

representative to the Executive Board of the International Children's Emergency Fund with regard to information and suggestions from United States sources regarding the work of the Fund. The membership is broadly representative of a wide range of citizens' groups throughout the country and of geographic areas. The chairman is Mrs. Oswald Lord.

The committee will cooperate with the American Overseas Aid-United Nations Appeal for Children.

Twenty-six nations are represented on the Executive Board of the ICEF. The United States representative is Katharine F. Lenroot, Chief of the U. S. Children's Bureau.

For Relief of Overseas Children

Individual contributions amounting to at least 60 million dollars are asked from the people of the United States to help meet the most urgent 1948 needs of distressed children and adults overseas.

Similar drives are being carried out in a number of other countries by the United Nations Appeal for Children. In each of these countries a national organization will collect the funds. In the United States this is being done by a campaign organization representing 21 voluntary organizations that are already furnishing relief in war-torn countries, and the United Nations Appeal for Children, whose proceeds in the United States will go to the International Children's Emergency Fund.

AOA-UNAC is strictly a collection agency, and does not itself furnish any food or services. It was formed at the request of the Department of State, in answer to an increasing demand from community leaders all over the country for unification of the many requests for funds.

Thirty percent of the 60 million dollars will be used by the participating voluntary agencies for services to families, medical programs for displaced

are being formed to participate in the appeal, along lines compatible with local practice.

Contributions to AOA-UNAC are deductible for income-tax purposes by specific Treasury Department ruling dated October 14, 1947.

The headquarters of American Overseas Aid and United Nations Appeal for Children is 39 Broadway, New York 6, N. Y.

The agencies participating in American Overseas Aid-United Nations Appeal for Children are: International Children's Emergency Fund (United Nations), American Friends Service Committee, Church World Service—Special Projects Division, Unitarian Service Committee, War Relief Services—National Catholic Welfare Conference, YWCA World Emergency Fund, American Aid to France, American Hungarian Relief, American Relief to Austria, American Relief for Czechoslovakia, American Relief for Italy, American Relief for Poland, Greek War Relief Association, Philippine War Relief (of the U. S.) Inc., United Lithuanian Relief Fund, United Service to China, AFL Labor League for Human Rights—Foreign Relief Program, CIO Community Services Committee—Overseas Relief and Rehabilitation Fund, Freedom Fund—Cooperative League of the USA, International Rescue and Relief Committee, International Social Service, Tolstoy Foundation for Stateless Russians.

Canadians Redraft Model Vital-Statistics Act

Registrars of vital statistics and legislative councils from eight Provinces of Canada met with representatives of the Department of National Health and Welfare and the Canadian Welfare Council December 1-4, 1947, to discuss a draft of a model vital-statistics act, prepared by a committee composed of staff members of the Dominion Bureau of Statistics.

Use of the short-form certificate was urged at the conference; also that birth

and will be submitted to the Vital Statistics Council and the Commissioners on Uniformity of Legislation before transmission to the Provinces. Each Province will, of course, be free to change the model act to suit its own views.

(For discussion of the social aspects of birth registration in the United States see *The Child*, August 1946 and June 1947.)

SOURCE: Concerning Children. Child Welfare Division, Canadian Welfare Council, Ottawa. December 1947.

Nebraska Expands Health Education

Health education in Nebraska is starting on a 3-year expanded program. Sponsors are the State departments of public instruction, of assistance, and of child welfare, in cooperation with the universities and teachers colleges. At each of these centers will be a health educator and a nutrition specialist who will teach and supervise in the area adjacent to the centers. State consultant services will be available as these are needed in the development of the program.

Films Show State Rheumatic-Fever and Premature-Baby Programs

A motion picture on rheumatic fever and one on premature infants—both for the public—have recently been produced by Virginia's State Health Department in cooperation with the U. S. Children's Bureau. These two films have been financed through use of grants to States administered by the Bureau under the maternal and child-health provisions of the Social Security Act.

Although Virginia is the State responsible for these two pictures, they have been produced on behalf of all State health departments.

The film, "We See Them Through," pictures Rhode Island's State program

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for children with rheumatic fever. It shows a coordinated program that brings together medical, medical-social, nursing, and other skills to treat children during the acute stage of rheumatic fever and the long convalescence from this serious disease.

"Starting Line" is the title of the other picture. It shows how the Illinois State Health Department is providing specialized care for premature babies from birth until they can be cared for by their mothers. Eventually Illinois hopes to have a network of premature-baby centers throughout the State for the benefit of all babies needing the specialized services.

The Virginia State Health Department is planning a third film, to be made in cooperation with the U. S. Children's Bureau. This will be on services for crippled children.

Crippled Children in Uruguay Attend Special School

Special attention to children with cerebral palsy is given at the Franklin Delano Roosevelt School for Crippled Children, in Montevideo, Uruguay, the first school for crippled children in South America. Established in 1941 by the National Association for the Crippled Child in Uruguay, the school admits without charge all children whose parents cannot afford to pay. Such children receive not only schooling, but also medical and dental care and clothing.

European Children Visit Britain

Many British families opened their homes last summer to children from war-devastated countries in Europe under a plan that begun in the middle of the war. It is the program of the Reception Committee, Young People from Occupied Countries, an organization recognized by the British Government but not subsidized. Under its sponsorship 15,000 private families have given temporary homes to young foreigners since 1942 in an attempt to provide a few months of relief from the miserable conditions of their homes in countries

10; an adult accompanies each group from its own country, and keeps her charges under benevolent supervision throughout their stay. In general, the children visit prosperous working people, the local committee doing what it can to see that a child is received at a home fairly similar to that from which he came.

The purpose of the project is to remove the children from scenes of hardship and distress, and to receive them as members of the family in homes where affectionate care, rest, and good nourishment will restore them physically and emotionally. Strictly rationed though Britain is, her fare is abundant by standards in the homes of many of these young war victims. A month in the quarantine camp and 2 months with a British family have, in the past few years, meant much to thousands of young Europeans. Nor have the benefits been one-sided. The hosts have become quickly attached to their guests, and firm friendships have sprung up during the visits.

Haiti Legislates to Protect Children Employed as Domestic Servants

A law aiming at the protection of children under 18 placed in families for domestic service was passed in Haiti in September 1947.

Under this law, any person who takes a child into his home for domestic service must obtain a permit from the Bureau of Labor and must be at least 21 years old, free from communicable disease, and of good moral character.

Lodging, suitable clothing, and wholesome food in sufficient quantities must be provided for the child, and he must be allowed to attend school at least part time. Semiannual physical examinations at a public-health clinic are also prescribed.

The law prohibits employment of children under 18 as messengers or street vendors or in other similar occupations during the hours when they are required to attend school, or in the afternoon on Sundays or legal holidays, or between 7 p. m. and 6 a. m.

Penalties are prescribed for violation of the law.

SOURCE: *Communication from American Embassy, Port-au-Prince, Haiti, November 11, 1947.*

QUOTE-UNQUOTE

"When we had a war to win and conscripted our youth to fight it for us, nothing was too good for them. We gave them first priority on our food and clothing. We taxed ourselves heavily to buy them the best. We provided them with the best training, the finest medical care, and the most expert personal services we could muster.

"Now we have a peace to win, and in labor's opinion nothing is too good for the new generation of children that is going to have to make that peace hold. Our children need—and must have—the best preparation the Nation can devise. That 'best' can be something much better than anything the children of the United States have had before. What's more, it must be!

"Labor is done now with the national mockery that panders to youth in war and penny-pinches children in peace.

"The world over, to grow well, every child needs to belong to a family: (1) That can obtain all the goods that make for the healthy growth and development of a child; and (2) that lives in a community where schools, medical care, and public welfare and recreational services are good. A minority of America's children in the past have been lucky on one score. Only a handful have had the breaks on both.

"Labor's fight for children focuses on both fronts: On building up family incomes to the level where each family can get the goods its children need, and on building up national income so that all communities can have better and better public and private services for children."

"CIO's Program for Children." In *Economic Outlook*, Jan. 1946.

In the January issue of *The Child* we failed to give the sources that Anna Kaler Smith drew on in preparing her

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In selecting suitable homes for the children, the committee writes to the mayor of a given British town, asking whether the community would be interested in offering hospitality. If the reply is affirmative, the mayor sets up a committee (of which there are now 200) of local citizens whose duty it is to select those homes which are most suitable, and to be responsible for the children while they are in residence. The children are divided into groups of

abundant by standards in the homes of many of these young war victims. A month in the quarantine camp and 2 months with a British family have, in the past few years, meant much to thousands of young Europeans. Nor have the benefits been one-sided. The hosts have become quickly attached to their guests, and firm friendships have sprung up during the visits.

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Lodging, suitable clothing, and wholesome food in sufficient quantities must be provided for the child, and he must be allowed to attend school at least part time. Semiannual physical examinations at a public-health clinic are also prescribed.

The law prohibits employment of children under 18 as messengers or street vendors or in other similar occupations during the hours when they are required to attend school, or in the afternoon on Sundays or legal holidays, or between 7 p. m. and 6 a. m.

Labor inspectors may visit any home where a worker under 18 years of age is in service, for the purpose of investigating his or her living conditions. If these conditions are found unsatisfactory, the Bureau of Labor may return the child to his family, or, with the consent of the parents, place him with another family or in an institution.

In localities where there is no branch of the Bureau of Labor, enforcement of the law is entrusted to municipal magistrates.

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"CIO's Program for Children." In *Economic Outlook*, Jan. 1946.

In the January issue of *The Child* we failed to give the sources that Anna Kalet Smith drew on in preparing her article, "Norwegian Schools Offer Health Services to Children." They are as follows:

Sources: "Skolehygienen," by the chief medical officer, Oslo Schools, 1947; articles by Dr. T. Gythfeldt, chief dental officer in the schools of Oslo, published in *Den Norske Nasjonalforening mot Tuberkulosen*, 1945, and in *Sosialt Arbeid*, 1943; *Social Håndbok for Norge*, 1937; and memoranda, issued in 1947, by the municipal school authorities of Oslo.

Children in Hospitals

(Continued from page 119)

additional ones. Plans will have to be worked out in cooperation with local health departments, particularly in rural communities, by which medical-social workers are employed by the community to serve more than one hospital or convalescent facility. More and more State health departments have medical-social workers on their staffs to consult with and help hospitals in planning for medical-social services. This source of help to local hospitals and community groups should be available in every State.

Nearly all State health agencies employ one or more nutritionists. Many of these nutritionists have completed an approved dietetic internship in a hospital. Now that they are in a position to influence community action, they can do much to see that nutritional gains that the patient makes in the hospital are maintained after he returns home. They can also help the hospital dietary staff in teaching both staff and patients because they are familiar with resources and food habits in the patients' homes and in which some of the student nurses and medical internes will work after their training. A growing number of State health departments employ consultant dietitians whose principal activity is to consult with physicians and nurses in hospitals.

We know that public interest in problems concerning the health of children is increasing. There has been a movement in the States for organizing committees, commissions, or councils to assume responsibility for planning health and welfare activities to meet the needs of children.

Hospitals should make it their business to know about such committees and commissions in their State or community. They should be represented in

Employment Service

(Continued from page 115)

programs are obvious. The school guidance program benefits by the addition of highly specific current information and by the wider points of view expressed by participants who are not a part of the school system itself. The local office benefits by the fact that the student, after graduation or drop-out, comes to the local office already partially equipped with basic information necessary to his final selection of an occupational objective and prepared to explore with the employment counselor the specific opportunities currently available and the relative advantages of different courses of action. If he is considering an occupation for which extensive training or apprenticeship is required, he may already know the extent and kind of this training and will have tentatively explored his ability to enter such a course of training with reasonable likelihood of being able to complete it.

Another area for cooperative planning by school and employment service personnel relates to the particular problem of the individual who, wishing to continue school, must yet seek part-time work and employment during summer vacations. More rapid and effective service to this group may be achieved if the school makes available its physical facilities and can arrange for group registration conducted by employment-service interviewers or counselors, to be followed, if necessary by evenly scheduled appointments at the employment office.

I should like to say in closing that public employment service holds very high hope for the continued improvement in the program for assisting youth to meet their employment problems.

FOR YOUR BOOKSHELF

OUR RURAL COMMUNITIES; a guidebook to published materials on rural problems, by Laverne Burchfield. Public Administration Service, Chicago. 1947. 201 pp. \$2.50.

This book gives a summary, with references, of information needed by persons planning action on rural problems such as those relating to schools, the church, medical care and health services, welfare, housing, recreation, local government, community organization, and land use in the rural community.

Although it is packed so full as to be almost a catalog of essential information, the book is also a stimulus and guide to those who are investigating the resources of the rural community and of the Nation in behalf of the rural community. It is an outgrowth of a brief digest of similar material on current activities of agencies interested in country life, and of literature on post-war planning for rural life, which was prepared for the American Country Life Association conference in 1944.

Stella Scurlock

INSTITUTIONS FOR CHILD CARE AND TREATMENT, by Mary Lois Pyles. Child Welfare League of America, 130 East Twenty-second Street, New York 10, N. Y. 1947. 28 pp. 50 cents.

Miss Pyles has here written about institutional work with special reference to case work in relation to other components of the care and treatment of children. She deals with changing attitudes toward children's institutions, the nature of institutional care, some guiding principles of modern institutions, contributions of case work, problems of case work in institutional care, and coordinated child care and treatment.

"It is the group living and group care situation," says the author, "which defines both the limitations and opportu-

groups should be available in every State.

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We know that public interest in problems concerning the health of children is increasing. There has been a movement in the States for organizing committees, commissions, or councils to assume responsibility for planning health and welfare activities to meet the needs of children.

Hospitals should make it their business to know about such committees and commissions in their State or community. They should be represented in such planning groups so that hospital and convalescent care will be correlated with health service and medical care, with welfare and education in over-all programs to improve conditions for children. Planning is still pioneering and there is need for experimentation in which hospitals ally themselves with all other forces in the community to assure that the needs of children are met.

Reprints available in about 5 weeks

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I should like to say in closing that public employment service holds very high hope for the continued improvement in the program for assisting youth to meet their employment problems. You may be sure that the national office will spare no effort in assisting you to keep the program geared to the changing needs of youth. This program, however, can be made dynamic only by local planning based upon careful analysis of the youth being served, what they can offer in the labor market, what the labor market can offer them, and the services which other agencies are equipped to provide.

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"It is the group living and group care situation," says the author, "which defines both the limitations and opportunities of the institution. It should be a guiding factor in determining the children who come to institutions and it enters into all efforts to help them."

Since institutional living is not an end in itself for the care of children, Miss Pyles points out that the institution needs to work toward the return of its children to their own homes or to foster-family homes as soon as possible.

It is accepted that institutions are called into being by social problems and have the responsibility of helping

clients reach satisfying personal and social adjustment. As a social agency an institution needs to make use of social-work knowledge and skill in carrying on its work.

The need of the child for case-work service is discussed in relation to his admission to the institution and to his stay there, and also in connection with his leaving. Some institutions may try to add case work as an appendage, without giving it any real place in the life of the institution, but the service cannot be fully effective when given in that way.

There is a continuing need for the case worker, the cottage parent, the teacher, and the recreation leader to consult with one another. Teamwork is essential, but just as essential is leadership for the team from the administrator, who needs to understand the contributions of all parts of the program.

I. Evelyn Smith

TEAMWORK IN COMMUNITY SERVICES, 1941-1946; a demonstration in Federal, State, and local cooperation, by Katherine Glover. Office of Community War Services, Federal Security Agency, Washington, 1946. 80 pp.

Among the activities described in this account of a wartime experiment is the Government program for the day care of children of working mothers, which was carried out so far as possible through existing Federal agencies. The Children's Bureau and the Office of Education cooperated with Community War Services in developing policies and procedures for this program. The War Manpower Commission, the Army, the Navy, the Maritime Commission, the Federal Public Housing Authority, and the Federal Works Agency also cooperated in providing this much-needed service for children. The story of this and other services is presented not merely as a historical record, says the report, but also as significant background for the continuing development of community services.

SCHOOL-AND-WORK PRO

jobs, gained sudden popularity during the war as a means of meeting demands of employers for young workers and the desire of students to become wage earners as well as to help in the war effort.

This war-born condition created a new interest in school-and-work programs (1) for educators because the realities of employment were brought closer to the school and (2) for those concerned with the protection of young workers because of the necessity for safeguarding the interest of these young people while on the job. Two agencies representing these two groups, the U. S. Office of Education and the U. S. Children's Bureau, accordingly began this joint study of school-and-work programs in 1945. Later the Bureau's Industrial Division became the Child Labor and Youth Employment Branch of the Division of Labor Standards, U. S. Department of Labor, and as such completed the study with the Office of Education.

The report describes the operation of school-and-work programs in more than 100 cities and analyzes their strengths and weaknesses. On the basis of the findings suggestions are made for the use of school administrators who are considering establishment of such programs.

WHEN YOU ADOPT A CHILD. Federal Security Agency, Social Security Administration, U. S. Children's Bureau. Folder 13. Washington, Revised 1947. 24 pp. Single copies free.

This is a revision of the folder formerly entitled "Adoption." It offers answers to many of the questions raised by couples who are thinking of adopting a child.

