control</td>
<td>9</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>3</td>
<td>17.6</td>
</tr>
</tbody>
</table>

Provided by the Maternal and Child Health Library, Georgetown University
Table 24

BIRTH CONTROL METHOD SELECTED AND SUBSEQUENT PREGNANCY HISTORY

<table>
<thead>
<tr>
<th>Method Chosen</th>
<th>Total Girls</th>
<th>Second Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Pill</td>
<td>57</td>
<td>45.9</td>
</tr>
<tr>
<td>Loop</td>
<td>24</td>
<td>19.4</td>
</tr>
<tr>
<td>Foam</td>
<td>15</td>
<td>12.1</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>6</td>
<td>4.5</td>
</tr>
<tr>
<td>No Record</td>
<td>28</td>
<td>22.6</td>
</tr>
<tr>
<td>Total</td>
<td>124</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 25

AGE AND MARITAL STATUS OF GIRLS HAVING SECOND AND THIRD PREGNANCIES

<table>
<thead>
<tr>
<th>Age at Entering Webster</th>
<th>Total in Age Group</th>
<th>% of No. Column</th>
<th>% of No. Row</th>
<th>Marital Status at Second Birth</th>
<th>% Married</th>
<th>% Un-Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>18</td>
<td>5</td>
<td>4.4</td>
<td>27.8</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>14</td>
<td>109</td>
<td>35</td>
<td>30.7</td>
<td>32.1</td>
<td>22.6</td>
<td>77.4</td>
</tr>
<tr>
<td>15</td>
<td>157</td>
<td>46</td>
<td>40.4</td>
<td>29.3</td>
<td>11.9</td>
<td>88.1</td>
</tr>
<tr>
<td>16</td>
<td>122</td>
<td>20</td>
<td>17.5</td>
<td>16.4</td>
<td>50.0</td>
<td>50.0</td>
</tr>
<tr>
<td>17</td>
<td>61</td>
<td>8</td>
<td>7.0</td>
<td>13.1</td>
<td>62.5</td>
<td>37.5</td>
</tr>
<tr>
<td>18</td>
<td>16</td>
<td>0</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>19</td>
<td>4</td>
<td>0</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>487</td>
<td>114</td>
<td>100.0</td>
<td>23.4</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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APPENDIX B

PROGRAMS FOR PREGNANT SCHOOL GIRLS

IN RECENT YEARS and under various auspices, quite a number of programs have been set up to provide a combination of educational, health and welfare services to girls who leave school or are excluded from school because of pregnancy. Exactly how many such programs are now in existence is not known. In this appendix, however, some basic facts are presented about 35 programs, most of which are comprehensive in nature and almost all of which provide some form of schooling for the girls they serve.

Information about these programs was secured through a questionnaire survey mailed to 53 different individuals or organizations during the spring of 1967. Names were secured from published materials and from staff members of the Office of Education, and the Children's Bureau, U.S. Department of Health, Education, and Welfare, and the Webster School. At the time this report was written 42 replies had been received. Three respondents said they either had not yet established or did not intend to establish a program of the sort under study. Two said their programs were not yet far enough advanced to provide the requested information. Two programs were found not to fit the criteria. The remaining 35 programs are described in this report.

Funding

Participants were asked to list funding sources both at the present time and at any time prior. Half of the programs currently have more than one funding source. City or county education departments are involved in the most programs (18), private funding contributes to nine programs, seven receive funds from the Office of Economic Opportunity. The Children's Bureau contributes to five programs, the Office of Education contributes to four, city or county health departments contribute to six and a few programs receive funding from the city or county welfare department, a religious organization or miscellaneous sources such as a university, a YWCA, a maternity home, State education funds, etc.

Participating organizations

Most programs involve several participating organizations (the median number of participating organizations is three). City or county education departments participate in 26 programs, a city or county health agency is active in 13 of the programs, a community action group in 9, a YWCA in 8, and a maternity home
in 5. Other participating organizations are likely to be a university, an employment commission, a recreation department, a religious organization, a voluntary agency, a probation department, the Red Cross, Planned Parenthood, Visiting Nurse Association, VISTA Volunteers, and the PTA.

Locations

One-third of the programs have more than one location at the present time—eight have two, three have three, one has four and one has six. The rest have one location although a number use either foster homes or the girls' own homes at some time during the period of service. Four programs are housed in health centers, eight in community centers, six in YWCA's, and five in special public schools. Four are housed in religious centers, three in maternity homes, with a few others being in hospitals or clinics, housing projects, agencies, welfare centers. One is in a public library.

Services

Over three-fourths of the programs describe their services as being comprehensive. The median number of different kinds of services offered is 12. Over two-thirds of the programs offer health care, prenatal care, post partum care, group and individual counseling, continuation of regular education and courses in personal and family living. At least one-third of the programs offer pediatric care, continuing health care for the mother, welfare services, psychological diagnostic evaluation, adoption placement, vocational training, homemaking, child care training, family planning information and cultural activities. Least likely to be offered are day care service (4), religious instruction (3), birth control devices (6), living facilities (5), and financial assistance (7). Nine programs offer psychotherapy and vocational placement, while eight offer legal counseling as part of their services.

Staffing

Most programs employ personnel representing a number of different disciplines—the median number of disciplines represented in each project is seven. Over 25 of the programs employ a teacher, a social worker, a nurse or several of these. Over 15 programs involve psychologists, doctors, counselors. Least likely to be involved are family life specialists (only 4) and clergy (only 6). Programs also employ numbers of nonprofessional aides (12 programs), researchers (8 programs), and nutritionists (12 programs), as well as psychiatrists (16 programs). Other staff skills utilized are those of recreation leaders, social work students, principals, and professional aides in nutrition, health, nursing, teaching, and dietary planning. Programs also mentioned the use of clerical help, and volunteers in areas such as arts and crafts, and supervised study.