KEEPING UP WITH TEEN-AGERS, by Evelyn Millis Duvall. Public Affairs Committee, Inc., 22 East Thirty-eighth Street, New York 16, N. Y. 1947. 31 pp. 10 cents.

Persons who work with adolescents

tions. Recognition of this fact may be the first step in bringing parents and teen-agers closer together.

This brief, readable pamphlet will stimulate many parents to take some of the positive steps toward better mutual understanding that Mrs. Duvall suggests.

Marion L. Faegre

Occupational Index, Inc., New York University, Washington Square, New York 3, N. Y., continues to publish six-page leaflets, at 25 cents, giving information on earnings, qualifications, opportunities, advantages and disadvantages, of various types of work. Among the occupations treated in these leaflets are a number that may be of interest to persons who wish to work with children.

The titles of a few of these leaflets, published in 1947, are: Librarian, Medical Secretary, Practical Nursing, and Psychiatry.

CALENDAR

Feb. 22-29—American Brotherhood Week. Sponsored annually by the National Conference of Christians and Jews, 381 Fourth Avenue, New York 16, N. Y.

Feb. 26—National Committee for Parent Education. Atlantic City, N. J.

Feb. 26-27—Conference on educational and recreational programs for children with orthopedic conditions. Sponsored by National Foundation for Infantile Paralysis. Held in connection with seventy-fourth annual meeting of American Association of School Administrators. Atlantic City, N. J.

Mar. 1—Child Study Association of America. Annual conference. New York, N. Y.

Mar. 7-9—Ninth Annual Southern Safety Conference and Exposition. Birmingham, Ala. Executive offices, 2120 First Avenue North, Birmingham 3, Ala.

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SCHOOL-AND-WORK PROGRAMS; a study of experience in 136 school systems, by Caroline E. Legg, Carl A. Jessen, and Maris M. Proffitt. Joint publication of the Federal Security Agency, Office of Education; and the U. S. Department of Labor, Division of Labor Standards, 1947. 59 pp. For sale by Superintendent of Documents, Government Printing Office, Washington 25, D. C. 20 cents.

Programs combining school attendance with paid employment under which high-school boys and girls are released from some school time to take part-time

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Persons who work with adolescents or with the parents of adolescents will welcome this lively, sympathetic description and explanation of some of the challenges offered by the teen age. Harking back to "When You and I Were Young, Maggie," the author shows how the problems that parents get into a stew about are related to the changed conditions under which youth lives today. She makes a good case for greater realization by parents that they need adaptability and capacity for understanding. No one is at fault, she is careful to point out, for the confusion and conflict between the two genera-

opportunities, advantages and disadvantages, of various types of work. Among the occupations treated in these leaflets are a number that may be of interest to persons who wish to work with children.

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In *Laura*, on our February cover, we see the typical American child, healthy and happy. Let us think also of those other children, in war-devastated countries, who are cold and hungry. And let us give what we can toward making life easier for them. The photograph is by Philip Bonn.

Credits for other photographs:

Pages 114 and 115, by Talbott for *Look* magazine.

Page 117, by Ben Greenhaus for Nursing Information Bureau.

Page 118, by Baltimore Sun, for James Lawrence Kernan Hospital, Baltimore.

Page 119, by Philip Bonn for U. S. Children's Bureau.

Page 123, by Woodrow R. Wilson for Federal Works Agency.

We Meet Again With Our Latin-American Neighbors

I have recently returned from the Ninth Pan American Child Congress, which was held at Caracas, Venezuela, January 5-10. I feel that this meeting has set a new milestone on the road to Inter-American cooperation.

It was a great experience to sit down again with representatives from other American nations, all working toward a single goal, the good of children.

The country where we met, Venezuela, is an inspiration in itself. For Venezuela, held back for years by a dictatorship, has made great progress in the last decade in providing for her children—their health, their education, their general welfare.

To Venezuela goes much of the credit for the success of the Congress. The Venezuelan Organizing Committee, under the chairmanship of Dr. Gustavo H. Machado, President of the Venezuelan Child Council, made the arrangements and prepared the program, with the cooperation of the American International Institute for the Protection of Childhood.

The Venezuelan delegation contributed what was perhaps the most important paper presented to the Congress, a statement of principles for legislation concerning the protection and welfare of children, including a declaration of the rights of the child and the duties and rights of the state. This statement of principles, or "children's code," was studied and revised by a technical commission and recommended by the Congress to the American Republics for

their consideration, with such modifications as are made necessary by the constitutional system and the social and cultural conditions of each country.

In another important statement, the Congress affirmed the right of children to good health. This declaration will be put into final form by the American International Institute for the Protection of Children, working with the Pan American Sanitary Bureau. It will then be known as the "Declaration of Caracas on Child Health."

The Congress also made recommendations regarding Nation-wide organization and financing of health and social services for mothers and children. Some of its other recommendations concerned nutrition, prevention of tuberculosis, and the care of neglected children.

The child of school age was the subject of broadly conceived recommendations, founded upon the concept that the school is concerned with the well-being of the child in all the aspects of his growth and development. The Congress considered rural, preschool, and progressive education, and also took account of the needs of the child for protection and recreation outside school hours.

In all its recommendations the Congress showed a broad understanding of the close relation between health and social services.

The Congress strongly urged all American Governments and peoples to support the International Children's Emergency Fund and the United Na-

tions Appeal for Children. At the same time it asked the ICEF to take into consideration the needs of the children of the Western Hemisphere, for many of these live in poverty and suffer from undernutrition.

Noting that another important Inter-American meeting is soon to take place, namely, the Ninth International Conference of American States (at Bogota, Colombia, in March 1948), the Congress requested this Conference to give due recognition to the special needs of children and youth. In this connection the Congress also stressed the importance of effective cooperation among the American countries in studying and solving problems relating to the health, education, and social welfare of children.

One trend that was noticeable throughout the sessions was the increased recognition that the Congress gave to the leadership of the American International Institute for the Protection of Childhood. To a greater degree than any previous Congress the Ninth Pan American Child Congress assigned to the Institute important responsibilities to be carried out in the immediate future and later. The presence of the Institute's president, Dr. Roberto Berro, and of its secretary, Dr. Víctor Escardó y Anaya, contributed greatly to the success of the Congress.

Katharine F. Lenroot
Chief, U. S. Children's Bureau

VOL. 12 No. 8 FEBRUARY 1948

the CHILD

published monthly by the
Division of Reports

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.	120

The country where we met, Venezuela, is an inspiration in itself. For Venezuela, held back for years by a dictatorship, has made great progress in the last decade in providing for her children—their health, their education, their general welfare.

To Venezuela goes much of the credit for the success of the Congress. The Venezuelan Organizing Committee, under the chairmanship of Dr. Gustavo H. Machado, President of the Venezuelan Child Council, made the arrangements and prepared the program, with the cooperation of the American International Institute for the Protection of Childhood.

The Venezuelan delegation contributed what was perhaps the most important paper presented to the Congress, a statement of principles for legislation concerning the protection and welfare of children, including a declaration of the rights of the child and the duties and rights of the state. This statement of principles, or "children's code," was studied and revised by a technical commission and recommended by the Congress to the American Republics for

American Sanitary Bureau. It will then be known as the "Declaration of Caracas on Child Health."

The Congress also made recommendations regarding Nation-wide organization and financing of health and social services for mothers and children. Some of its other recommendations concerned nutrition, prevention of tuberculosis, and the care of neglected children.

The child of school age was the subject of broadly conceived recommendations, founded upon the concept that the school is concerned with the well-being of the child in all the aspects of his growth and development. The Congress considered rural, preschool, and progressive education, and also took account of the needs of the child for protection and recreation outside school hours.

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Managing Editor Sarah L. Doran
Art Editor Philip Bonn

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION

U. S. CHILDREN'S BUREAU
Katharine F. Lenroot, Chief

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Publication of THE CHILD, monthly bulletin, was authorized by the Bureau of the Budget, May 12, 1936, to meet the needs of agencies working with or for children. The Children's Bureau does not necessarily assume responsibility for the statements or opinions of contributors not connected with the Bureau. THE CHILD is for sale by the Superintendent of Documents, Government Printing Office, Washington 25, D. C., at \$1 a year, foreign postage, 25 cents additional, single copies, 10 cents.

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

THE
EXPECTANT
MOTHER



UNITED STATES DEPARTMENT OF LABOR

Frances Perkins, *Secretary*

CHILDREN'S BUREAU • Katharine F. Lenroot, *Chief*

C. B. Folder 1

1943

TO THE EXPECTANT MOTHER

Pregnancy is a normal condition and not an illness. But to keep well at this time, you need good care under a doctor's supervision. The doctor will tell you what to do in order to keep well and to have a healthy baby. The nurse who helps the doctor in his office or clinic, or a public-health nurse on the staff of the local health department or of some private organization, will help you to do what the doctor says and to make plans for your confinement.

As soon as you think you are pregnant, go to a doctor—to a private doctor or to a prenatal center or clinic. Do not delay.

At the first visit, the doctor will ask you questions about your past and present health and make a complete examination so that if anything is wrong he can start treatment early. Be ready to answer his questions and to ask him questions.

A complete examination will include examination of your heart, lungs, abdomen, teeth, and tonsils, and also an internal examination to find out the size and shape of your pelvic bones.

The doctor will also test your urine, weigh you, find out about your blood pressure, and take a sample of blood for testing.

The doctor will tell you about good habits of eating, rest and sleep, exercise, bathing, and bowel action. These good habits will help you and the baby to be well.

The doctor will tell you how often you should see him. As a rule, doctors advise visits at least once a month during the first 6 months, every 2 weeks or oftener in the next 2 months, and every week in the last month. At each visit you will have your blood pressure taken, you will be weighed, and your urine will be examined. If you cannot go to the doctor as often as advised, get in touch with a public-health nurse, who will report to the doctor if anything seems to be wrong.

The doctor will tell you to go to the dentist, because care of the teeth is an important part of prenatal care. (See p. 5.)

Get Your Doctor's Help

Supplies for Delivery at Home

Ask the doctor or nurse to tell you what supplies you will need for delivery at home. Besides extra nightgowns, bed linen, blankets or quilts, towels, washcloths, and soap, the following are usually needed:

- A pound of surgical cotton; or bag of white rags, boiled.
- Two large covered utensils to boil water in.
- Dipper for ladling boiling water.
- Two saucepans for boiling supplies to be used by doctor.
- Three hand basins (one for scrubbing hands, one for antiseptic for hands, and one for antiseptic for gloves, and later for afterbirth).
- Pail or bucket with cover (this can be used later for soiled diapers.)
- Bedpan.
- Hot-water bag and enema bag or combination of the two.
- A receiving blanket to hold the baby in when he is born (an old soft blanket or a bath towel).
- In case of emergency, a pair of scissors and a yard of very narrow tape for cutting and tying the cord. (Both should be boiled before being used.)
- A large bundle of newspapers for protecting chairs and the floor and for making 6 pads to protect the bed. To make a pad, take 12 opened-out sheets of newspaper and cover them with white cheese-cloth or muslin, cut 4 to 6 inches larger than the papers on each side. Turn the cloth edges in and baste. Iron the pads with a hot iron until they are scorched slightly. Fold them cloth side in, and put them away in a clean pillowcase.
- Four dozen sanitary pads, bought packed in boxes or home-made of old white cloth, washed, folded, ironed, and wrapped in small cloth or paper bundles. (Do not wrap in newspapers.) Consult the doctor or nurse about the sterilization of these pads. If there is a hospital near by, the sterilizing may be done there. If not, the pads can be sterilized by baking them in a slow oven. Put a large raw potato into the oven with the pads; by the time the potato is well cooked, the pads will be sterilized.

Baby's Supplies

Diapers, shirts, nightgowns, and flannel squares (a yard each way) to wrap the baby in when the weather is cold should be provided. Have plenty of large and small safety pins. Bands are needed only for about the first 10 days; surgical gauze dressings or unhemmed strips of cotton flannel may be used.

For the baby's drinking water, provide two nursing bottles and four nipples. The baby should have his own soft towels, washcloths, and pure, mild soap which no one else uses. Mineral oil is usually better for the skin than powder.

The baby should have his own bed. This may be a crib, a basket, or a box. If a crib is used, have a firm flat mattress; if a basket or box is used, have a folded piece of table padding or several thicknesses of blanket. Waterproof sheeting, a cotton pad to go over this, and small sheets will be needed as well as several small blankets, but no pillow. Have a mosquito net to keep flies away from the baby.

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Get Your Doctor's Help

(2)

PLANNING THE DIET

Your food should be planned to meet your baby's needs as well as your own. This does not mean that you should eat a large amount of food. It means that your foods should provide the materials that the baby needs for proper growth and that you need to keep your body in good health. You should eat the protective foods—milk, vegetables, fruit, eggs, meat, and whole-grain bread and cereals. Use whole-grain bread and cereals preferably, or if not these, enriched bread and restored cereals; products to which minerals and vitamins have been added according to Government standards). Your doctor will probably advise you to take some source of vitamin D, such as cod-liver oil.

You may eat other foods, too—vary your diet.

Outdoor sunshine, exercise, rest, and freedom from worry will help you to make the best use of your food.

Drink Plenty of Fluids

Drink plenty of fluids—water, milk, and fruit juices. Fluids help your bowels, kidneys, and skin throw off waste.

If you are used to drinking tea or coffee you need not stop altogether. Moderate use of tea or coffee is not harmful to most women. However, do not let anything take the place of milk.

Restrict Your Use of Salt

The amount of salt commonly used in cooking is sufficient for the expectant mother; do not add salt at the table. Under some circumstances, the amount used in cooking may have to be reduced or even eliminated. Avoid salty meats and salt fish.

Watch Your Weight

If you gain weight suddenly, tell the doctor at once, as this may be a danger signal.

Limiting the amount of food with the idea of having a small baby is not only useless; it is even dangerous.

Eat the Protective Foods

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Drink Plenty of Fluids

of fluids—water, milk, and fruit juices. Keep your bowels, kidneys, and skin throw off waste. Instead of drinking tea or coffee you need water. Moderate use of tea or coffee is common to most women. However, do not let coffee take the place of milk.

Restrict Your Use of Salt

of salt commonly used in cooking is too much for the expectant mother; do not add salt at all. Under some circumstances, the amount of salt in your diet may have to be reduced or even eliminated. Avoid salty meats and salt fish.

Watch Your Weight

weight suddenly, tell the doctor at once, as this is a danger signal. The amount of food with the idea of having a baby is not only useless; it is even dangerous.

Eat the Protective Foods

DAILY FOOD NEEDS

Unless your doctor orders a special diet, each day's food should include:

- Milk:** One quart, as a drink or in cooking. Fresh milk should be pasteurized or boiled. Evaporated or dried milk may be used.
- Vegetables and fruits:** Five or six servings (not necessarily different vegetables):
 - A green leafy or yellow vegetable.
 - Potatoes.
 - A raw vegetable or fruit.
 - A fruit or vegetable rich in vitamin C, such as orange, grapefruit, tomato, raw cabbage.
 - Another fruit or vegetable.
- Bread or cereal:** Two servings. Use whole-grain bread and cereals preferably, or if not these, enriched bread and restored cereals.
- Eggs:** One egg.
- Meat, poultry, or fish:** One serving. Liver should be eaten at least once a week. Cheese or dried beans may be eaten occasionally as a substitute for meat.
- A good source of vitamin D:** Cod-liver oil or some other source directed by the doctor.
- Additional foods:** Your doctor will tell you how much food you should eat. Ask him whether you need iodized salt.

The following sample menus for one day show how the food needs of a healthy pregnant woman of average weight can be met. Remember that these are only samples; try to vary your diet.

BREAKFAST	
Grapefruit	
Oatmeal with milk or cream	
Whole-wheat toast with butter	
Glass of milk	Cup of coffee or tea
DINNER	
Meat loaf	
Baked potato	Carrots
Enriched bread with butter	Glass of milk
Brown Betty	
SUPPER OR LUNCHEON	
Scrambled eggs with tomatoes	
Cabbage salad	
Muffins with butter	Glass of milk
Stewed apricots and cookies	

Milk and fruit or fruit juice may be taken between meals and at bedtime.

Eat Regular Meals

CARE OF THE TEETH

Care of the teeth is especially important during pregnancy. As soon as you know you have a baby, you should go to a dentist. He will tell you how to take care of your teeth. Brush the teeth after each meal and before going to bed. This brushing should be from the biting edge, not crosswise.

FRESH AIR AND SUNSHINE

Try to spend at least 2 hours a day outdoors in fresh air and sunshine. You need sunshine especially in cooler seasons. Have the windows open as much as possible.

EXERCISE AND REST

Light exercise such as ordinary housework is good for you, but do not get overtired. If you do not exercise, take a daily walk. On account of the danger of miscarriage, avoid lifting or pushing heavy things. Be careful not to strain your abdomen. Do not go in for strenuous sports. Rest as much as possible while working.

If you have a job that requires heavy work, perhaps you can arrange to be assigned lighter work during pregnancy and after you go back to work. It is usually best to go back to work until at least 2 months after the baby is born.

"Early to bed" is a good habit. Get 8 to 10 hours' sleep at night and an hour or two of rest down during the day.

Get Plenty of Rest

CARE OF THE TEETH

Care of the teeth is especially necessary during pregnancy. As soon as you know you are going to have a baby, you should go to a good dentist and have such repairs and extractions as he advises. He will tell you how to take care of your teeth and gums. Brush the teeth after each meal and rinse the mouth well. This brushing should be from the gums toward the biting edge, not crosswise.

FRESH AIR AND SUNSHINE

Try to spend at least 2 hours a day in the open air and sunshine. You need sunshine, especially in the cooler seasons. Have the windows open as much as possible.

EXERCISE AND REST

Light exercise such as ordinary housework is good for you, but do not get overtired. If you need more exercise, take a daily walk. On account of the danger of miscarriage, avoid lifting or pushing heavy things, be careful not to strain your abdominal muscles, and do not go in for strenuous sports. Sit down as much as possible while working.

If you have a job that requires heavy work, perhaps you can arrange to be assigned temporarily to lighter work during pregnancy and for a month or so after you go back to work. It is wise to stop work at about the seventh month of pregnancy and not to go back to work until at least 2 months after the baby is born.

"Early to bed" is a good habit. Get at least 8 hours' sleep at night and an hour's nap or rest lying down during the day.

Get Plenty of Rest

{5}

BATHS

Bathe often—daily if possible. Take care not to slip and fall while in the shower bath or when getting into or out of the bathtub. Near the end of pregnancy it is wise to take sponge or shower baths instead of tub baths.

BOWELS

Your bowels should move regularly. If they do not, consult your doctor. Do not take medicines or use enemas unless the doctor tells you to.

The right kind of food and plenty of fluids will help the bowels to move regularly.

CLOTHING

Wear clothing that will make you comfortable. Do not wear anything that binds you tightly, such as round garters or any other tight bands. A properly fitted maternity corset or abdominal binder may add to your comfort. A brassiere should be chosen that supports the breasts but does not bind them tightly; the breasts should be allowed plenty of room to develop. Shoes should be comfortably large, with low, broad heels.

MARITAL INTERCOURSE

Intercourse should not take place during the last 2 or 3 months of pregnancy because of danger of infection.

Take Care of Yourself for Your Baby's Sake

{6}

MENTAL HYGIENE

The period of pregnancy should be a happy time. It is old-fashioned to think that you cannot go out and enjoy yourself at this time. Get plenty of rest and plenty of sunshine and try to have good times that do not overtire you.

It will be better for your baby's health and your own if you are calm and undisturbed during pregnancy. There is nothing in pregnancy itself that you need fear.

Do not worry about your health; if anything seems wrong, tell your doctor or nurse. If you are worried about something else, talk your problem over with the doctor or nurse or a social worker. (The nurse will tell you how to get in touch with a social worker.)

DANGER SIGNALS

Certain danger signals may appear during pregnancy. Do not be frightened by them but tell the doctor at once if any one of them appears. The doctor will examine you and tell you what extra care you must take.

The danger signals are:

- Bleeding from the birth canal, even if slight.
- Severe or continued headache.
- Severe backache.
- Pains in the abdomen.
- Spots or blurring before the eyes.
- Dizziness.
- Swelling of face, hands, or legs.
- Severe vomiting or nausea or indigestion.
- Severe constipation.
- Scanty urine.
- Sudden gain in weight.

Do not take douches unless the doctor tells you to. They may be dangerous. Do not try to examine yourself internally; this is very dangerous.

Tell the doctor about anything that seems wrong, keeping in mind that you should expect to feel well during pregnancy.

Ask Your Doctor—Not the Neighbors

(7)

PREPARATIONS FOR THE BIRTH

Whether the baby is to be born at home or in a hospital, have all arrangements made ahead of time, as the baby may be born sooner than you expect. Have the supplies ready by the seventh month.

If the baby is to be born in a hospital, arrange for your room or ward bed. Find out what articles the hospital requires you to furnish and have them packed in a bag several weeks ahead of time.

If the baby is to be born at home, have everything ready beforehand.

Ask the doctor about arranging for nursing care during confinement. Your local public-health nurse may be able to help him in making these plans. The nurse that helps the doctor at the time the baby is born, will also help take care of you for some time afterward. Ask a relative or someone else to stay with you until the doctor says that you are strong enough to do the housework. Have the nurse teach her how to take care of you and the baby.

For the birth try to use a room near the bathroom, or at least near running water. Have a good light—a movable lamp if possible. If the room is sunny, so much the better. Have everything in the bedroom as clean as soap and water can make it. Boil bed linen and towels and iron them with a hot iron.

Ask your doctor or nurse which utensils to boil and how to keep them sterile.

Because the kitchen will be used by the doctor or nurse when boiling instruments and other things, have it cleaned thoroughly. Cleanliness will make the birth safer for you and for the baby.

See next page for a list of supplies for mother and baby. For a more complete list see the Children's Bureau bulletins, Prenatal Care and Infant Care. You can get these bulletins free by writing to the Children's Bureau, United States Department of Labor, Washington, D. C.

Have Everything Ready Beforehand

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PREPARATIONS FOR THE BIRTH

Whether the baby is to be born at home or in a hospital, have all arrangements made ahead of time, as the baby may be born sooner than you expect. Have the supplies ready by the seventh month.

If the baby is to be born in a hospital, arrange for your room or ward bed. Find out what articles the hospital requires you to furnish and have them packed in a bag several weeks ahead of time.

If the baby is to be born at home, have everything ready beforehand.

Ask the doctor about arranging for nursing care during confinement. Your local public-health nurse may be able to help him in making these plans. The nurse that helps the doctor at the time the baby is born, will also help take care of you for some time afterward. Ask a relative or someone else to stay with you until the doctor says that you are strong enough to do the housework. Have the nurse teach her how to take care of you and the baby.

For the birth try to use a room near the bathroom, or at least near running water. Have a good light—a movable lamp if possible. If the room is sunny, so much the better. Have everything in the bedroom as clean as soap and water can make it. Boil bed linen and towels and iron them with a hot iron.

Ask your doctor or nurse which utensils to boil and how to keep them sterile.

Because the kitchen will be used by the doctor or nurse when boiling instruments and other things, have it cleaned thoroughly. Cleanliness will make the birth safer for you and for the baby.

See next page for a list of supplies for mother and baby. For a more complete list see the Children's Bureau bulletins, Prenatal Care and Infant Care. You can get these bulletins free by writing to the Children's Bureau, United States Department of Labor, Washington, D. C.

Have Everything Ready Beforehand

Supplies for Delivery at Home

Ask the doctor or nurse to tell you what supplies you will need for delivery at home. Besides extra nightgowns, bed linen, blankets or quilts, towels, washcloths, and soap, the following are usually needed:

- A pound of surgical cotton; or bag of white rags, boiled.
- Two large covered utensils to boil water in.
- Dipper for ladling boiling water.
- Two saucepans for boiling supplies to be used by doctor.
- Three hand basins (one for scrubbing hands, one for antiseptic for hands, and one for antiseptic for gloves, and later for afterbirth).
- Pail or bucket with cover (this can be used later for soiled diapers.)
- Bedpan.
- Hot-water bag and enema bag or combination of the two.
- A receiving blanket to hold the baby in when he is born (an old soft blanket or a bath towel).
- In case of emergency, a pair of scissors and a yard of very narrow tape for cutting and tying the cord. (Both should be boiled before being used.)
- A large bundle of newspapers for protecting chairs and the floor and for making 6 pads to protect the bed. To make a pad, take 12 opened-out sheets of newspaper and cover them with white cheesecloth or muslin, cut 4 to 6 inches larger than the papers on each side. Turn the cloth edges in and baste. Iron the pads with a hot iron until they are scorched slightly. Fold them cloth side in, and put them away in a clean pillowcase.
- Four dozen sanitary pads, bought packed in boxes or home-made of old white cloth, washed, folded, ironed, and wrapped in small cloth or paper bundles. (Do not wrap in newspapers.) Consult the doctor or nurse about the sterilization of these pads. If there is a hospital near by, the sterilizing may be done there. If not, the pads can be sterilized by baking them in a slow oven. Put a large raw potato into the oven with the pads; by the time the potato is well cooked, the pads will be sterilized.

Baby's Supplies

Diapers, shirts, nightgowns, and flannel squares (a yard each way) to wrap the baby in when the weather is cold should be provided. Have plenty of large and small safety pins. Bands are needed only for about the first 10 days; surgical gauze dressings or unhemmed strips of cotton flannel may be used.

For the baby's drinking water, provide two nursing bottles and four nipples. The baby should have his own soft towels, washcloths, and pure, mild soap which no one else uses. Mineral oil is usually better for the skin than powder.

The baby should have his own bed. This may be a crib, a basket, or a box. If a crib is used, have a firm flat mattress; if a basket or box is used, have a folded piece of table padding or several thicknesses of blanket. Waterproof sheeting, a cotton pad to go over this, and small sheets will be needed as well as several small blankets, but no pillow. Have a mosquito net to keep flies away from the baby.

AFTER

After the baby is born, the mother should be kept clean. The nurse should tell you how to keep the mother clean and how often to change her. You should be dry.

In order that you get enough rest and eat enough food and follow the care of your baby.

You should ask the doctor what to do if you are still in bed.

During the first few days it is best to have someone else take care of you. Be sure you and the baby are comfortable. A person with a cold or cough may be serious. You should be allowed to pick up the baby.

Another person should do the household duties for the baby.

When it is time to work, try to rest every day. For the baby's care, effort should be made as possible. A person lying down should find that the housework is not too heavy. Wean the baby when it is ready to rest.

Six weeks after the birth, your doctor should see you.

For sale by the

Supplies for Delivery at Home

Ask the doctor or nurse to tell you what supplies you will need for delivery at home. Besides extra nightgowns, bed linen, blankets or quilts, towels, washcloths, and soap, the following are usually needed:

- A pound of surgical cotton; or bag of white rags, boiled.
- Two large covered utensils to boil water in.
- Dipper for ladling boiling water.
- Two saucepans for boiling supplies to be used by doctor.
- Three hand basins (one for scrubbing hands, one for antiseptic for hands, and one for antiseptic for gloves, and later for afterbirth).
- Pail or bucket with cover (this can be used later for soiled diapers.)
- Bedpan.
- Hot-water bag and enema bag or combination of the two.
- A receiving blanket to hold the baby in when he is born (an old soft blanket or a bath towel).
- In case of emergency, a pair of scissors and a yard of very narrow tape for cutting and tying the cord. (Both should be boiled before being used.)
- A large bundle of newspapers for protecting chairs and the floor and for making 6 pads to protect the bed. To make a pad, take 12 opened-out sheets of newspaper and cover them with white cheesecloth or muslin, cut 4 to 6 inches larger than the papers on each side. Turn the cloth edges in and baste. Iron the pads with a hot iron until they are scorched slightly. Fold them cloth side in, and put them away in a clean pillowcase.
- Four dozen sanitary pads, bought packed in boxes or home-made of old white cloth, washed, folded, ironed, and wrapped in small cloth or paper bundles. (Do not wrap in newspapers.) Consult the doctor or nurse about the sterilization of these pads. If there is a hospital near by, the sterilizing may be done there. If not, the pads can be sterilized by baking them in a slow oven. Put a large raw potato into the oven with the pads; by the time the potato is well cooked, the pads will be sterilized.

Baby's Supplies

Diapers, shirts, nightgowns, and flannel squares (a yard each way) to wrap the baby in when the weather is cold should be provided. Have plenty of large and small safety pins. Bands are needed only for about the first 10 days; surgical gauze dressings or unhemmed strips of cotton flannel may be used.

For the baby's drinking water, provide two nursing bottles and four nipples. The baby should have his own soft towels, washcloths, and pure, mild soap which no one else uses. Mineral oil is usually better for the skin than powder.

The baby should have his own bed. This may be a crib, a basket, or a box. If a crib is used, have a firm flat mattress; if a basket or box is used, have a folded piece of table padding or several thicknesses of blanket. Waterproof sheeting, a cotton pad to go over this, and small sheets will be needed as well as several small blankets, but no pillow. Have a mosquito net to keep flies away from the baby.

AFTER THE BABY IS BORN

After the baby is born, great care is needed in keeping the mother's perineum (parts between the thighs) clean. The nurse will give you this care and teach you how to do it yourself. The pads should be changed often enough to prevent odor and to keep you dry.

In order that you may nurse your baby, try to get enough rest and to eat enough of the right kind of food and follow the doctor's directions in taking care of your breasts.

You should spend at least 10 days in bed. Ask your doctor what exercises you may take while you are still in bed.

During the 10-day period after the birth of the baby, it is best to have few visitors, as too many may overtire you. Besides, some visitor may have a cold, and you and the baby may be exposed to the infection. A person with "only a cold" or a slight sore throat or cough may infect you and the baby and the results may be serious. (Of course, no visitor should be allowed to pick up the baby.)

Another month should pass before you take up household duties in addition to the complete care of the baby.

When it becomes necessary for you to do housework, try to get a rest lying down once or even twice every day. This will help you to have more milk for the baby. Although it may be difficult, every effort should be made to arrange for as much rest as possible. A busy mother can get some extra rest by lying down while nursing the baby. Some mothers find that they lose their milk when they begin to do housework and instead of trying to get rest they wean the baby. Do not wean the baby; get more rest.

Six weeks after the birth of the baby, go back to your doctor for an examination.

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Price \$1.00 per 100 copies

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THE
EXPECTANT
MOTHER



Folder No. 1

CHILDREN'S BUREAU
U. S. Department of Labor

Reprinted by the Iowa State Department of Health

TO THE EXPECTANT MOTHER

Pregnancy is a normal condition and not an illness. But to keep well at this time you need good care under a doctor's supervision. The doctor will tell you what to do in order to keep well and to have a healthy baby. If there is a public-health nurse in your locality she will be able to help you to do what the doctor says.

As soon as you think you are pregnant go to a doctor. Do not delay. If you cannot afford to go to a private doctor, go to a prenatal clinic or a health center.

Stay under the doctor's care until your baby is at least 6 weeks old.

At the first visit the doctor will ask you questions about your past and present health and make a complete examination, so that if anything is wrong he can start treatment early.

A complete examination will include examination of your heart, lungs, abdomen, teeth, and tonsils, and also an internal examination to find out the size and shape of your pelvic bones so that the doctor will know better how to deliver the baby.

The doctor will also test your urine, weigh you, find out about your blood pressure, and take a sample of blood for testing.

The doctor will tell you about good habits of eating, rest and sleep, exercise, bathing, and bowel action. These good habits will help you and the baby to be well.

The doctor will tell you how often you should see him. As a rule doctors advise visits at least once a month during the first 6 months, every 2 weeks or oftener in the next 2 months, and every week in the last month. Each time you will have your blood pressure taken, you will be weighed, and your urine will be examined.

The doctor will tell you to go to the dentist, because care of the teeth is an important part of prenatal care. The dentist will do what is necessary to put your teeth in good condition and will teach you how to care for them.

Get Your Doctor's Help

PLANNING THE DIET

Your food should be planned to meet your baby's needs as well as your own. This does not mean that you should eat a large amount of food. It means that you should make every effort to eat the foods that influence the baby's proper growth and help to keep your own body in health. These foods are milk, eggs, meat, green leafy vegetables, whole-grain cereals, and raw and cooked fruits. You need other foods too—a mixed diet. Cod-liver oil or viosterol may be added to the diet under a doctor's direction.

Outdoor sunshine, exercise, rest, and freedom from worry will help you to make the best use of your food.

Food and Teeth

The baby's teeth begin to form long before his birth. An adequate mixed diet will help to build good teeth for the baby and to protect your own teeth.

Liquids in the Diet

Drink plenty of water to help your bowels, kidneys, and skin throw off waste. Drink at least 2 quarts of fluid a day (8 glasses); orangeade or lemonade may take the place of water. Of course, the milk that you drink provides fluid also.

If you are used to drinking tea or coffee you need not stop altogether. Moderate use of tea or coffee is not harmful to most women. However, do not let anything take the place of milk.

Watch Your Weight

Overeating is harmful. The average woman should not gain more than 20 pounds during the entire period of pregnancy. (If you gain weight suddenly, tell the doctor at once, as this may be a danger signal.)

Do Not Overeat

PLANNING THE DIET

should be planned to meet your baby's needs as your own. This does not mean that you should eat a large amount of food. It means you should make every effort to eat the foods that will make the baby's proper growth and help to build his own body in health. These foods are meat, green leafy vegetables, whole-grain cereals, raw and cooked fruits. You need other foods in a mixed diet. Cod-liver oil or viosterol should be added to the diet under a doctor's direction. Sunshine, exercise, rest, and freedom from worry help you to make the best use of your food.

Food and Teeth

Teeth begin to form long before his birth. A adequate mixed diet will help to build strong teeth for the baby and to protect your own teeth.

Liquids in the Diet

Drinking plenty of water to help your bowels, kidneys, and to get rid of waste. Drink at least 2 quarts of water (in 8 glasses); orangeade or lemonade may be added. Of course, the milk that you drink provides fluid also.

As to drinking tea or coffee you need to be careful. Moderate use of tea or coffee is all right for most women. However, do not let it take the place of milk.

Watch Your Weight

Excess weight is harmful. The average woman gains more than 20 pounds during the pregnancy. (If you gain weight more than this, see the doctor at once, as this may be a sign of trouble.)