About half of the programs have a social worker as director. The next largest professional category among program directors are educators (12). Physicians direct five programs, with psychologists and nurses being the next most frequently mentioned categories of directors.

Admission requirements and numbers served

Many programs have several requirements for admission. The median number of requirements is four. A great number of programs mention some kind of age preference. Most of these are within the school age (13 to 19, 12 to 19, 18 or under, 14 to 17.10 etc.) with a few specifying that preference is given to those under 16. Two programs list 21 as the top age for admittance. Eleven programs are concerned with recent school attendance, and an equal number take girls with first pregnancies only. Approximately a third of the programs set a limit on the stage of pregnancy at which a girl would be accepted; however, a limit set as early as the 5th month was mentioned in only one
program, four specified not later than the 6th month, and five the 7th and 8th months. Attendance at a specific hospital or clinic, registration for prenatal care, parental consent, positive assessment of the girl's motivation, residence in a family unit, a specified geographic area, and certification of pregnancy by a doctor is taken into consideration in about one-third of the programs also. A good majority of programs serve married as well as unmarried teenage mothers (21).

The median number of girls served by the programs on a daily basis was in the 51-60 range with the largest proportion handling between 21 and 150. The median number of girls served each year by the programs is between 200-250.

Almost all programs provide services to the girls on an individual basis and 27 offer group services to the unmarried mothers as well. Fifteen programs offer services to putative fathers—four on a group basis. Twenty-one programs offer services to the parents of the unmarried mothers and eight offer services to the siblings. One program offers services to the parents of putative fathers.

School policies

About two-thirds of the school systems in areas served by the programs insist girls leave school immediately upon discovering their pregnancies; approximately one-third allow them to stay until appropriate arrangements can be made. In only one school system the putative father is asked to leave school if he is identified. Twenty of the school systems in areas served by the programs allow girls to return to the same school following delivery. Within some of the school systems actions vary with individual school personnel. One-half of the school systems accepting credits earned through the educational part of the program do not note attendance at the program on the girl's permanent school record.

In most cases the girl, following delivery, returns to her program before she returns to a regular school setting. Thirty-two of the programs help the girls transfer back to regular school after an interval usually based on the needs of the girl or the academic semester.

Program operation and fees

Most programs are conducted during the day only—four operate both day and evening. Twenty-nine of the programs surveyed serve the girls without cost to them. One program, in addition, gives the girls a stipend while they are attending the program.

Programs of survey respondents

CALIFORNIA, Berkeley

Participants: Health Department
Education Department
YWCA

Number Served: 41-50 Annually

A comprehensive program for unmarried pregnant school girls was begun in July 1966 as a part of the Berkeley Maternity and Infant Care Project. In addition to health care, the program offers group and individual counseling; continuation of regular education, vocational training, homemaking and child care training, courses in personal and family living, plus family planning information and service.

Girls usually return to the program 2 weeks post partum and are transferred back into regular school by the program when appropriate. Infant day care is provided for those girls who deliver and cannot return to school unless such care for their babies is made available. Education for motherhood is offered these mothers in connection with the infant care program. Health care for the infant is planned with the mother. If the mother received her
obstetrical care in the project and a condition of high medical risk for the infant exists, health care is provided to the infant for the first year of life.

Dr. Allen Foord
Director
Maternal and Infant Care Project
2121 McKinley Avenue
Berkeley, California 94703

The program for Educational and Medical Services to School-Age Expectant Mothers in Los Angeles is an interagency and interdisciplinary plan for utilization of services from the Los Angeles City School District and the Los Angeles County District Health Department. It provides a continuous educational program, social services, as well as medical services and health education. The program, which is the result of a pilot project, serves almost 500 girls each year over an area of 710 square miles.

Classroom facilities, located in six areas identified as eligible for compensatory education programs, are housed on the grounds of, or adjacent to, a Los Angeles County District Health Center. High school pupils are eligible for the program upon diagnosis of pregnancy by their physician. Educational placement is determined by the home school in cooperation with the Special Education Branch of the Los Angeles County School District. In addition to the basic educational program, all girls in the classroom are instructed by the school nurse and the health center staff in the areas of prenatal and infant care, nutrition, preparation for delivery and child care. The program social worker counsels the girls on an individually scheduled basis as indicated. Girls are admitted to the program at different times in pregnancy; however, it is preferred that they enter the classroom as early in pregnancy as diagnosis permits. The girls remain in the program until they deliver and, with their physician's permission, return to the classroom 10 days post partum. The girls are returned to regular school when they are 8 weeks post partum or as soon after that time as related to a convenient transfer period in the school calendar.

Parents of the pupils are involved in planning with the girl and are encouraged to participate in classroom activities. Program expansion will include work with young married couples as a followup to the program.

Each classroom has an advisory committee usually composed of local school, agency, and community representatives who plan and discuss particular problems related to this group of teenagers and also help maintain good school-community relations.

Dorothy S. Lyons, M.D.
Assistant Medical Director
Los Angeles City Schools
450 N. Grand Avenue
Los Angeles, California 90012

The Oakland Interagency Cyesis Program has involved a number of public agencies, the YWCA and the Oakland Public Schools in providing comprehensive services for school age pregnant girls. These services are provided on a group basis at two Oakland City Recreation Department Centers and include education, counseling, health education and recreation. A pilot program preceded the present program which began in 1964. The current educational...
program, including the Center’s program and home instruction, is geared to serving almost 175 girls each year.

All girls, approximately 350 per school year, who become pregnant while in the Oakland school system are referred to the Cyesis Program through an application signed by their vice principal and the head school nurse. A case selection committee determines which girls it feels would benefit most from participation in the Cyesis Center Program or should receive home instruction. Girls not selected for the academic program receive group work and individual casework services while participating in group activities at the YWCA.