Do Not Overeat

A DAY'S FOOD

Unless your doctor orders a special diet, each day's food should include:

- A quart of milk which may be used in cooking foods as well as for drinking. Fresh milk should be pasteurized or boiled. Canned milk—evaporated or dried—may be used.
- A serving of meat or fish.
- A raw vegetable or a green salad.
- A cooked vegetable, green leafy or yellow.
- An egg.
- An orange or half a grapefruit, or a tomato. (Tomatoes may be fresh or canned.)
- A serving of whole-grain cereal or bread.
- Other foods, such as potatoes, bread and butter, and dried or fresh fruits. Your doctor will tell you how much of these foods you should eat daily. Do not overeat.

A sample day's meals may be as follows:

BREAKFAST

- Orange.
- Oatmeal with whole milk. Toast and butter.
- One cup of coffee or tea, or a glass of whole milk.

DINNER

- Pot roast of beef, or other lean meat.
- Baked potato. String beans or carrots or both.
- Bread and butter. Glass of whole milk.
- Baked custard.

SUPPER OR LUNCHEON

- Baked rice and cheese. Apple and celery salad.
- Whole-wheat muffins and butter.
- Stewed apricots.
- One cup of cocoa made with whole milk, or a glass of whole milk.
- A glass of whole milk may be taken before bedtime

Remember that the above is only a sample. Try to vary your meals from day to day.

Eat a Mixed Diet

CARE OF THE MOUTH

Keeping the mouth clean helps to prevent tooth decay. Brush the teeth carefully after each meal. See a dentist early in pregnancy so you can have any cavities filled. If your diet is right, your teeth will be strong and healthy. If you are a good dentist, the old saying, "A good tooth", need not be true.

FRESH AIR AND SUNSHINE

Try to spend at least 2 hours a day in fresh air and sunshine. You need it more in the cooler seasons. Have the windows open as much as possible. Of course you will not expose yourself to a contagious disease.

EXERCISE AND REST

Light exercise such as ordinary housework is good for you, but do not get overtired. If you do not exercise, take a daily walk. On the day of miscarriage avoid lifting or pushing. Be careful not to strain your abdomen. Do not go in for strenuous sports. Rest as much as possible while working.

For women who have jobs it is best to stop work at about the seventh month of pregnancy. Plan not to go back to work until after the baby is born.

"Early to bed" is a good habit. Get 8 hours' sleep at night and an hour or so of rest down during the day.

Get Plenty of Sleep

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CARE OF THE TEETH

Keeping the mouth clean helps to save your teeth. Brush the teeth carefully after each meal. Go to the dentist early in pregnancy so that he may fill all cavities. If your diet is right, if you brush your teeth regularly, and if you are under the care of a good dentist, the old saying, "For every child a tooth", need not be true.

FRESH AIR AND SUNSHINE

Try to spend at least 2 hours a day in the open air and sunshine. You need sunshine, especially in the cooler seasons. Have the windows open as much as possible. Of course you will not knowingly expose yourself to a contagious disease, even a cold.

EXERCISE AND REST

Light exercise such as ordinary housework is good for you, but do not get overtired. If you need more exercise, take a daily walk. On account of the danger of miscarriage avoid lifting or pushing heavy things, be careful not to strain your abdominal muscles, and do not go in for strenuous sports. Sit down as much as possible while working.

For women who have jobs it is wise to stop work at about the seventh month of pregnancy. It is best to plan not to go back to work until at least 2 months after the baby is born.

"Early to bed" is a good habit. Get at least 8 hours' sleep at night and an hour's nap or rest lying down during the day.

Get Plenty of Rest

BATHS

Bathe often—daily if possible. Near the end of pregnancy it is wise to take sponge or shower baths instead of tub baths.

BOWELS

Your bowels should move regularly. If they do not, consult your doctor. Do not take medicines or use enemas unless the doctor tells you to. Mineral oil does not act as a drug and may be used from time to time.

CLOTHING

Wear clothing that will make you comfortable. Do not wear anything that binds you tightly, such as round garters or any other tight bands. A properly fitted maternity corset or abdominal binder may add to your comfort. A brassiere should be chosen that supports the breasts but does not bind them tightly; the breasts should be allowed plenty of room to develop. Shoes with low broad heels are best.

MARITAL INTERCOURSE

Intercourse should not take place during the last 2 to 3 months of pregnancy because of danger of infection.

Take Care of Yourself for Your Baby's Sake

MENTAL ATTITUDE

The period of pregnancy should be a happy time. It is old-fashioned to think that you cannot go out and enjoy yourself at this time. If you can get plenty of rest and sunshine, these will help to keep you cheerful. Try to have good times that do not overtire you.

Some women who have no real reason for worrying feel depressed during pregnancy. This kind of depressed feeling is something like the feeling that many women have during their menstrual periods.

Some women are afraid that their babies will have birth marks on account of something that the mother has seen or done. Birthmarks are not due to anything like this.

DANGER SIGNALS

Certain danger signals may appear during pregnancy. Do not be frightened by them but tell the doctor *at once* if any of them appear. The doctor will examine you and tell you what extra care you must take to avoid the danger.

The danger signals are:

- Bleeding from the birth canal, even if slight.
- Severe or continued headache.
- Severe backache.
- Pains in the abdomen.
- Spots or blurring before the eyes.
- Dizziness.
- Swelling of face, hands, or legs.
- Severe vomiting or nausea or indigestion.
- Severe constipation.
- Scanty urine.
- Sudden gain in weight.

Do not take douches unless the doctor tells you to. They may be dangerous. Do not try to examine yourself; this is very dangerous.

Tell the doctor about anything that seems wrong, keeping in mind that you should feel well during pregnancy.

Ask Your Doctor—Not the Neighbors

PREPARATIONS FOR THE BIRTH

Whether the baby is to be born at home or in a hospital, have all arrangements made ahead of time, as the baby may be born sooner than you expect. Have the supplies ready by the seventh month.

If the baby is to be born in a hospital, arrange for your room or ward bed. Find out what articles the hospital requires you to furnish and have them packed in a bag a week or so ahead of time.

If the baby is to be born at home, have everything ready beforehand.

If possible, make arrangements with a nurse, who will help the doctor at the time the baby is born and will care for you for some time afterward. If you cannot afford a private nurse, find out whether there is a visiting nurse in your community who can plan to come to you. Ask a relative or someone else to stay with you until the doctor says that you are strong enough to do the housework. Have the nurse teach her how to take care of you and the baby.

For the birth try to use a room near the bathroom, or at least near running water. Have a good light—a movable lamp if possible. If the room is sunny, so much the better. Have everything in the bedroom as clean as soap and water can make it. Boil bed linen and towels and iron them with a hot iron. Boil all the utensils listed on the next page of this folder. Because the kitchen will be used by the doctor or nurse when boiling instruments and other things, have it cleaned thoroughly. Cleanliness will make the birth safer for you and for the baby.

See next page for a list of supplies for mother and baby. For a more complete list, see the Children's Bureau bulletins. Prenatal Care and Infant Care. You can get these bulletins free by writing to the U. S. Children's Bureau, Washington, D. C.

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PREPARATIONS FOR THE BIRTH

is to be born at home or in a hospital, arrangements made ahead of time, the baby should be born sooner than you expect. The baby should be ready by the seventh month.

Be born in a hospital, arrange for a hospital ward bed. Find out what arrangements are required of you to furnish and have them made a week or so ahead of time.

Be born at home, have every-thing ready.

Make arrangements with a nurse, who will be at the time the baby is born and who will be with you some time afterward. If you do not know the nurse, find out whether there are any nurses in your community who can plan with you. Ask a relative or someone else to help you. The doctor says that you are strong enough to do the housework. Have the nurse teach you how to care for you and the baby.

Use a room near the bathroom, where you can get running water. Have a good light—natural light is best. If the room is sunny, so that you can have everything in the bedroom and the bathroom water can make it. Boil bed linen and iron them with a hot iron. The list of supplies for mother and baby is listed on the next page of this booklet. The kitchen will be used by the mother for boiling instruments and other things. Cleanliness will be maintained for you and for the baby.

For a list of supplies for mother and baby, see the complete list, see the Children's Bureau Prenatal Care and Infant Care. You can get these bulletins free by writing to the Children's Bureau, Washington, D. C.

Things Ready Beforehand**Mother's Supplies**

Ask the doctor or nurse to tell you what supplies you will need for delivery at home. Besides extra nightgowns, bed linen, blankets or quilts, towels, washcloths, and soap, the following are usually needed:

- 1 pound surgical cotton; or bag of white rags, boiled.
- 2 large covered utensils to boil water in.
- Dipper for ladling boiling water.
- 2 saucepans for boiling supplies to be used by doctor.
- 3 hand basins (1 for scrubbing hands, 1 for antiseptic for hands, and 1 for antiseptic for gloves).
- Pail or bucket with cover (this can be used later for soiled diapers).
- Bedpan.

Hot-water bag and enema bag or combination of the two.

A receiving blanket to hold the baby in when he is born (an old soft blanket or a bath towel).

In case of emergency, a pair of scissors and a yard of very narrow tape for cutting and tying the cord. (Both should be boiled before being used.)

A band to hold the cord dressing in place, if surgical-gauze bandages are not used. An unhemmed strip of flannel will do; several will be needed.

A large bundle of newspapers for protecting chairs and the floor and for making 6 pads to protect the bed. To make a pad take 12 opened-out sheets of newspaper and cover them with white cheesecloth or muslin, cut 4 to 6 inches larger than the papers on each side. Turn the edges in and baste. Iron the pads with a hot iron until they are scorched slightly. Fold them top side in, and put them away in a clean pillowcase.

4 dozen sanitary pads, bought packed in boxes or home-made of old white cloth, washed, folded, ironed, and wrapped in small cloth or paper bundles. (Do not wrap in newspapers.) Consult the doctor or nurse about the sterilization of these pads. If there is a hospital near by the sterilizing may be done there. If not, the pads can be sterilized by baking them in a slow oven. Put a large raw potato into the oven with the pads; by the time the potato is well cooked the pads will be sterilized.

Baby's Supplies

Diapers, knitted bands, shirts, nightgowns, and flannel squares (a yard each way) to wrap the baby in when the weather is cold should be provided. Have plenty of large and small safety pins.

For the baby's drinking water provide 2 nursing bottles and 4 nipples. The baby should have his own soft towels, washcloths, and pure, mild soap, which no one else uses. Mineral oil may be used instead of powder.

The baby should have his own bed. This may be a crib, a basket, or a box. If a crib is used have a firm flat mattress; if a basket or box is used, have a folded piece of table padding or several thicknesses of blanket. Rubber sheeting, a cotton pad to go over this, and small sheets will be needed, as well as several small blankets, but no pillow. (A folded napkin may be put under the baby's head.) Have a mosquito netting to keep flies away from the baby.

AFTER THE BABY IS BORN

After the baby is born great care is given to keeping the mother's perineum (parts between the thighs) clean. The nurse will give you instructions and teach you how to do it yourself. The pads should be changed often enough to prevent odor and to keep you dry.

In order that you may nurse your baby you should get enough rest and to eat the proper food. Follow the doctor's directions in taking care of your breasts.

You should spend at least 10 days in bed. Ask your doctor what exercises you may take while you are still in bed.

During the 10-day period after the birth of the baby it is best to have few visitors, as too many visitors may overtire you. Besides, some people may have a cold, and you and the baby may catch the infection. A person with "only a slight sore throat or cough may infect your baby and the results may be serious.

Another month should pass before you resume your household duties in addition to the care of the baby.

When it becomes necessary for you to go to work, try to get a rest lying down once or twice every day. This will help you to have more energy for the baby. Although it may be difficult, you should be made to arrange for as much rest as possible. A busy mother can get some extra rest by going down while nursing the baby. Some women lose their milk when they begin to go to work, and instead of trying to get rest for the baby. Do not wean the baby; get more rest.

Six weeks after the birth of the baby you should see your doctor for an examination.

A doctor should supervise the baby's care. For suggestions on the care of the baby see the Children's Bureau bulletin, Infant Care.

Mother's Supplies

the doctor or nurse to tell you what supplies need for delivery at home. Besides extra mats, bed linen, blankets or quilts, towels, washcloths and soap, the following are usually needed: 1. Surgical cotton; or bag of white rags, boiled in covered utensils to boil water in. 2. Spoon for ladling boiling water. 3. Trays or pans for boiling supplies to be used by doctor. 4. Basins (1 for scrubbing hands, 1 for antiseptic solution, and 1 for antiseptic for gloves). 5. Bucket with cover (this can be used later for linens).

Water bag and enema bag or combination of the

Living blanket to hold the baby in when he is held (old soft blanket or a bath towel).

In case of emergency, a pair of scissors and a yard of narrow tape for cutting and tying the cord. (The cord should be boiled before being used.)

Bandage to hold the cord dressing in place, if surgical dressings are not used. An unhemmed strip of cloth will do; several will be needed.

A bundle of newspapers for protecting chairs and for making 6 pads to protect the bed. To make pads, take 12 opened-out sheets of newspaper and trim with white cheesecloth or muslin, cut 4 to 6 inches larger than the papers on each side. Turn the pads inside out and baste. Iron the pads with a hot iron until scorched slightly. Fold them top side in, and place away in a clean pillowcase.

Sanitary pads, bought packed in boxes or made of old white cloth, washed, folded, ironed, and packed in small cloth or paper bundles. (Do not use newspapers.) Consult the doctor or nurse about the sterilization of these pads. If there is a hospital sterilizing machine, the pads may be sterilized there. If not, the pads may be sterilized by baking them in a slow oven. Put a potato into the oven with the pads; by the time the potato is well cooked the pads will be sterilized.

Baby's Supplies

Knitted bands, shirts, nightgowns, and squares (a yard each way) to wrap the baby. If the weather is cold should be provided. A quantity of large and small safety pins.

For the baby's drinking water provide 2 nursing bottles and 4 nipples. The baby should have his own towels, washcloths, and pure, mild soap, and one else uses. Mineral oil may be used for powder.

The baby should have his own bed. This may be a basket, or a box. If a crib is used have a mattress; if a basket or box is used, have a piece of table padding or several thicknesses of cloth. Rubber sheeting, a cotton pad to go under the mattress, and small sheets will be needed, as well as small blankets, but no pillow. (A folded blanket may be put under the baby's head.) Have a netting to keep flies away from the baby.

AFTER THE BABY IS BORN

After the baby is born great care is needed in keeping the mother's perineum (parts between the thighs) clean. The nurse will give you this care and teach you how to do it yourself. The pads should be changed often enough to prevent odor and to keep you dry.

In order that you may nurse your baby, try to get enough rest and to eat the proper food, and follow the doctor's directions in taking care of your breasts.

You should spend at least 10 days in bed. Ask your doctor what exercises you may take while you are still in bed.

During the 10-day period after the birth of the baby it is best to have few visitors, as too many visitors may overtire you. Besides, some visitor may have a cold, and you and the baby may be exposed to the infection. A person with "only a cold" or a slight sore throat or cough may infect you and the baby and the results may be serious.

Another month should pass before you take up household duties in addition to the complete care of the baby.

When it becomes necessary for you to do housework, try to get a rest lying down once or even twice every day. This will help you to have more milk for the baby. Although it may be difficult, every effort should be made to arrange for as much rest as possible. A busy mother can get some extra rest by lying down while nursing the baby. Some women find that they lose their milk when they begin to do housework, and instead of trying to get rest they wean the baby. Do not wean the baby; get more rest.

Six weeks after the birth of the baby go back to your doctor for an examination.

A doctor should supervise the baby's care from birth. For suggestions on the care of the baby see the Children's Bureau bulletin, Infant Care.

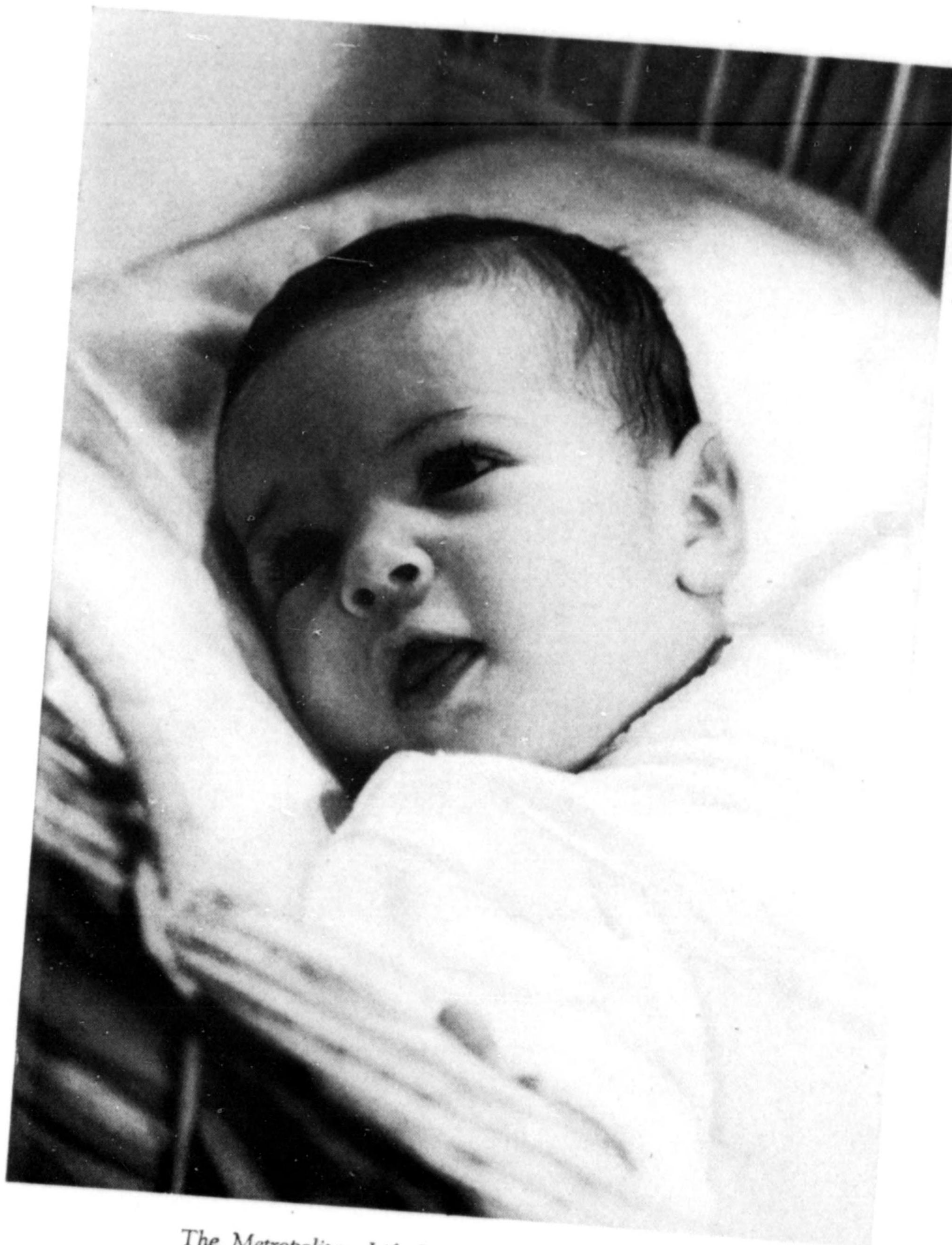
INFORMATION
FOR
Expectant Mothers



METROPOLITAN LIFE INSURANCE COMPANY

HOME OFFICE: NEW YORK

Pacific Coast Head Office: San Francisco Canadian Head Office: Ottawa



The Metropolitan Life Insurance Company is appreciative of helpful advice given in the preparation of this booklet by the Children's Bureau of the United States Department of Labor, the Maternity Center Association, and the National Organization for Public Health Nursing.

TO EXPECTANT PARENTS

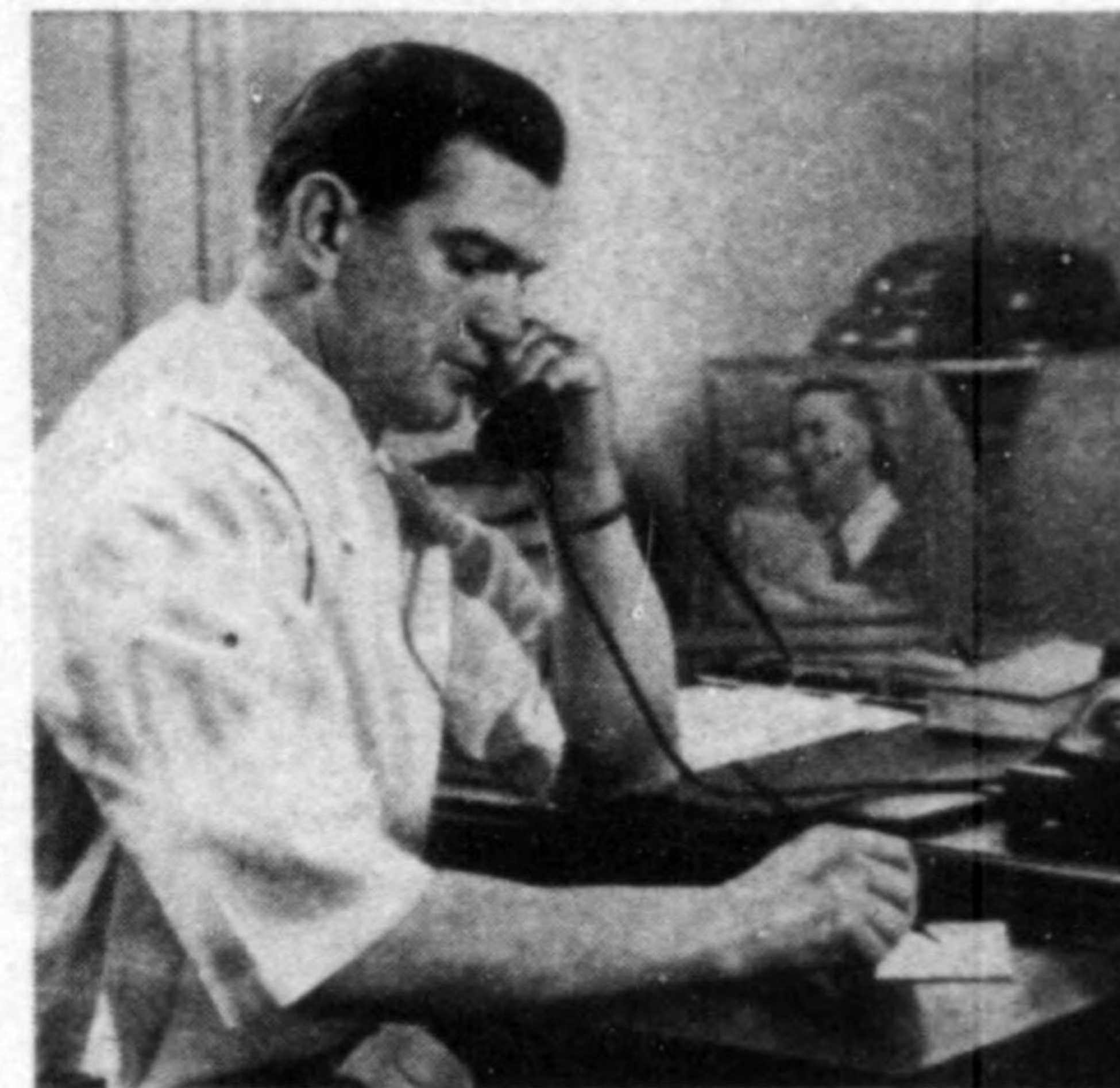
PARENTHOOD is a privilege to be cherished. A young husband and wife who are getting ready to welcome their first baby find this a time of many new joys and interests. Family life is now beginning and the common delights, the fun and happiness which center about the children in the home, are already in the making.

All expectant parents need some help with their preparations for a baby, especially if it is the first one. An expectant mother needs the counsel of a physician from early in pregnancy until after the baby's birth. Young parents also may want to know ever so many things about the preparation for a baby in addition to those medical matters explained by the physician. In almost every community in the United States and Canada there is a public health nurse who has had special training in guiding prospective parents, and she is ready to advise and help them. Sometimes the parents receive this help from the nurse in the doctor's office, or from the nurse in the clinic if the mother is receiving clinic care.

In many communities classes for expectant mothers and fathers are conducted at which physicians and nurses give instruction, demonstration, and practice in baby care. This is a good way for a husband and wife to gain experience in parenthood.

Expectant parents will find it helpful, too, to read some books* about babies and antepartal care. Finally, they will want to own a book to which they can refer and in which the expectant mother can read over some of the things her physician has told her. This is such a book. It will not in any way replace the personal care of a physician. It only provides in convenient form the information physicians usually wish their antepartal patients to have for ready reference as questions arise.

*See page 32.



Trained to guide you.

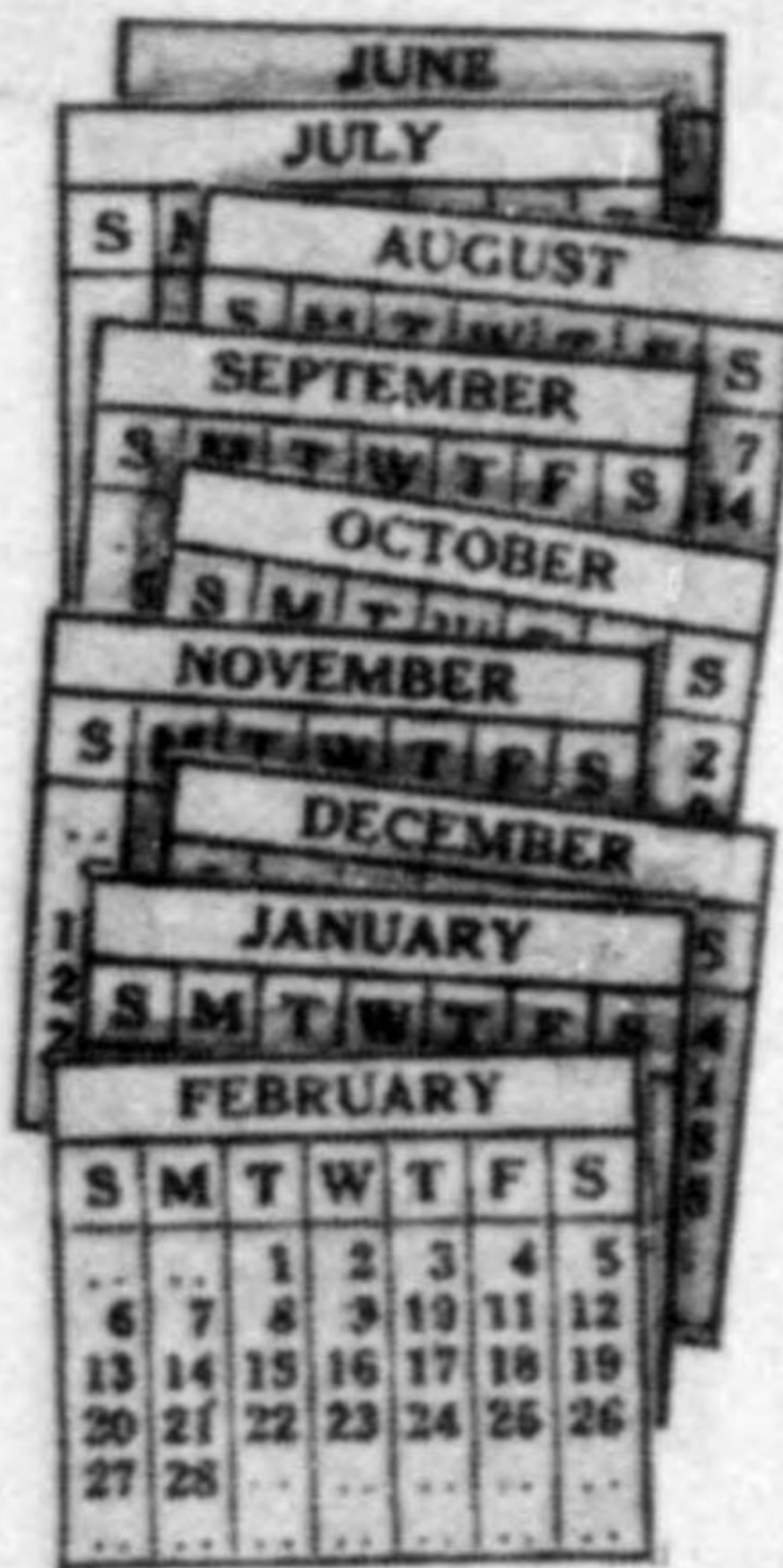
Quincy Visiting Nurse Service
1310 MAJESTIC BLDG.
PHONE 855

About Pregnancy

THE average young wife is probably right when she suspects even before she skips her monthly period that she is pregnant. Perhaps she merely feels unaccountably cheerful or as though something out of the ordinary were about to happen. Sometimes she just has a "hunch."

About the time of the first skipped period there may be a tingling sensation in the breasts and nipples. The breasts also become somewhat tender, fuller, and firmer as they often do before menstruation and, as pregnancy progresses, more shapely. It is wise to see your physician when you notice the early signs of pregnancy. In making an examination, the physician may find other evidences. There are now also special tests that can be used with a high degree of accuracy.

Later on, at about 4½ months, the mother can feel the baby move in the uterus. This is called "quickening." About the fifth month or sometimes earlier, the physician, by an examination, can hear the baby's heart beat. Quickening and the baby's heart beat are of course very definite signs of pregnancy.



The Duration

The usual length of the period of pregnancy is 38 weeks, or 266 days. To find the probable date of delivery, count forward nine calendar months from the day on which the last menstruation began and add seven days. For example: The last menstruation began July 7th; counting forward nine months would give April 7th; adding seven days would give April 14th as the probable date of delivery. The exact date upon which the baby will be born cannot be told. There may be a difference of one or two or more weeks either before or after the expected date.

Your Physician's Care

During the nine months before your baby is born he will grow and thrive on the care that you receive. So, much as a pilot prepares for an important flight, you make ready for motherhood by going

to your physician for a careful examination, as soon as you think a baby is on the way.

Choosing Your Physician

In most cases, the family physician gives antepartal care and delivers the baby. If you do not have a family physician and do not know how to find one, you may ask your local medical society to recommend two or three physicians from whom to choose, or ask for this information at your local hospital or health department.

A physician who specializes in the care of mothers during pregnancy and childbirth is called an obstetrician. If your family doctor thinks that you should have an obstetrician take care of you, he will probably recommend one to you or tell you how to obtain one.

The Examination

If the doctor thinks you are pregnant he will make a complete physical examination on one of your early visits. This examination will include taking your weight, blood pressure, and pulse, and making an examination of your eyes, nose, throat, neck, heart, breasts, lungs, abdomen, and feet. He will look at your teeth and may advise you to see your dentist. He will make an internal examination and take measurements of the pelvis to see whether there is plenty of room for the passage of the baby. The pelvis is the bony structure formed by the lower part of the backbone and the hip bones. The latter curve around to the front to form a narrow bridge of bone called the pubic arch. Through this basin-shaped ring of bone the baby must pass in the journey through the birth canal.

Probably the physician also will take samples of your urine and blood for examination. One purpose of the blood test is to find out whether you have anemia, a condition which sometimes arises during pregnancy. Another purpose of the blood test is to make certain that the expectant mother is not, unknown perhaps to herself, infected with syphilis. In this way the blood test is a protection. If the physician finds that the mother has been infected with syphilis, treatment can be begun at once. The blood test also is a great protection to a baby, because if a mother has syphilis and is treated early the baby can nearly always be saved from the infection.



The female pelvis.

In most States, the physician is now required to give a blood test for syphilis as part of the regular physical examination of an expectant mother, but even if your State does not have such a law, ask your doctor to give you a blood test.

The physician will request a specimen of urine about once a month during the first half of pregnancy and every two weeks or oftener

after that. By examining the urine, the physician can tell whether the kidneys, which carry an extra load during pregnancy, are working as they should.



It is a good plan for a husband and wife to go together to see their physician.

It is a good idea to have your husband go with you, if possible, on one of the early visits, perhaps the first one, because the doctor may wish to ask both you and your husband many questions. Some of the questions may seem to you to be unrelated to your condition, but each one has the purpose of giving the physician the information he needs to have in order to help

you have a happy, healthy pregnancy. With a thorough understanding of the family's medical history he will know what to watch for.

The physician also will tell you how to take care of yourself from day to day so that you will be in good condition for your baby's birth, and how often to come to his office. Usually he wants to see you about once a month for the first six months of pregnancy, then every two weeks for the next two months, and every week for the last month. Due to the wartime shortage of physicians it may be necessary to limit the number of visits somewhat.

Make a list of the things you want to ask your doctor on the regular visits. Do not hesitate to bring up anything that bothers or puzzles you, no matter how trivial it may seem to you, for this is one way he can help you. Follow *only* your doctor's instructions and advice, and turn a deaf ear to stories and contrary advice from your neighbors and relatives. Your physician knows more about you and your coming baby than anyone else does. Remember, when you take good care of yourself you are taking good care of your baby too.

Nursing Care

In addition to your physician, the public health nurse can be of great help to you in preparing for your baby. She can show you how to carry out your physician's instructions and can make suggestions for the layette and other supplies which will save your time, your strength, and your money.

An expectant mother who is insured under a Metropolitan Industrial policy, an Intermediate policy (less than \$1,000), or a Special Class policy (less than \$1,000), any one of which has been in force six months, or who is a Group certificate holder, is eligible for maternity nursing service if she lives in a place where this service is available. The Nurse may be notified either by the policyholder, the physician, the Company Agent, or the Group employer. She will visit you during pregnancy and after delivery and will be glad to discuss with you any of the questions you may wish to ask after reading this booklet. In almost every community you can obtain a similar maternity nursing service from the local visiting nurse association or the health department. Plan if you can to have the nurse make her introductory visit or one of her early visits when your husband also is at home to meet her.



Ready to help you.

Taking Care of Your Teeth

Early in pregnancy you should plan also to see your dentist. The dentist will give your teeth a thorough cleaning and do whatever repair work is necessary.