Enrollees in the Cyesis Program, which operates 5 days a week, receive 5 days of 5 hours’ academic instruction, including health education and recreation. Each girl also receives 2 hours of group counseling plus casework services. One evening a week an informal lounge, with dancing, is held at the YWCA for the girls, their husbands and boyfriends. The girls in the cooking class organize a menu and make refreshments which are sold in the lounge. A nursery facility at the Y is available for the use of the girls’ mothers and some attend group afternoon discussions, which are held over coffee and sewing. This provides them with an opportunity to talk over their own and their daughters’ problems and gives them an opportunity to meet with resource people in the community from organizations such as Planned Parenthood. Following delivery, the girls attend postnatal groups. All of these activities are held in the Oakland YWCA, not the Cyesis Centers. The YWCA also has various kinds of group activities for the pregnant girls who are not enrolled in the Cyesis Centers.

Following delivery, the girls return to the Center and plans are worked out for their return to regular school. If girls need additional service prior to readmittance they stay on at the Center until the end of the school term.

The program uses a variety of staff, including graduate students in social welfare, volunteers, and nonprofessional aides who assist with transportation, locating housing, etc.

Miss Billie Jo Rains
Director
Group Services
YWCA 1515 Webster Street
Oakland, California 94612

CALIFORNIA, Richmond

Participants: Welfare Department
YWCA
Health Department
Probation Department
Education Department
Number Served: 176–200 Annually

As the result of a pilot program which began in 1964, a special program for teenage pregnant high school girls is held at Gompers Continuation High School. The program enrolls almost 200 high school girls each year. Girls over 15 years of age who are unable to be enrolled in the special program attend evening school. All other girls (those under 15 years of age) receive home instruction. When a school in the Richmond Unified School District ascertains a girl is pregnant, arrangements are made for her to transfer to the Continuation School at the end of the quarter (this is done so no credits are lost due to the transfer). Notification is made at that time of school personnel who have a particular interest in the girl.

Girls are expected to remain for a minimum of 9 weeks in the Continuation School, a time period which corresponds with the standard report period. In addition to regular instruction, the girls are given an opportunity to enroll in a special class “sociology X” which meets for one period a day, 5 days a week and for which they receive academic credit. One period of the class is devoted to group counseling (additional individual counseling comes from the graduate student of social work one day each week). The other class periods are...
devoted to an instructional program conducted by the school nurse stressing family life education, prenatal, birth and post partum care, child care, and family health.

Cooperative arrangements between the public schools, county health department, county social service, probation department, and the YWCA provide coordinated additional service. The health department supervises the medical care, social service and financial assistance aspects of the service. The YWCA holds a 2-hour evening meeting once a week, "The Teen-Age Mothers Club," in which a volunteer social worker leads discussions around topics of interest to the girls. This part of the plan is designed for those girls who have already delivered. Once a month, representatives from all the organizations meet in case conference on from three to five girls.

Following delivery, the girls remain at the Continuation School until the end of the quarter at which time they are transferred back to full-time school.

Mr. Edwin V. Laplace
Assistant Superintendent, Special Schools and Services
Richmond Unified School District
2707 Dover Avenue
San Pablo, California 94806

CALIFORNIA, San Francisco

Participants: Welfare Department
YWCA
Health Department
Voluntary Agencies
Education Department
College and University
Community Action Group
P.T.A.
Planned Parenthood

Number Served: 81–100 Annually

The San Francisco Unified School District operates two special service centers for pregnant girls located at the YWCA and the Milton Meyer Recreation Center. It coordinates interagency services, providing girls with academic and health education as a core and a constellation of other services—casework, adequate medical care, planned recreation, group counseling.

Each center is open two mornings a week, and they serve almost 100 girls each year. Each girl is seen individually for 2 hours a week by one of the eight home teachers for instruction in subjects the girls were studying in school. All girls receive instruction from a registered nurse on prenatal and postnatal care, and they are programmed for two sessions of group counseling to give attention to their personal and social concerns. Planned physical education and recreation are also provided for the students. The director of the centers provides and coordinates a variety of services directed to the individual needs of the girls and their families. Prenatal, delivery and postnatal medical supervision and hospital care are given at Children's Hospital, Mount Zion Hospital and San Francisco General which have assigned a special group of obstetricians who follow the girls throughout pregnancy and delivery. AFDC caseworkers provide special counseling and followup to both putative fathers and pregnant girls under 17.

The girls return to the program 2 weeks post partum and reenter regular school after a 6-week interval.

The program enrolls girls 17 and under, no more than 6 months pregnant, who have parental consent and positive motivation to continue their education.

Two new centers utilizing classroom instruction are to open at the Children's Hospital and Mount Zion Hospital in the fall of 1967.

Mrs. Elaine Wolfe
Director, Special Service Centers
Child Guidance Services
San Francisco Unified School District
135 Van Ness Avenue
San Francisco, California 94102
CONNECTICUT, Hartford

Participants: Education Department
Voluntary Agency
Visiting Nurse Association

Number Served: 81-100 Annually

Begun in 1965 under Hartford’s Community Renewal Team in cooperation with Children’s Services of Connecticut, Inc., the Hartford Board of Education and the Hartford Visiting Nurse Association, Inc., the Inter-Agency Services provides coordinated educational, health and social services for almost 100 pregnant girls each year. Originally established to serve “young” unwed mothers, the program was redefined in 1966 as a program to serve “School-Age Unwed Mothers.” However, services are given to girls who have not been attending school if they fall within the school age range. Social services, have, in fact been extended to the point where as many as a quarter of the girls receiving this aspect of the program’s service are either out of school, receiving home instruction or returned to regular school.

The program is housed in two community centers and education is provided in group classes held under the auspices of the Hartford Board of Education in quarters provided by the Hartford Neighborhood Centers. Health classes are provided by the Visiting Nurse Association which also makes regular home visits to all girls attending school or receiving social service in the project. Individual casework service is provided by the project staff for the girls and includes services for putative fathers, parents of the girls and the girl’s siblings.

A three-way communication between the project casework staff, visiting nurses and the Community Maternal and Infant Care Program has been developed so that medical coverage for the girls, both prenatal and post partum is assured.