Good home care of the mouth and teeth is also important at this time. The teeth should be cleaned, if possible, after each meal, or at least twice a day—in the morning and before going to bed. Your dentist will probably tell you the correct way to brush your teeth. The mouth should be thoroughly rinsed afterward. A good mouthwash is made by stirring half a teaspoonful of baking



soda into a glass of water. Lime water or milk of magnesia also are good mouthwashes.

Needed dental attention, good home dental care, and a well-balanced diet (see Food, pages 8-13) will help to keep your teeth in sound condition.

Marital Intercourse During Pregnancy

Intercourse should be avoided after the seventh month of pregnancy and for the first six weeks after delivery because of the danger of infection.

Getting Ready to Become Parents

Mothers and fathers have equal shares in parenthood. To prepare together for the coming of their baby is one of the great joys of marriage, but this is not always possible in wartime when a husband and wife may be separated. Even if they cannot be together during this time, they can do much to share this experience and to strengthen family ties by an exchange of letters and pictures.

If a husband is at home he naturally wishes to share the responsibility for seeing that his wife has good medical care during pregnancy, both for her sake and the sake of the baby. The surest way of satisfying himself about the care his wife is receiving is to make a point of meeting the physician personally and having a talk with him.

Most women feel well, or even have a sense of increased well-being, during the greater part of pregnancy. Home will be more serene and both the mother and the baby will be better off if the mother tackles family problems with poise and confidence. If she is nervous and worried, her sleep and digestion may be upset and that in turn may affect her baby. However, the baby cannot be affected by the mother's emotions unless she allows them to have a bad effect upon her own health. A woman sometimes worries over the possibility that the baby may be "marked" in some way if she has a fright or severe shock. Such a fear definitely has no foundation, for it has been well established that there is no way in which a mark can be made upon the baby because of an emotional shock in pregnancy, since the mother's and child's nervous systems are not connected.

It is a good idea for a woman to continue her usual activities as

long as they do not tire her too much, to entertain, visit friends, and have other amusements.

Having a baby is an important matter to every member of the family and so, if there is a young child, as the time draws near he should be told that a baby is expected. It is not wise to tell him far in advance because he may grow impatient and lose interest. The opportunity to tell him may come about quite naturally, since by the time a child is 3 years old he may begin to wonder where babies come from. His questions should be answered simply and honestly; he should not be told, for example, that the doctor or the stork brings the baby. He can be shown the layette, and is usually delighted to be given a share in helping to get ready for his little brother or sister.



Mother delights the children by telling them that a baby is expected.

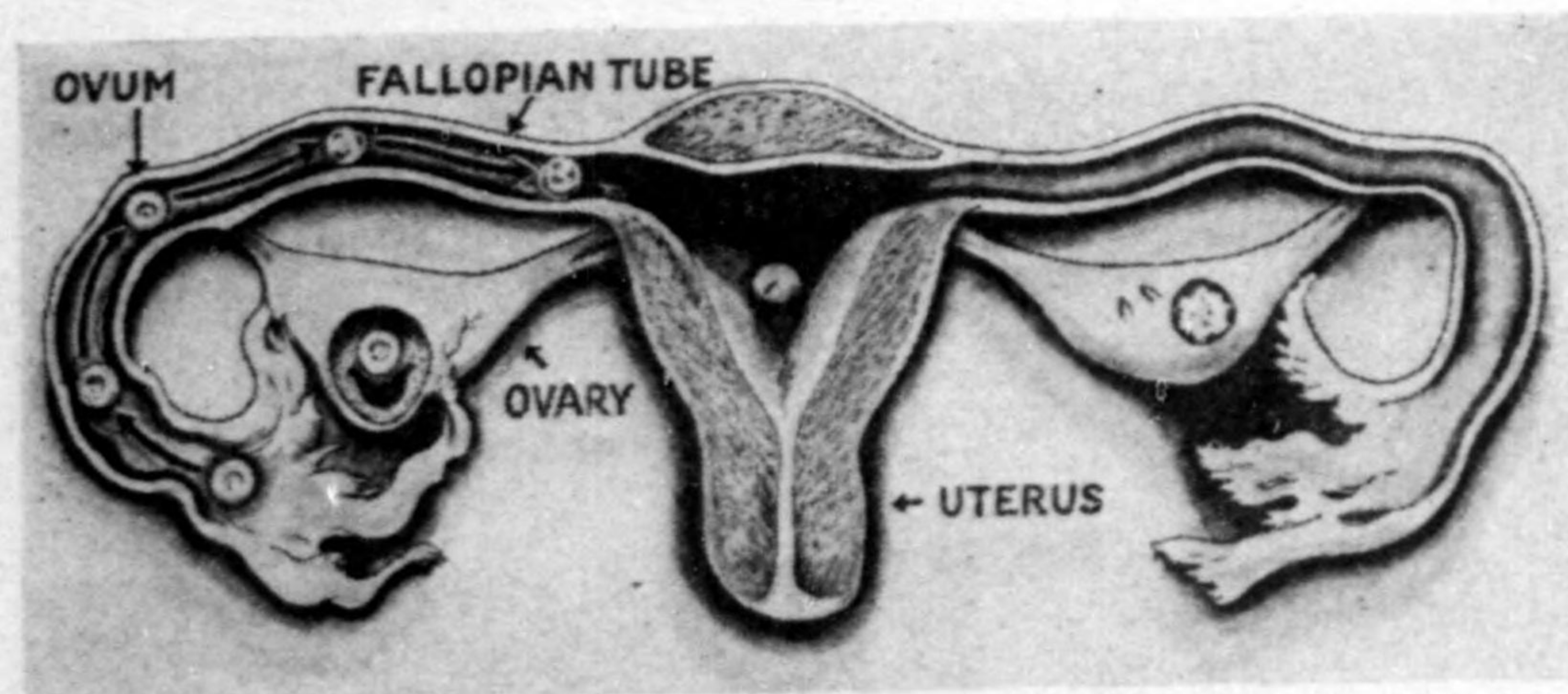
Your Growing Baby

At the time of your first skipped monthly period your baby had probably been growing inside of you for about two weeks.

At the end of six weeks your baby begins to take form. His heart is beating, his blood is circulating, his eyes and ears are beginning to develop. At 2½ months he has a big head, a human face with eyes, nose, and mouth; he has fingers and toes, elbows and knees. His organs have started to develop and his bones to form. By the end of his third month inside of you, baby teeth are beginning to develop in the jawbone. By the fifth month you can feel him move and the physician by examination can hear his heartbeats. By the seventh month he reaches nearly complete development. At birth the average, full-term baby is about 20 inches long and weighs about 7 pounds.

The baby grows from the union of a male germ cell with a tiny egg or ovum from the mother. This is called fertilization. Fertilization takes place in the fallopian tube as the ovum passes through the tube into the uterus. The uterus (a hollow muscular organ, held in place in the pelvis by ligaments) is the baby's abode while he is growing inside the mother's body. Shortly after reaching

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The ovum passes from the ovary, through the fallopian tube, into the uterus.

the uterus the fertilized egg becomes attached to the lining of the uterine wall and there begins its development into a human being. A sac of membrane filled with fluid, called the "bag of waters," forms around the developing baby to protect him from jolts or blows which may strike the mother's body.

The meeting place for the blood vessels of the mother and the baby is the placenta, an organ which develops in the wall of the uterus. The baby is connected with the placenta by the umbilical cord. Through the umbilical cord blood vessels run from the baby out to the placenta and back to the baby. The mother's blood does not actually circulate through the baby. Food, water, and oxygen from the mother's blood stream and waste products from the baby's blood stream are exchanged through a membrane.

Meantime, as the baby grows, the uterus enlarges, the ligaments stretch, and the uterus pushes up into the abdomen.

In these months of growing your baby is wholly dependent upon you for everything that is essential to life. That is why it is doubly important for you to keep in the best possible condition.

Food

As an expectant mother, you want above all things to have a well-developed, robust baby who will have good resistance to the common illnesses of infancy. You wish also to protect your own health and to be able to nurse your baby.

To reach all of these goals you must practice good health habits and have the right kind and amount of food throughout pregnancy. Nature has decreed that the growth and development of the baby shall have first consideration. Material required for this growth and development should come from the food that you eat; otherwise your own body reserves will be drawn upon to provide it. The food you need each day is similar in kind to that required by any normal, healthy woman, but the quantity of a few foods must be increased.

During the first four months of pregnancy, probably the only change you will need to make in your normal diet is to use 1 quart of milk each day instead of the pint which is recommended for all adults. Also, you should consult your doctor about taking some form of fish-liver oil.

During the last five months of pregnancy there is need for added amounts of building material to take care of the rapid growth of the baby. To provide this increase, about one fifth more food than at the beginning of pregnancy is usually required.

Foods That Meet the Needs of Mother and Baby

Milk. One quart daily is necessary throughout pregnancy.* This milk may be bottled, pasteurized, evaporated, or dried. Use milk as a beverage or in cooked foods, such as cereals, milk soups, desserts, and in milk drinks. A 1-inch cube of hard cheese is about equal in food value to one glass of milk.

Fruit. Use daily: Citrus fruits—such as oranges, grapefruit, tangerines, and lemons—or tomatoes, fresh or canned. In addition, include one or two other fruits—fresh, canned, or dried.

Vegetables. Use daily: Potatoes and at least two other vegetables. Use green-leaf and deep yellow vegetables three or four times during the week.

Choose from:

Beet greens	Dandelion greens	Mustard greens
Broccoli	Escarole	Romaine
Cabbage	Green peppers	Spinach
Carrots	Hubbard squash	Sweet potatoes
Collards	Kale	Turnip greens

Use also: Beets, celery, lettuce, onions, peas, squash, string beans, and turnips. Serve some vegetables raw in salads.



Eggs. At least one daily. When eggs are expensive, liver may be substituted occasionally.

Cereals and Breads. Include one or both in every meal. Use whole-grain or restored cereals alone, or combined with meat,

*During the nursing period 1½ quarts of milk daily are necessary.

cheese, or eggs, as the main dish in meals occasionally and in puddings for dessert. Use whole-grain or enriched bread.

Meat or Fish. Use one liberal serving ($\frac{1}{4}$ pound at least) daily. In addition to muscle meats, use such organs as liver and kidney, and also fish and poultry.

Dried peas, beans, or lentils may be used sometimes in place of meat, or for lunch or supper, even though meat has been served for dinner.

Other Foods. The amount of other foods that you need will depend upon your daily energy requirements and the total gain in weight recommended by your doctor. You should use moderate amounts of fat—such as butter or fortified margarine—as a spread on bread and to flavor other foods. Too many fried foods, gravies, and other foods rich in fat may upset digestion and tend to increase weight too rapidly. For the same reasons, sweets also must be used with care. Fruits—fresh, dried, and canned—provide sugar together with other material needed for health. Simple desserts, such as milk puddings, plain cake, an occasional serving of ice cream, and foods flavored with molasses are preferable to rich pies, iced cakes, candy, and soft drinks.

Fluid. About 2 quarts daily. This includes 1 quart of milk, fruit juices, soups, beverages, and water. Your physician may wish to increase or decrease these amounts. Unless he advises differently, you may use moderate amounts of tea and coffee, but not to replace milk.

Fish-Liver Oil. During pregnancy and the nursing period, it is desirable to take fish-liver oil in liquid, tablet, or capsule form. Ask your doctor about this.

Menu for One Day for First Months of Pregnancy

Breakfast

1 cup citrus fruit juice, or 1 serving citrus fruit
 $\frac{3}{4}$ cup dark farina, or 1 cup whole-grain, ready-to-eat cereal
1 cup milk (8 ounces)
1 egg
1 slice whole-grain or enriched toast ($\frac{1}{2}$ inch thick)
1 teaspoon butter or fortified margarine
Beverage

10 A.M. 1 glass milk (8 ounces)

Lunch or Supper

1 cup baked rice and cheese, or 1 cup cream of split pea soup
Grated carrot and lettuce salad
1 or 2 slices whole-wheat or enriched bread ($\frac{1}{2}$ inch thick)
1 teaspoon butter or fortified margarine
Fruit—fresh, canned, or dried
1 glass milk (8 ounces)

Dinner

1 serving meat, fish, or poultry ($\frac{1}{4}$ pound)
1 baked potato, white or sweet
1 tablespoon butter or fortified margarine
 $\frac{1}{2}$ cup cooked green-leaf vegetable
1 slice whole-wheat or enriched bread ($\frac{1}{2}$ inch thick)
Baked custard, ice cream, or other simple dessert

Fish-liver oil (as prescribed by the physician) at some time during the day

About the fifth month of pregnancy, when more food is needed, additions may be chosen from the list below. The selection will depend upon the total amount of food required by each individual.

1 extra slice of whole-grain or enriched bread and butter or fortified margarine at breakfast and at lunch; or whole-grain crackers and butter or a serving of cereal added to the midmorning glass of milk
1 extra serving of meat, fish, cheese, egg, or dried peas or beans
1 serving of fruit for dinner or as a midafternoon lunch
1 extra serving of vegetables with butter or fortified margarine
1 extra serving of fruit or vegetable salad with dressing

Increase in Weight

While there is a normal increase in weight during pregnancy, usually it does not exceed from 15 to 25 pounds. The exact amount depends upon the weight and general physical condition of each person at the beginning of pregnancy. Your doctor will advise you about the gain that is desirable in your case. Keeping weight normal tends to shorten the hours of labor and makes delivery less difficult.

Even though weight must be controlled, it is essential to include the following foods in the diet every day:

1 quart of milk
Skimmed milk or buttermilk may be used as a beverage or in cooking.
1 egg
Citrus fruit or tomato juice

- 1 other fruit
- A raw salad and at least 1 green-leaf or yellow vegetable
- 1 small serving of potato
- Some butter or fortified margarine
- At least 1 liberal serving of meat or fish
- Fish-liver oil

Usually (particularly if skimmed milk or buttermilk is being used) doctors advise overweight expectant mothers to take one of the fish-liver oil preparations, which add very little to the total amount of food.

Varying amounts of other foods will be needed to meet the requirements of each person. Any bread or cereal included should be whole-grain or enriched or restored.

Digestion and Elimination

The feeling of nausea, sometimes accompanied by vomiting, which is commonly called morning sickness, if it occurs, appears early in pregnancy. Ordinary morning sickness rarely lasts for more than five or six weeks. Good digestion and good elimination accompany good food and healthful living generally. If indigestion, or "heartburn," and constipation should occur, these conditions should be called to the attention of the physician. Frequently they are due to incorrect habits of living and eating.

For good digestion:

- Eat limited amounts of fat foods, such as fried foods, sausages, frankfurters, gravies, fats of meat, and other foods you ordinarily find hard to digest.
- Limit sweets, since too many may cause fermentation.
- Plan to eat at regular times.
- Do not eat too much food at one time, especially at the evening meal. Five small meals are sometimes digested better than three large ones.
- Chew your food well.
- Have dental defects corrected.
- Be sure you get sufficient rest.
- Try to avoid emotional disturbances, particularly at mealtime.

Good elimination is especially important during pregnancy. There are different causes and types of constipation, and the doctor will decide the proper treatment in each case. The plan described below may help to correct the form of constipation which frequently occurs during pregnancy because of eating too few laxative-producing foods and irregular toilet habits.

One-half hour before breakfast take 1 glass of water—hot or

cold—and from ½ to 1 glass of orange, tomato, prune, or grapefruit juice.

For breakfast, include:

- Cooked dried fruit
- Cooked whole-grain cereal with milk
- Whole-grain bread
- Butter or fortified margarine
- A beverage, preferably milk or cocoa

Establish the habit of having a bowel movement from 15 to 20 minutes after breakfast. Drink at least two glasses of water between breakfast and dinner and between dinner and supper, provided the doctor has not restricted the use of fluids.

For dinner and supper, increase the size of the servings of green-leaf vegetables, such as:

Beet greens	Escarole	Spinach
Collards	Kale	Turnip greens
Dandelion greens	Mustard greens	

Use dried fruits for dessert (especially for supper).

Food During the Nursing Period

Usually mothers can begin to eat a normal diet 24 hours after delivery. During the first few days the size of servings is generally increased so that by the time that milk flow is established they are getting the quantity of food necessary for good milk production.

While you are nursing your baby, you still need a good selection of food to meet your own requirements and enough more to produce sufficient milk of good quality to meet the baby's needs. This means that you will require about one half again as much food as you did at the beginning of pregnancy.

In order to eat this much food with the most comfort, light lunches, in addition to the three regular meals, may be taken from 15 to 20 minutes before the midmorning, midafternoon, and late evening nursing periods. Such foods as milk, fruit or tomato juice, graham crackers, eggnog, or cereal with milk are all suitable.



Rest, Exercise, Fresh Air, and Sunlight

Good health habits in pregnancy, as at other times, include getting plenty of rest and sleep, fresh air and sunlight, and exercise suited to your needs.

Rest

You need enough rest and sleep to keep you from feeling overtired at any time. At least eight hours of sleep each night are advisable, and more if you feel the need of it. A firm, flat mattress gives the best support to the body. Sometimes it may be helpful to place a small pillow beneath the lower part of the back.

Besides a good night's rest, you should plan to lie down for an hour's rest each afternoon and for short periods if you become tired at other times during the day. When you lie down, cover yourself with a blanket or other light covering and put a scarf over your head if the room is cold or drafty.