Following delivery the girls return to the special classes where arrangements are worked out for their return to regular school.

Mrs. Nan R. Malkin, ACSW
Project Director
Inter-Agency Services
76 Pliny Street
Hartford, Connecticut 06120

CONNECTICUT, New Haven

Participants: Health Department
University
Education Department
Community Action Group
Religious Organization
Voluntary Agency

Number Served: 71-80 Annually

Teenage girls pregnant out of wedlock in the City of New Haven are served by a comprehensive program of medical, educational, and social work care. The experimental program began in September 1965 when a special prenatal clinic for young mothers was started at the Yale-New Haven Medical Center. In December 1966, a school, the Polly T. McCabe Center, was opened to provide an educational-recreational program to work with the hospital program. The two programs function as one, with constant communication and service interaction between the staffs of both centers.

The entire program encompassing continuation of regular school, health care, social service, and basic research is a direct attempt to stimulate the girls’ desire for achievement of further education and of new vocational, familial and social roles. Approximately 80 girls are enrolled each year. The program attempts to regulate the care of the young patient so that all girls are seen weekly for prenatal care by the same obstetrician at a time which does not conflict with school hours or with the hours of other clinics. Social work services for the girls are coordinated by social workers working with day center personnel and neighborhood workers. The Visiting Nurse Association’s nurse dis-
cusses medical care and pediatric care with the
girls 2 hours a week in addition to coordinating
VNA services.

Following delivery, the girl returns to
the program for 2 weeks and after approx-
imately one more week is transferred back into
regular school. Two afternoons a week the ob-
stetric resident sees those patients he has de-
ivered for post partum followup. During the
same time the social workers see the girls for
individual casework.

A weekly inservice training program
held for teachers at the school is conducted by
hospital's psychiatrist, pediatrician, and obste-
trician. Bimonthly meetings for the entire
staff, research and service groups, focus on re-
search teaching, relationship of program to
community, and areas for further development.
There are also monthly meetings of a steering
committee.

Philip H. Sarrel, M.D.
Instructor, Department Obstetrics and Gynec-
ology
Yale University School of Medicine
333 Cedar Street
New Haven, Connecticut 06511

DISTRICT OF COLUMBIA

Participants: Education Department
Health Department
Number Served: 251–300 Annually

A comprehensive multidisciplinary pro-
gram for pregnant school-age girls began in
1963 in Washington, D.C., as a pilot program.
In 1966 it became a permanent part of the edu-
cational. Preference for entry into the program
is given to girls 16 years of age or under or to
candidates for graduation.

As a school-centered rehabilitation pro-
gram it offers continuation of regular educa-
tion, individual and group counseling, psy-
chological diagnostic and evaluational services,
instruction in homemaking, child care training
and instruction in personal and family living.

A free hot lunch is provided at the school by
the Sharpe Health School. Welfare services are
offered as well as an opportunity to participate
in cultural activities.

Over 250 girls are enrolled in the pro-
gram each year. Girls are required to register
for prenatal care. Those receiving clinic care
see the same doctors at a special time set aside
for them at a designated clinic. Regular medical
care from clinic and other sources is followed
up by the school and public health nurses. Some
girls are provided with home instruction during
the 6-week post partum period and then return
directly to regular school. The other girls re-
turn to Webster 6 weeks post partum and reg-
ular school 2 weeks later. Most girls reenter the
school from which they originally came.

Mrs. Ethel Neustadter
Principal, Sharpe Health School
Mrs. Fobola M. L. Gill
Assistant Principal
Webster Girls' School
Tenth and H Streets NW.
Washington, D.C. 20001

ILLINOIS, Chicago

Participants: Education Department
Voluntary Agency
Maternity and Infant Care
Project
Health Department
Number Served: 251–300 Annually

In 1963 the Community Services Project
of the Chicago Board of Health was begun by
the Mental Health Division to provide com-
prehensive services to elementary school girls
who were pregnant out of wedlock. The current
expanded program, known as the Crittenton
Comprehensive Care Center, offers com-
prehensive medical, mental health and social serv-
cices to both elementary and high school age
girls. In addition to complete prenatal and post
partum care, the program provides the girls
with psychiatric and psychological evaluations,
individual counseling, vocational guidance, and
problem solving group discussions aimed at promoting better mental health. At present the program serves almost 300 girls each year. The program also works with the parents of the girls and the putative fathers.

Girls enrolled in the Four C's program who meet the requirements of the Chicago Board of Education continue their elementary or high school education in the Family Living Center, a school established by the Board of Education for girls who are excluded from regular classes because of pregnancy. All girls at the Family Living Center receive services from the Four C's program. Under the expanded program of the Crittenton Comprehensive Care Center, services are to be offered to girls not in school. All girls return to the Center 6 weeks post partum and remain until services are no longer necessary.

Mrs. Mattie K. Wright
Director
Crittenton Comprehensive Care Center
3639 S. Michigan Avenue
Chicago, Illinois 60653

ILLINOIS, Chicago

Participants: Education Department
Health Department
Florence Crittenton 4 C's Program
Number Served: 400–501 Annually

The Family Living Center, operated by the Chicago Public Schools through its Department of Special Education, serves over 500 girls each year. This public school for pregnant girls is located in a modern well-equipped church facility. Criteria for school admission state that a girl must be interested in attending school, should be able to accept the discipline of the school and adjust to the routine, and be in good physical health and not beyond the 7th month of pregnancy and able to travel to and from school. Priority is given to girls under 16 in their first pregnancy—married pregnant girls as well as unmarried are accepted if they are able to meet the other conditions. The educational level is required to be relatively consistent with the girl's chronological age.

All girls who attend the special school receive a variety of services from the Crittenton Comprehensive Care Center in Chicago. Services include medical, mental health, and social services. The two programs function in close coordination. The school schedules class time so that group and individual participation by the girls in the program at the Crittenton Comprehensive Care Center does not conflict with the educational program.

Post partum the girls return to the Family Living Center until the end of the school term.

A second Family Living Center is expected to be in full operation by September 1967.

Mrs. Louise G. Daugherty
Assistant Superintendent of Special Education
Chicago Public Schools
228 North LaSalle Street
Chicago, Illinois 60601

IOWA, Fort Dodge

Participants: Education Department
Number Served: 31–40 Annually

An experimental program entitled "Re-orientation of Illegitimately Pregnant Teenage Girls Living in Rural Areas" was begun as a research and demonstration program in 1965. A multifaceted program of social, emotional, educational and medical treatment, it has attempted to reach pregnant girls in their own community and change the community climate in terms of services to the unmarried mother.

Classes are held in a special public school which serves an area including most of six counties and a small part of four additional coun-
ties. Girls in most cases commute daily; however, the school program is available also to those for whom foster homes or residential home placement has been arranged. Girls attending the program are provided, in addition, with complete health care, individual counseling, adoption, placement, and instruction in homemaking, personal and family living. The program also offers services to the parents of the unmarried mothers and putative fathers.

Following delivery, girls are transferred back to regular school by the program.

Mrs. Edith Zober  
Project Director  
Iowa Children's Home Society  
1101 Walnut Street  
Des Moines, Iowa 50309

MARYLAND, Baltimore

Participants: Education Department  
Number Served: 401-500 Annually

Girls who become pregnant while attending public schools in Baltimore continue their education at the Edgar Allan Poe School No. 1 for Pregnant Girls. Begun in September 1966 under ESEA Title 1 funds the program emphasis is on continued education. All pregnant girls under 16 are expected to attend the school, married or unmarried. Girls are required to register in a prenatal clinic and are requested to use the services of a social agency. An advisory committee to the school coordinates the efforts of and use of community resources. Certification of pregnancy by a doctor is required and girls may enter the program if they are not more than 7 months pregnant and pregnant for the first time.

Girls return to the program following their post partum checkup and remain in the program until the end of the quarter or semester, at which time they are transferred back into regular school.

Mr. Orland F. Furno  
Director of Research  
Baltimore City Public Schools  
2521 North Charles Street  
Baltimore, Maryland 21218

MASSACHUSETTS, Boston

Participants: Welfare Department  
Community Action Group  
Health Department  
Voluntary Agency  
Education Department  
Number Served: 126-150 Annually

The CENTAUM Program in Boston developed from the Committee on Educational Needs for Teenage Unwed Mothers which was formed in 1961. The CENTAUM Program, developed by the present director is a collaborative effort between the Department of Health and Hospitals (Boston City Hospital) and the Boston School Department. In 1963 school classes began in facilities loaned by the United South End Settlements. Currently the program serves almost 150 girls a year with a combination of medical, educational and social services.

Girls are selected on the basis of first pregnancy, certification of pregnancy by a doctor, registration at a prenatal clinic, compatible grade level in school, ability to tolerate the program from a physical and emotional viewpoint and residence in a family unit where there is motivation to encourage the girl while she is in the program.

Girls attend school from 9:00 until 2:00 daily, receiving instruction in subjects for which they receive credits. Health courses are taught by the Visiting Nurse Association. The girls participate in group therapy sessions in addition to receiving individual social work services. Services are also provided for putative fathers,
parents of the girls and siblings of the girls on an individual basis. Following delivery the girls, except those who deliver in May, are transferred back into regular school by the program. If a girl delivers in May she remains in the program until the end of the school year.

Psychiatric and psychological consultation is available.

Mrs. Julia Stern, ACSW
Director
Centaum Program
26 Central Avenue, Hyde Park
Boston, Massachusetts 02136

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MICHIGAN, Detroit

Participants: Health Department  
Voluntary Agency  
Education Department  
Employment Commission  
Merrill Palmer Institute

Number Served: 176-200 Annually

The Continuing Education for Girls program in Detroit coordinates in a school setting, educational, psychological, health and social services to pregnant school age girls. Preference is given to girls under 16 but, where possible, girls over 16 are included.

Located in three centers, the program serves almost 200 girls each year. In addition to continuation of regular education, the program provides for instruction in homemaking, child care training, personal and family living and opportunities for participation in cultural activities. Girls also receive a psychological diagnostic evaluation, psychotherapy, group and individual counseling. Services are given to parents of the girls and putative fathers.

With the school acting as a cohesive force, complete prenatal and postnatal care along with other services are promoted through the use of available health and welfare opportunities.

Girls return to the program 3 weeks post partum where plans are made for their return to regular school. Where return to school is finally deemed not feasible, girls are prepared for entering one of the available job training programs.

Mrs. Nancy M. Boykin
Director, Continuing Education for Girls
Detroit Public Schools
5057 Woodward
Detroit, Michigan 48202

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MICHIGAN, Flint

Participants: Welfare Department  
Education Department  
Health Department  
Community Action Group  
Mott Foundation

Number Served: 101-125 Annually

C. S. Mott Children's Health Center in Flint began a project in January 1966 which provides broad casework services to unmarried mothers. The Unwed Parent Program's function is to pursue and coordinate services for unmarried mothers 18 years of age or younger who plan to keep their babies. Services are provided for the unmarried mothers, putative fathers, and parents of the unmarried mothers on an individual basis. The unmarried mothers also participate in group counseling sessions. Followup meetings for both the girl and her child are offered on an optional basis.

The program will be moving into a school-centered service in the near future.

Mrs. Vina Kage
Social Worker
Unwed Parent Program
C. S. Mott Foundation Children's Health Center
806 West 6th Avenue
Flint, Michigan 48503
MICHIGAN, Saginaw

Participants: Education Department
Number Served: 81-100 Annually

Under a program of continuing education for pregnant girls, the Saginaw Public Schools provide an educational program, counseling, prenatal and postnatal instruction, as well as referral of girls to proper social agencies for other needed services.