You may find it restful to sit down with the feet elevated for a short period of time now and then. You will be more comfortable during this period of rest if your thighs and the under part of your knees are supported.

Exercise, Fresh Air, and Sunlight

Every woman needs some exercise, taken preferably in the open air and sunlight. Out-of-door exercise stimulates the circulation and the digestion and is an aid in overcoming constipation. More restful sleep and a happier frame of mind usually follow hours spent in the fresh air and sunshine. The kind and amount of exercise you take depends so much on what you have been accustomed to having and upon how much exercise you get in your housework or other tasks that general rules cannot be laid down. This is a question to discuss with your physician.

Walking is a particularly beneficial form of exercise if your feet are well-supported (see Shoes, page 17), if you keep good posture, and if you do not overdo it. Strenuous sports like tennis, skating, or horseback riding are not advisable, partly because of the danger of falling.

Light housework usually is good exercise. You can save yourself fatigue if you maintain good posture in all your household activities. Do not reach, pull, or push heavy objects. If your housework is tiring, try to do some of your tasks while seated.

Sit with the lower part of your back against the back of the chair. If your feet do not rest on the floor, have a footstool or a box of the correct height to support them. If your daily tasks keep you on your feet a good share of the time, probably you should not take much, if any, additional exercise. In that case, it may be preferable to sit at rest out of doors or in a room with the windows open; but if you do this, take care to guard against chilling.

Less than the usual amount of exercise should be taken each month at the period when menstruation would ordinarily occur, especially if you have a tendency to spotting, since at this time there is a possibility of losing the baby. As the time of confinement draws near, you may tire more quickly than in the preceding months of pregnancy. It may then be necessary to cut down on the amount of exercise. Do not, however, cut down on fresh air and sunshine. Windows kept open while at work and asleep will help to give you some of the fresh air you need, but be careful to avoid drafts and chilling.



A walk is good exercise.

Bathing

During pregnancy the mother's organs of elimination do double duty, since they must get rid of her own and the baby's wastes. The skin is especially active during pregnancy, and perspiration is likely to be more profuse than usual.

A daily bath with soap and warm water helps to keep the skin active and healthy and is very refreshing. You may take a shower, tub, or sponge bath. If you take a tub bath, the water should not be very hot and care must be taken not to slip in the tub. A rubber mat is a safety measure.

After the seventh month of pregnancy the doctor may wish you to take a sponge or shower bath rather than a tub bath, because as you sit in the tub, bath water entering the birth canal (vagina) may cause infection. For the same reason a tub bath should not be taken after labor begins.

What to Wear

Becoming clothes should add greatly to your happiness during pregnancy. If you feel well and suitably dressed, you will enjoy entertaining and going out as usual with your husband. Clothes for the modern expectant mother are made to disguise the increasing size of the abdomen so that during the greater part of pregnancy your figure is not as conspicuous as you may think it is. Many women, too, seem to be unusually attractive and radiant at this time, perhaps because of increased happiness and vitality.

In general, your clothes should be comfortable, loose, light, easy to keep clean, and suitable for the season, the climate, and the type of home in which you live. Attractive, ready-made dresses can be found in most stores, and it is easy to find suitable patterns if you prefer to make your own. Many women like two-piece dresses or dresses with a separate jacket. A variety of models with adjustable features can be found so that the dress is wearable both when your abdomen is increasing in size and later when your waistline returns almost to its normal size as the baby drops back into the pelvic region.

Brassieres

It is advisable to wear a brassiere which is loose over the nipples, and which supports the breasts and lifts them upward. It should be loose enough too to allow free circulation.

Garters

A garter belt or garters that hang from your shoulders should be worn. Round garters interfere with the circulation in the legs and feet, which at best is inclined to be sluggish during pregnancy.

Maternity Girdle

If you have been accustomed to wearing a girdle, you can usually continue to wear the same one in the early months of pregnancy. About the third or fourth month a lightweight maternity girdle, which gives support to the abdomen without compressing it, is desirable. It is a good idea to have the girdle carefully fitted by a competent person and adjusted from time to time. A well-fitted girdle also helps to relieve fatigue of the back muscles.

Shoes

It is advisable, during pregnancy, to wear shoes with roomy toes and low, broad heels—about $\frac{3}{4}$ to $1\frac{1}{2}$ inches high—because they give the body more stable support at a time when it is becoming heavier. The increasing weight of the abdomen throws the body out of balance, too, and in the body's effort to restore balance the muscles of the back are under a greater strain. This may cause fatigue, especially in the back and the feet.

If you have always worn high heels, you may have some difficulty at first in making the adjustment to lower heels, but if you begin by wearing them from 15 to 20 minutes several times a day you will gradually become accustomed to them.

Shoes a trifle larger than usual are advisable, too, because the feet tend to swell in the later months of pregnancy.

Breast-Feeding

You should plan to nurse your baby if you possibly can, because breast milk is the best food for him. Breast milk is the baby's natural food and contains most of the materials needed for maintaining life and for growth and development during the first months of life. It is easily digested; it is clean; it does not need to be especially prepared, as feeding formulas must be. Breast milk also helps to protect an infant temporarily from some of the contagious diseases to which he may be exposed. Everything that you do to keep your health built up during pregnancy will help you to produce good milk for your baby. This is just one more reason for taking the best possible care of yourself.

The Care of the Breasts

The breasts need special care to put them in good condition for the function of nursing and to make nursing easy and comfortable. At the beginning of the seventh month, if the doctor thinks it advisable, the breasts and nipples should be washed each day with soap and warm water, using either cotton or a soft washcloth. They should be handled carefully and gently while being washed and in giving any necessary care. Support the breast with one hand while washing it, and do not massage the breast at any time.

In the latter part of pregnancy, a sticky fluid (colostrum) is secreted by the breasts and this may cause dried scales to form on

the nipples. Usually the physician advises the application of cocoa butter or mineral oil to soften the scales, which may then be washed off in the daily cleansing. Do not pick them off.

If the nipples are flat or pulled in, the physician may advise you to draw them out several times a day; he or the nurse will show you how to do this. The physician will examine your breasts on some of your regular visits, and he will tell you what to do if he finds that other special care or treatment is needed.

A Reminder

If you are under the constant care of your physician and are careful to follow his instructions, you are not likely to have any serious complications. Even most of the discomforts of pregnancy can be overcome by simple measures. You have read about some of these in the section on nutrition. Your physician and nurse will suggest others.

It is desirable, however, to let your physician know of any discomforts you have, no matter how slight, and of anything that troubles or even puzzles you. He can usually prevent complications by treating the condition when the first symptoms appear.

That is one reason why he wishes to see you regularly and why he makes and repeats certain tests. By observation or tests he sometimes finds the beginning signs of trouble even before the expectant mother is aware of it. For example, if the kidneys are not working well, as sometimes happens, it will show up in the urinalysis. Then treatment can be begun at once and the chances are that no harm will come either to the mother or the baby.

Some of the signs and symptoms which you should report immediately to your doctor, without waiting for your regular visit, are:

Bleeding from the birth canal

Have someone call the doctor, go to bed at once and stay there until he comes.

A rapid gain in weight

Severe or persistent headache

Swelling of the face or limbs

Blurring, spots before the eyes, or other signs of disturbed vision

Dizziness or fainting spells

Pains in the pit of the stomach

Severe vomiting or vomiting continued after the 12th week of pregnancy

Failure to feel the baby's movements for several days after you have once begun to notice them.

A Place for the Baby

If there is not a separate room which can be used as a nursery, you will want to set aside a space in the home entirely for the baby. Perhaps this will be a corner of the bedroom or living room, but in any case select the sunniest, quietest spot you can find and keep all his equipment there. Such a plan will add to the baby's health and comfort and save you many steps. The arrangements for the nursery space should be completed before you go to the hospital.



Snug and happy in a nook all his own.

Supplies for the Baby

In the next few pages you will find a list of the minimum supplies you will need in taking care of your baby.

The Layette

The layette ought to be ready by the end of the seventh month. It is not necessary to buy many things. The simpler the layette is the better. As you make your purchases, consider whether the clothing is loose and comfortable for the baby and easy to launder. Clothes that are made to slip on or off easily make dressing pleasanter for both you and the baby, because too much handling is irritating to him.

Two to four shirts with sleeves

Two to four shirts without sleeves

Three to four dozen diapers

Three abdominal bands

Three or four kimonos

Three or four nightgowns

Two or three sweaters

Two or three large squares of flannel for wrapping the tiny baby

One light cap and cloak

It is not advisable to buy the smallest-sized clothing, because a baby outgrows his clothes so fast. All-cotton cloth is often used for a baby's shirts. Part cotton or rayon and part woolen shirts may be used in cold weather. However, wool irritates the skin of some babies, and you may prefer to provide extra warmth by means of a light woolen sweater which may be put on or taken off as the temperature of the room or the weather changes.

The material of which diapers are made should be absorbent, but not bulky or heavy. Birdseye is a favorite cloth, but diapers made of a gauzelike cotton material are also well liked. Pinked edges are less bulky than hemmed ones. Disposable paper diapers to be placed inside the regular diapers to catch the stool have proved to be very satisfactory. Some mothers prefer to use square diapers; others like to use oblong ones. A convenient size for the square diaper is 27 by 27 inches; for oblong diapers, 20 by 40 inches.

Bed and Bedding

One bassinet, basket, or box 15 by 30 inches

You may prefer to buy a crib. A large crib with a firm mattress will be needed as the baby grows, and you may decide to buy it in the beginning.

One mattress

A hair pillow, felt pad, or folded blanket can be used instead of a mattress in a bassinet or basket.

Two waterproof pads, 11 by 16 inches, or a waterproof pillowcase to protect the mattress

Two or three small cotton sheets or muslin pillowcases for use as sheets

Six quilted pads, 11 by 16 inches

Two lightweight wool or part-wool blankets

Mosquito netting for use in the fly and mosquito season

The netting may be held down by an elastic band slipped over the bed or by running elastic through the hemmed edge of the netting.

Toilet Articles

Two to six soft towels

Two to six soft washcloths or squares of old linen or soft cotton cloth

One dozen medium-sized safety pins

One dozen small safety pins

One package of sterile absorbent cotton

Six ounces of mineral oil

One covered pail for soiled diapers

Borax and a mild soap for cleansing diapers

One package of toothpicks

The Toilet Tray

Assemble on this the various articles needed at bathing and nursing time. The tray itself may be a large tin cake pan or a box cover. Empty mayonnaise or jelly jars may be used for the various covered jars needed.

The following articles are suggested:

1. A covered jar of small cotton swabs to be used in cleansing the baby's nose, ears, and genitals (The jar should be boiled each day.)

The swabs can be made by hand by twisting cotton on a toothpick. The Nurse will show you how to do it.

- 2.*A covered glass jar containing balls of cotton for use in cleansing with oil the baby's buttocks when the diaper is changed
3. A covered dish containing a day's supply of mineral oil
- 4.*A covered glass jar containing a day's supply of boiled water to be used by the mother in cleansing her nipples before and after nursing the baby
- 5.*A covered glass jar containing a day's supply of cotton swabs twisted on toothpicks for cleansing the nipples
These swabs are left on the toothpicks in order to make it possible to avoid dipping the fingers in the sterile water.
- 6.*A pint bottle with cork for the day's supply of drinking water for the baby
- 7.*A nursing bottle for giving the baby his water
- 8.*A covered jar containing sterilized rubber nipples, and bottle caps for the nursing bottle
9. A covered dish containing a cake of pure white soap
10. A cake of soap to be used as a pincushion for safety pins
Laundry soap is good for this purpose.
11. A paper bag or newspaper cornucopia for used cotton and other wastes



The baby's toilet tray. Numbers refer to items in text pages 20, 21.

Other Articles Which Will Be Found Convenient

One baby's bathtub

One bath apron of Turkish toweling or flannel

One bath blanket

A screen to protect the baby from drafts while he is being bathed

This may be made by draping a clotheshorse with a sheet.

Drying frames for underwear

A low table and a low chair without arms to be used while bathing and dressing the baby

Scales for weighing the baby

A bath thermometer

*NOTE—The jars and bottles in the items marked with a star should be boiled each day. Put them into a pan of cold water, bring the water to a boil, and boil for 10 minutes.

The Baby's Birthplace

Whether to have your baby born at the hospital or at home is a decision for you and your husband to make early in your pregnancy. A great deal depends upon the conditions in the home, upon what hospital facilities are within reach, and upon the physician's advice. It is usually best to go to a hospital; but if there is no hospital in



Visit the maternity department before you decide.

your community, arrangements should be made for the baby's birth at home.

If the baby is to be born in a hospital, choose one that maintains high standards of maternity care. A hospital qualified to give maternity care should have a separate maternity staff, a separate delivery room, and a spacious, well-supervised nursery. Find out beforehand what the cost will be and arrange for the accommodations you can afford. Inquire whether the hospital charges include the service of the private physician and the care of a special nurse.

If a hospital delivery is decided upon, you should find out from the hospital what you will need for yourself and your baby. You will probably want to take your own toilet articles, dressing gown, and perhaps some nightgowns. You will wear the nightgowns provided by the hospital at first and can continue to wear these if you prefer. You might include some books or magazines and writing paper, pencil, pen, and stamps. The hospital usually furnishes everything needed for the baby except the going-home clothes, which can be taken along with your things. It is well to have these articles packed in a bag ready to be taken to the hospital a month or so before the expected date of confinement.

When the Baby Is Born at Home

If you want to have the baby born at home and your physician approves of this decision, you will have certain preparations to make especially for the delivery and lying-in period. It is essential that you have someone to help the doctor at delivery and to look after you for at least a few days afterwards. The Metropolitan does not provide delivery service for policyholders or certificate holders eligible for maternity service, but in some communities the local visiting nurse association will supply a nurse for the delivery at a

small charge. After delivery a nurse provided by the Metropolitan will pay a certain number of home visits to give nursing care and instruction to mothers eligible for this service (see page 5). If you are not eligible for Metropolitan Nursing Service, you can probably arrange at a small charge to have a nurse from the local visiting nurse association give you care once a day (or more often if you wish) during the lying-in period.

If you want a special nurse your physician will probably advise you how to secure one, or you may ask the nearest hospital or the Nurse's Professional Registry in your community or write to the American Nurses' Association, 1790 Broadway, New York 19, N.Y.

You will be in bed for a while after your baby comes, and you will not be ready to take entire charge of household duties for from six to eight weeks. If you have a relative or friend who can stay with you, well and good; if not, you will need a housekeeping helper or practical nurse to look after your home and family, especially if you have young children. The arrangements for this should be completed before the time of your confinement. The visiting nurse can instruct the helper in simple nursing procedures to be carried out between her visits.

What the Mother Needs

If the baby is to be born at home, it is advisable to have everything ready for the delivery by the seventh or eighth month of pregnancy, since it is impossible to foretell just when labor will begin. A list of the ordinary supplies required for home delivery and after-delivery care is given in the following pages. The supplies in this list which should be sterilized are given on pages 25-26. The list should be checked over by the physician and the nurse, since some of the articles might be considered unnecessary, and others not included might seem desirable. Items marked with a star particularly should be brought to the physician's attention because he may not wish to have them provided. All washable supplies in this list should be freshly laundered and put away in clean pillow-cases until needed.

- One kimono
- Two or three nightgowns
- One pair white cotton stockings to wear during delivery
- Slippers
- Two clean washcloths
- Two bath towels
- Six hand towels

- Four clean sheets
- Four pillowcases
- One or more blankets
- Three or four dozen sanitary pads

These can be either homemade of gauze and absorbent cotton or purchased ready-made. To make, cut the cotton into pads 10 inches long, 4 inches wide, and 1 inch thick. Cut gauze into pieces large enough to wrap around the pad and leave 2 or 3 inches at each end. Homemade sanitary pads must be sterilized (see page 25). Ready-made pads purchased in cardboard boxes do not need to be sterilized except for the ones to be used during delivery. Do not open the package until it is to be used.

- Two sanitary belts
- Three to six delivery pads

To make, cover 12 layers of opened-out sheets of newspaper with cheesecloth or clean old muslin or linen (clean white flour sacks may be used). The edges should be turned in all around and basted. When the pads are finished, scorch them with a hot iron, fold them with the ironed side in, and put them away in a clean, freshly ironed pillowcase.

- One piece of waterproof sheeting or white table oilcloth, 1½ or 2 yards long and at least 1 yard wide, to protect the mattress

Newspapers also may be used for this purpose.

- *One medium-sized enamel basin for the placenta
- The covered pail provided for diapers may be used instead.