Under the program, girls do not drop out of school but are automatically transferred into the Continuation School. Small class loads, because of the various ages and grade levels, allow individualized academic instruction. In addition, the girls receive instruction in homemaking, child care, personal and family living and family planning as well as coordination of health care.

Located in a religious center, the program serves almost 100 girls each year. Girls are transferred into the program at any time found necessary and can be carried through the year, even after delivery if deemed advisable. Girls generally reenter school at the beginning of a semester, but in some cases they reenter 6 weeks after delivery.

Miss Shirley Schultz
Principal
Continuation School
321 North Warren
Saginaw, Michigan 48608

MINNESOTA, Minneapolis

Participants: Health Department
United Fund Agency
Education Department

Number Served: Not stated

The Program for Pregnant Girls in Minneapolis, located in a community center, provides school age girls with continuing education. In addition, the girls receive group and individual counseling. Girls remain in regular school until arrangements can be made. Post partum the girls are transferred back into regular school by the program. Educational service is provided through the Special Education Department of the Minneapolis Public Schools and appropriate agencies provide the other related services on a referral basis.

Dr. Evelyn Deno
Director of Special Education and Rehabilitation
Minneapolis Public Schools
807 N.E. Broadway
Minneapolis, Minnesota 55406

NEW YORK, Brooklyn

Participants: Voluntary Agency

Number Served: 101-125 Annually

Project Teen Aid, begun in 1965, provides comprehensive health, educational and social services to pregnant girls. Located in a housing project, it is able to serve almost 125 girls each year. The girls continue with their regular education while receiving instruction in personal and family living, homemaking and child care training along with family planning information. The program provides group and individual counseling and vocational placement, if needed. Health services including prenatal and post partum care are provided for the girls who must be registered for prenatal care, pregnant for the first time and unmarried at the time of application to the program. Services are also provided for putative fathers and the parents of the girls.

Following delivery the girls return to the program where plans are made for their transfer back to regular school.

Georgia L. McMurray
Project Director
Project Teen Aid
90 St. Edwards Street
Brooklyn, New York 11205
NEW YORK, Brooklyn

Participants: Community Action Group
Manpower Development Program
Visiting Nurse Association

Number Served: 201–250 Annually

The Bedford-Stuyvesant Youth-in-Action Unwed Mothers' Program provides comprehensive social services to teenage pregnant girls. Located in two adjoining brownstone buildings in Brooklyn, the program serves almost 250 girls each year.

The program provides the girls with group and individual counseling and includes psychological diagnostic evaluation and psychotherapy. The girls receive instruction in homemaking, child care training, personal and family living, vocational training and family planning. Tutoring services during their pregnancies help the girls maintain their academic levels or increase their skills in areas of academic weakness. The girls also participate in cultural activities. Complete health care—prenatal, post partum and continuing—is stressed. The girls return to the program 3 weeks post partum.

During their participation in the program, the girls receive stipends which are used to begin savings plans, contribute to their homes, and purchase maternity clothes and necessities for their babies. Girls are transferred back into regular school by the program.

Olga V. De Freitas
Project Director; Young Mothers Program
Bedford-Stuyvesant Youth-in-Action
27 McDonough Street
Brooklyn, New York 11218

NEW YORK, Buffalo

Participants: Welfare Department
Health Department
Education Department
Maternity and Infant Care Project

Number Served: 101–125 Annually

Begun in 1966, a cooperative plan by the Maternity and Infant Care Project in Buffalo, the Buffalo Health Department and the Buffalo City Schools provides social, medical, and educational services for pregnant school age girls. Located in a community center, the program enables girls to continue their regular school program in addition to receiving training in child care and homemaking. The program also offers welfare service which includes adoption and placement. Health care including prenatal care, post partum care, and pediatric care is provided by the Maternity and Infant Care Project.

Parental consent is required for enrollment in the program and followup meetings and services for the girl and her child are optional.

Ronald J. Foote, M.D.
Director
Maternal and Infant Care Project
2211 Main Street
Buffalo, New York 14214

NEW YORK, Mount Vernon

Participants: Welfare Department
YWCA
Health Department
Community Action Group
Education Department

Number Served: 31–40 Annually

Provided by the Maternal and Child Health Library, Georgetown University
The Mount Vernon Public Schools' Plan is a comprehensive scholastic counseling and orientation program for school age pregnant girls to be held in a special public school. It is to provide complete health care, group and individual counseling, continuation of regular education, vocational training, and placement, child care training and education in personal and family living as well as family planning.

Services will be provided for the girls on both a group and individual basis. Girls will return to the program 2 weeks after delivery and following their post partum check will be transferred back to regular school by the program. Followup meetings for the girl and her baby, if she keeps it, will be optional.

Dr. Martin Fisher
Acting Director: Pupil Personnel Services
Mount Vernon Public Schools
165 North Columbus Avenue
Mount Vernon, New York 10550

NEW YORK, New York

Participants: Welfare Department
Community Action Group
Health Department

Number Served: 151–175 Annually

The Cyesis Program of the Board of Education of the City of New York is operated by the Bureau for the Education of the Physically Handicapped. Under this program, teachers are provided for 16 agencies, both resident and nonresident. Locations include 12 maternity homes, two community centers and a YWCA where continuing education to groups is provided for almost 700 girls each year.

Medical and social services for the girls are given by the individual programs who also determine entry requirements for their own projects. The Board of Education inquires into the eligibility of the girls for high school or junior high school instruction and the dates of last school attendance. Following delivery the girls are transferred back to regular school by the program they attended. Instruction in nonresidential settings is sometimes carried on in the post partum period.

The Board of Education has a number of centers for pregnant girls in the preparation stage and it is assumed that they will be operational and providing continuing group education for additional numbers of girls by late 1967. These will be supervised by district superintendents.

Mr. Marcus Arnold
Director, Bureau for the Education of the Physically Handicapped
Board of Education
131 Livingston Street
Brooklyn, New York 11201

NEW YORK, New York

Participants: Education Department
Community Action Group
Maternity Home
Voluntary Agency

Number Served: 601–700 Annually

The Young and Unwed Mothers Information and Referral Center of Harlem Youth Unlimited, begun in 1965, provides comprehensive services for pregnant girls age 15 to 21. Girls receive prenatal and post partum care, group and individual counseling, also instruction in homemaking, child care training, personal and family living, family planning information plus an opportunity to participate in cultural activities. Girls may also receive welfare services, financial assistance, and legal counseling in addition to continuation of their regular education. While receiving services, girls are trained to work within the community by holding discussions with peers around problems facing unwed and young mothers, the value of continued education and training, etc.
The girls return to the program 6 weeks post partum and are transferred back into regular school by the program.

Mrs. Joyce S. Wilkins  
Director: Community Service  
Harlem Youth Unlimited  
181 West 135th Street  
New York, New York 10030

The HIP-Upper Manhattan Medical Group Maternity Project is a comprehensive program providing all-inclusive maternity care service for pregnant teenagers. The girls receive personalized care: They see the same obstetrician throughout for prenatal, hospital, delivery, postnatal and family planning care including I.U.D.'s. Pediatric care in which the girl becomes equally well acquainted with the pediatrician is provided, beginning with visits to the hospital and continuing for one year after delivery.

Continuing education is provided 4 days a week in a YWCA location. In addition to the accredited educational curriculum provided by the Board of Education, there are classes on health education, home economics and sewing courses provided by the project staff. Social work counseling is made available to the girl's family, the putative father and his family.

NEW YORK, New York

Participants: Health Department  
YWCA  
Education Department  
Health Insurance Plan of Greater New York

Number Served: 251–300 Annually

The Inwood House offers foster home care with a center program for all girls at a local church. Through the Bureau of Physically Handicapped, the New Board of Education provides teachers. In addition to continuation of regular school, the program provides health care, prenatal care, group counseling, and family planning information. Vocational counseling is available as needed. The Visiting Nurse Service provides instruction in preparation for the baby, hygiene, and baby care.

Almost 125 girls are served each year through this part of the Inwood House program. Post partum the girls return to the center and then are transferred back into school by the program.

Charlotte F. Andress  
Executive Director  
Inwood House  
320 East 82nd Street  
New York, New York 10028

Following their post partum checkups the girls are urged to return to regular school if there is someone to help care for the infant.

Edwin F. Daily, M.D.  
Medical Director and Vice President  
Health Insurance Plan of Greater New York  
625 Madison Avenue  
New York, New York 10022
NEW YORK, Syracuse

Participants: Welfare Department
Education Department
Health Department
YWCA
University
Number Served: 126-150 Annually

The Young Mothers Educational Development Program is an experimental project set up in 1965 by the Onondaga County Health Department, Syracuse City School District, and the State University of New York Upstate Medical Center. A combination of education, health and social services are offered. A clinic is located on the premises so that all services are offered at the same location (a former school building) and the girl does not have to leave the setting at any point.

The program accepts girls under 21 years of age, requiring registration for prenatal care, parental consent, plus ability to use the services offered by the program. Services are provided for both unmarried and married school age mothers on an individual and group basis. Individual work is done with the putative fathers and parents of the girls, while work with the siblings is done on a group and individual basis.

Following delivery the girl returns to the program 4 weeks post partum and continues with school. Continuing service is provided for the enrollees through the first year of the infant's life.

Mr. Robert DiFlorio
Coordinator: YMED
City School District
Guy Madison Street
Syracuse, New York 13210

NORTH CAROLINA, Winston-Salem

Participants: Health Department
YWCA
Education Department
Red Cross
Family and Child Service
Number Served: 151-175 Annually

The Program for Continuing Education for pregnant school age girls in Winston-Salem began in 1964. Located in a former church education building, the program in addition to the continuation of regular education provides group and individual counseling, vocational training, instruction in child care training, personal and family living, family planning information as well as the opportunity to participate in cultural activities. As part of the nutritional basis, all girls receive a free breakfast if desired.

Certification of pregnancy by a doctor, parental and/or husband's consent, plus motivation to attend regularly are requirements for admission into the program.

Girls return to the program 3 weeks post partum and remain until the end of the school year. Arrangements are made by the program for the girl's transfer back into school. Girls who come to the program as seniors are graduated from the program, but the diplomas they receive are from the school from which they came.

Mrs. Josephine Shaffner
Director of Pupil Personnel Service
Winston-Salem/Forsyth County Schools
P.O. Box 2513
Winston-Salem, N.C. 27102
"Services to Young Families" is a new multidisciplinary program established to help the teenage unmarried mother become better prepared to care independently for herself and her child. It provides for education, vocational guidance, individual and group social work counseling, and physical and mental health care, individually and in groups. In addition, the program works with the girls' families and with putative fathers.

The program is located in two centers. Girls whose ability and academic performance does not lend itself to continuation of secondary school are provided with vocational guidance and training from public and private sources. Girls attend a special teenage prenatal clinic where they receive continuity of medical care from the same team of doctors without waiting. An informal group of the girls' mothers attend classes in family life education and family planning. A nutritionist works with them in the buying, preparation and cooking of food. Followup services for the girl and her child are required. The girl is transferred back to school by the program.

Mrs. Mary O. Butcher  
Project Director  
Services to Young Families  
2400 Payne Avenue  
Cleveland, Ohio 44114

The Booth Talbert Clinic and Day Center began in 1961. Girls under 16 may be referred by the Cleveland Board of Education to the School Program at Booth Talbert Clinic and Day Center, although they may attend a clinic or hospital elsewhere. Students over 16 attend the Special School Program at the Adult Education Center operated by the Cleveland Board of Education.

In addition to continuation of regular education, the girls may receive prenatal and post partum care, welfare services, psychological diagnostic evaluation, psychotherapy, group and individual counseling, vocational training plus instruction in homemaking, child care training, personal and family living, religious instruction and the opportunity to participate in cultural activities. Following her post partum check, the girl may return to the program. Followup meetings for the girl are optional.

Captain Glenn Seiler  
Administrator  
The Salvation Army Booth Memorial Hospital  
1881 Torbenson Drive  
Cleveland, Ohio 44112

Provided by the Maternal and Child Health Library, Georgetown University
OKLAHOMA, Oklahoma City

Participants: Education Department
Number Served: 401-500 Annually

The Adult Day School in Oklahoma City is a special public school which enrolls girls who are required to leave the regular school system when their pregnancy becomes apparent. Girls may continue their regular school program and, in addition, may participate in group and individual counseling sessions. The program also provides family planning information, and vocational training services. Girls are referred to a variety of public agencies for other health and social services. Following delivery, girls are transferred back into the regular school system by the Adult Day School.

Wesley Driggs
Director of Adult Education
Oklahoma City Schools
817 North Robinson
Oklahoma City, Oklahoma 73102

OREGON, Portland

Participants: Education Department
Voluntary Agency

Number Served: 401-500 Annually

The Boy’s and Girl’s Aid Society in Portland, a statewide nonsectarian, voluntary agency has a full 4-year high school for expectant mothers in its own building. The BGAS provides the facilities and a staff member serves as school principal. The public school system provides the teachers.

The school is an integral part of the maternity program for both those in residential care and those enrolled on an outpatient service basis. Courses in personal and family living are included in the curriculum. Girls also receive health care, both prenatal and post partum, individual counseling, vocational training and psychotherapy. Welfare services including adoption, placement and legal counseling are also provided. Post partum, the girls return to regular school. Followup meetings for the girl and her child are optional.

Mr. Stuart R. Stimmel
State Director
The Boy’s and Girl’s Aid Society of Oregon
2301 N.W. Glisan Street
Portland, Oregon 97210

PENNSYLVANIA, Pittsburgh

Participants: Health Department
Voluntary Agency
Education Department
Community Action Group

Number Served: 126-150 Annually

In 1965 the Urban League initiated an experimental project in cooperation with the Pittsburgh Board of Public Education, the Magee Women’s Hospital and Allegheny County Health Department. Currently the Educational and Medical Program for School-Age Pregnant Girls in Pittsburgh serves almost 150 girls each year.

Classes are held in the community center from 9:00 a.m. until 2:30 p.m. for grades 7 through 12. Negro history is taught in addition to regular subjects. Instruction is also given in child care and girls participate in a cultural enrichment program.

Casework services are provided for the girls as needed—if a girl is troubled she is seen on a weekly basis. A psychologist meets with the girls in group sessions and each girl sees the psychologist at least once a month for individual counseling. The psychologist also sees the parents of the girl. Girls are registered for prenatal care at the clinic of their choice. Selection of the girls is based upon willingness of the parents to cooperate in the program, the girls’ desire to attend as well as certification of pregnancy by a doctor and registration for prenatal care. Girls return to the program 3 weeks post partum and are transferred back into regular school at midterm (February) if possible; if not, they...
rhode island, providence

participants: maternal and infant care project
st. joseph's hospital
providence and vista volunteers

number served: 10 annually

special classes have been held in a providence public library branch to provide continuing education for pregnant girls on a group basis. this enables the home teacher to extend the hours of instruction that would normally be provided to the girls.

vista volunteers provide some tutorial assistance and help motivate regular school attendance. in addition to the regular education, the girls receive individual counseling. girls are required to register for prenatal care. most of the health service is provided by the maternal and infant care project at st. joseph's hospital.

six weeks post partum the girl is transferred back into the regular school. followup meetings for enrollees are required.

mr. pasquale j. capuano
director: office of attendance and discipline providence school department
170 pond street
 PROVIDENCE, RHODE ISLAND 02903

TEXAS, Fort Worth

participants: maternity home
number served: 176–200 annually

the edna gladney home provides continuing education for pregnant girls through its vocational and education division. the school facility is located in the maternity home, which serves almost 200 girls each year. in addition to continuation of their regular school program the girls can receive vocational and homemaking training, complete medical care, a psychological diagnostic evaluation, group and individual counseling, legal counseling and vocational placement, if indicated. adoption and placement services are also provided for the girls.

the geographical area served is quite large and therefore the girls make arrangements for their own reentry into school. they are, however, able to transfer credits earned through the educational part of the program.

mrs. daurice robison
director of social services
the edna gladney home
2110 hemphill
fort worth, texas 76110

TEXAS, Houston

participants: education department
maternity home
number served: 201–250 annually

comprehensive services for pregnant girls are provided by the villa maria maternity home and the houston school district. preference for maternity home residence is given to students or dropouts under 21 who are undecided about keeping their babies or have decided upon adoption. for those who keep their babies, all services are available except the maternity home.

girls are enabled to continue their regular school education at the accredited high

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school in the maternity home. Complete health care (prenatal, post partum, pediatric) is given in addition to group and individual counseling. Services are also provided for the parents and siblings of unmarried mothers. The girls remain in the program while under post partum care and for 3 months thereafter, if needed, at which time they are transferred back into regular school by the program. Followup meetings for the girl and the child (if the girl chooses to keep it) are optional. The program serves girls without cost to them.

Reverend Lawrence Lee
Director
Villa Maria
1111 Lovett Boulevard
Houston, Texas 77006
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Mrs. Alice R. Smith, Chief, Child Welfare Division

PROJECT ADMINISTRATORS

Mrs. Elizabeth M. Goodman, Principal
Mrs. Fobola M. L. Gill, Project Supervisor

Mrs. Ethel L. Neustadter, Assistant Principal

PLANNING COMMITTEE FOR THE PROJECT

Mrs. Elizabeth J. Alexander
Miss Elma H. Ashton
Miss Edith M. Baker
Mr. Stanley Bigman
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Mrs. Elizabeth M. Goodman
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