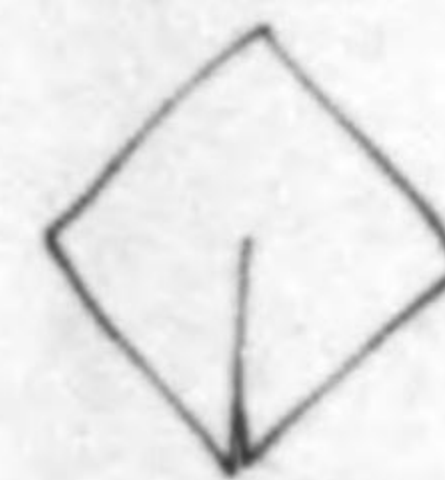
- One bedpan
- One new, unopened roll of toilet paper
- Two 10-inch enamel basins
- Two large covered pans
- Two large covered kettles for boiling water
- Tweezers—to remove soiled articles
- One new cake of toilet soap
- One jar of soap jelly
- One tube of white petroleum jelly (or "Vaseline")
- One new fountain syringe or enema can with rectal tip
- One hot-water bag
- One pair of scissors
- One pound of absorbent cotton in a new unopened package
- One quart jar or pitcher
- One soup ladle or long-handled dipper to remove sterilized articles from boiling water
- One teaspoon
- One tablespoon
- Three glasses
- A supply of newspapers and freshly laundered old muslin
- One dozen gauze sponges

To make, cut a piece of gauze into a 16-inch square, fold and refold to make a sponge 4 inches square.

- Five dozen cotton pledgets or balls

To make, roll a piece of cotton about the size of an egg into a ball and twist at the loose end.

- *Four 9-inch pieces of bobbin (very narrow cotton tape) to be used in tying the cord. (Ask the physician if he wants these provided.)



- *One dozen 4-inch gauze or old linen squares to be used as cord dressings
Make these as the gauze sponges are made. In six of them cut a slit from one corner to the center.
- *One nail brush, one orange stick, and one unopened bar of soap to be used by the physician in scrubbing his hands
- One electric light bulb (100 watt) with extension cord and socket, or some other adequate light

Sterilization of Supplies

Everything which comes in contact with the mother during delivery must be sterile—that is, free of germs. This is extremely important, for a lack of absolute cleanliness at this time may result in puerperal septicemia (childbed fever) or some other infection. Infection at childbirth is almost always preventable, and no reputable physician or midwife will neglect any of the precautions necessary to prevent it.

The following articles in the above list *must be sterilized*:

- | | |
|--|-------------------------|
| Sanitary pads to be used at the time of delivery | Cotton pledgets |
| Gauze sponges | Cord ties and dressings |
| | Six hand towels |

Obstetrical or-delivery supplies already sterilized and wrapped in sterile packages may sometimes be purchased from surgical supply houses. If you wish to purchase sterile supplies, you should ask your physician or the visiting nurse where they may be obtained. If you wish to sterilize your own supplies, you may follow the directions given here, if your physician approves. The physician or the visiting nurse will explain any part of the process which is not clear to you. Or the nurse may arrange to have your supplies sterilized at a hospital or help you to do it.

In preparing delivery supplies for sterilization, divide them as follows:

- | | |
|---|-----------------|
| †Sanitary pads (6)..... | In one package |
| Gauze sponges (12)..... | 6 to a package |
| Cotton pledgets (60)..... | 12 to a package |
| Hand towels (6)..... | In one package |
| Gauze squares (8), four with slits and four without..... | In one package |
| Gauze squares (4), two with slits and two without, and cord ties (4)..... | In one package |

Use muslin or brown paper covers for the packages, and fasten each one with common pins with the points inside. Mark each

*Ask the physician if he wants to have these items provided.
†Remember that all homemade sanitary pads must be sterilized. To do so, divide them six to a package.

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package on the outside with a list of the contents and the date of its sterilization.

Arrange the packages in baking tins in the oven so that the heat will circulate around each package. Stack flat packages on end. Then bake them for from 1½ to 2 hours in a slow oven at 330°-350° Fahrenheit until the wrappers are browned. If you do not own an oven thermometer, put a large potato in the oven with the packages and bake slowly until the potato is done.

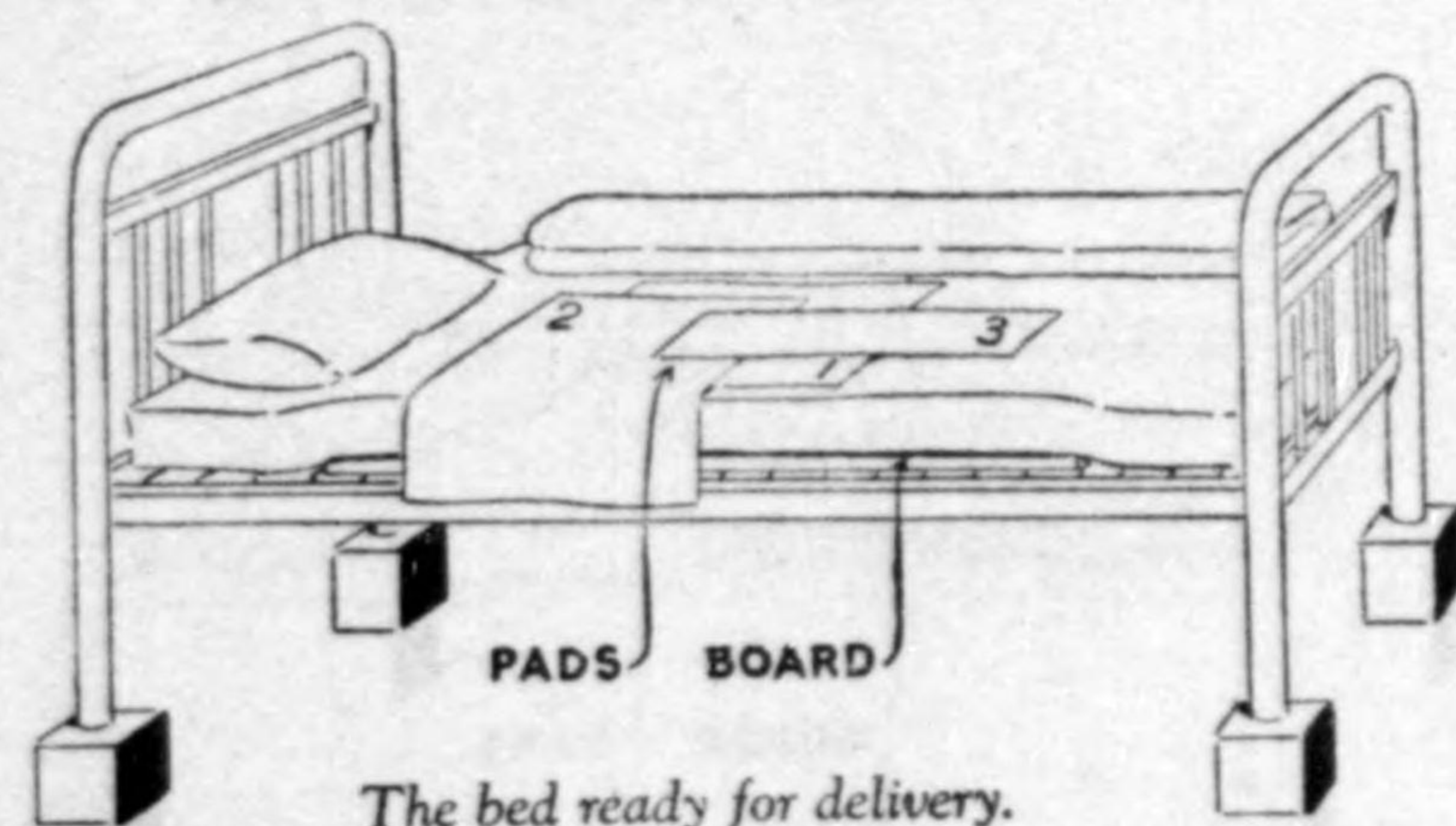
In taking the packages from the oven, handle them gently so as not to break the wrappers. Then put the packages unopened in a clean pillowcase, tie the open end, and mark the bundle "Delivery Supplies," with the date of sterilization. Store in a clean, dry place and do not open until the supplies are needed. If the bundle has to be removed from the home, carry it in a waterproof container or wrap it in several thicknesses of paper. If the articles are not used for one month after sterilization; they must be sterilized again and marked with the last date.

Preparing the Room for the Delivery

Select the quietest, sunniest, and best-ventilated room available. Unnecessary furniture should be removed from the room, but to hold needed articles a table, a bureau, or wooden chairs should be provided. The floor should be protected with newspapers or linoleum.

A single bed is best for the delivery. If it is low it should be raised on wooden blocks so that the mattress is 30 inches from the floor. This will be of great help to the doctor during the delivery and to the nurse in caring for the patient afterwards. A board placed between the mattress and springs will keep the mattress from sagging at the time of delivery. The board should be as wide as the mattress. There should be adequate light at the foot of the bed.

In preparing the bed for the delivery, first put on the board, then the mattress, then cover the mattress with waterproof sheeting, oilcloth, or newspapers. Spread the bed sheet over this covering, draw it tight, and tuck it in securely under the mattress. On top of the sheet place three delivery bed pads. The first one should be so arranged that



it may be left on the bed after the patient has been delivered, bathed, and made comfortable. The second pad is placed crosswise on top of the first one; it should extend from below the patient's hips up to the pillow and hang over the side of the bed. The third pad is placed lengthwise, slightly overlapping the lower edge of the second pad and extending below the field of delivery. It provides a place for the baby before the cord is cut. The top sheet, blanket, and spread should be folded or "fanned" back to the far side of the bed.

What Labor Is and How It Begins

The process of labor consists of the contracting of the uterus by which the baby and later the placenta, or afterbirth, are forced into the outside world. The contraction of the uterus causes the labor pains. Labor occurs in three general stages and its duration varies greatly.

During the first stage, which usually occupies a period of several hours, the neck, or narrow lower end, of the uterus gradually stretches open to let the baby pass out. Labor may begin with mild pains in the back or abdomen, which come at regular intervals, but the pains are often preceded by a discharge of blood-tinged mucus. Sometimes labor begins with the rupture of the bag of waters, followed by a trickle or a gush of water.

The regularity of the recurrence of the pains is a sign that labor is starting. In the beginning the pains may come at long intervals, as much as an hour or more, but as labor progresses they gradually increase in frequency and severity until they are coming every four or five minutes.

It is well to notify your physician when the pains have been coming at regular intervals of 15 or 20 minutes for an hour or more. If you are to have a hospital delivery, the physician will usually advise you to start for the hospital. If delivery is to take place at home, notify the person who is to assist the doctor.

The second stage, which lasts from about 30 minutes to 1½ or 2 hours or more, begins when the neck of the uterus is fully open and ends with the actual birth of the baby. During this time the physician and nurse will be with you and will tell you what to do.

During the third or last stage, a period lasting about 15 minutes or more, the placenta or afterbirth is expelled (see page 8).

How to Get Ready

If you are to be delivered at home, begin to get ready for this when you notice the first signs of labor just described. Take a warm sponge bath; put on a clean nightgown, kimono, and slippers; and, if you have long hair, arrange it in braids tied securely at the tips.

At the beginning of labor your bed should be prepared and the room arranged for the delivery (see pages 26, 27). The nurse or the relative or friend who is to take care of you should be on hand to help you. Remove everything from the table and bureau and cover the tops with newspapers or oilcloth. Protect the floor with newspapers or linoleum. Lay out all the supplies needed for the delivery, but *do not open the sterile packages*. Place the basin or pail with cover in a convenient place to receive the placenta (afterbirth).

Prepare the baby's bed. Place it so that it is off the floor and free of drafts. Wrap a hot-water bottle, hot iron, or hot brick in the receiving blanket for the baby and put it in the bed in order to warm both bed and blanket. The heating agent should be removed before placing the baby in bed. Lay out one set of baby clothes, including an abdominal binder. The baby's toilet tray should also be arranged for use (see pages 20, 21).

The doctor will need plenty of boiled water before and during the delivery. As labor progresses, fill two large kettles with water, place a soup ladle or dipper in one, cover both kettles, and boil the water for 10 minutes. Keep one kettle hot and let the other cool. Do not remove the covers.

If you have provided an orange stick and nail brush for the physician's use (see page 25), these articles, and the scissors, should now be placed in a covered basin ready to boil. After they have boiled, pour off the water and leave the articles in the covered basin.

What to Do if the Baby Comes Before the Doctor Arrives

If the doctor is delayed, as may happen particularly in wartime, the nurse or even a neighbor-helper can take the essential steps, after scrubbing her hands thoroughly with soap and water. If necessary, in an emergency the cord ties can be sterilized by scorching them with a hot iron.

The four things that the attendant should do when the baby comes are as follows:*

I. **PICK UP THE BABY BY HIS FEET**, being careful that the cord is slack. Hold him by his ankles, with one finger between them so he won't slip out of your hand. With your other hand under his forehead, bend his head back a little so the mucus and fluid can run out of his mouth. Hold him until he cries out loud. Don't spank him. Then lay him on his right side on top of the blanket that covers the mother.



How to pick up the newborn baby.

II. **TIE THE BABY'S UMBILICAL CORD**. Tie one piece of tape around the cord about 6 inches from the baby's body. Then tie another piece of tape 2 inches farther out. Cut the cord between the tapes. If there is any bleeding from either end, fold back the end of the cord and tie another piece of tape around it. The doctor will dress the cord when he comes.

III. **DURING THIS TIME KEEP THE BABY WARM AND PROTECTED**. Wrap him in a blanket square and lay him on his right side in the bed where you can watch him. If you do not have a hot-water bottle or other means to keep him warm, tuck him under the blanket up to his neck beside his mother. Keep your eye on him.

IV. **WATCH THE MOTHER**. The afterbirth or placenta may not come right away. Don't try to hurry it by pulling on the cord. As soon as the afterbirth comes, slide out the soiled pad and wrap up the afterbirth for the doctor to examine later. Place your hand on the mother's abdomen just under the navel. You should feel a hard mass as big as a very large pear. This is the contracted uterus. If you cannot feel it, massage firmly and gently until there is a firm mass under your hand. This is very important. The mother should be kept warm under blankets and lie on her back with legs together and knees raised. She may have a slight chill, as most women do. Give her a drink of warm—not hot—tea, milk, or bouillon. With a damp towel wipe her face and hands.

*Reprinted from *First in Your Thoughts* by permission of Maternity Center Association, 654 Madison Avenue, New York, N. Y.

The Baby Is Here*

Now, you have your baby. A whole new world has opened up to you, for there is nothing more fascinating than to watch your baby grow and develop from day to day. With the baby as a reward for the long period of waiting, it is no wonder that you feel proud, contented, and ready for a good rest.



The baby's here!

Complete rest is what you need for the first few days following your baby's birth. This period is called the puerperium or postpartal period. During this time the uterus will shrink gradually to normal size and sink down into its former position in the pelvis. It usually takes from six to eight weeks for a mother to regain her strength completely.

The care of your baby and your household tasks and other activities should be resumed gradually. It is best to let your physician decide when you may sit up and walk about, since some mothers recuperate more quickly than others. A little delay at this time, until your strength has fully returned, will be repaid by better health in the years to come.

The physician usually wishes to give you a complete examination from six weeks to two months after the baby's birth to see that the child-bearing organs are in good condition.

Nursing the Baby

As you have noticed, the breasts have been going through certain changes during pregnancy. One of these changes is the secretion of the fluid called colostrum, which continues until about the third day after the baby is born, when milk comes into the breasts.

As the milk comes the breasts may become harder, fuller, and heavier, and they may be somewhat uncomfortable. This is a temporary condition, however, and can be relieved by simple measures suggested by the physician or nurse.

The quality and quantity of milk depend on several factors, one of which is the mother's diet. A normal diet is usually resumed after 24 hours. The diet for the nursing mother is described on

*The Metropolitan pamphlet *Your Baby* gives information about the care of the baby during his first year.

pages 8-13, and this may be followed unless your physician wishes to give you other instructions.

The mother's emotional state also strongly affects the quality and quantity of her milk. The woman who is composed and happy usually has more and better milk than the one who worries, is nervous, or easily ruffled or excited. Your baby's health still depends on the care you take of yourself.



Breast milk is the baby's natural food.

The Care of the Breasts

It is very important to keep the nipples and breasts clean during the nursing period. Before nursing the baby, the mother should wash her hands with soap and water. Then she should wash her nipples and breasts with soap and water (unless the doctor suggests a solution of some other sort) using a clean cloth or a piece of absorbent cotton. The breasts should be washed again in the same way after each nursing, and protected between nursings with a piece of sterile gauze, which is held in place by a light binder or nursing brassiere. Any injury to the breasts or cracking of the nipples should be reported to the physician at once.

Perineal Care

For a short time after the baby's birth there is a discharge from the vagina, called the lochia. This discharge is red at first, then fades to brown, and finally, after about six weeks, ceases altogether. It tends to disappear more quickly if the mother is quiet, since over-activity is one reason why it continues. The nurse will show you how to bathe the perineum, the area between the thighs, using sterile cotton pledgets. Afterwards a fresh sanitary pad should be put on. The perineum should be bathed each day.

What to Do for the Baby

Immediately after the baby is born, the doctor will put drops of a 1-percent solution of silver nitrate in each eye, just in case any germs have entered the eyes during birth. This solution, which the

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Breast milk is the baby's natural food.

The Care of the Breasts

It is very important to keep the nipples and breasts clean during the nursing period. Before nursing the baby, the mother should wash her hands with soap and water. Then she should wash her nipples and breasts with soap and water (unless the doctor suggests a solution of some other sort) using a clean cloth or a piece of absorbent cotton. The breasts should be washed again in the same way after each nursing, and protected between nursings with a piece of sterile gauze, which is held in place by a light binder or nursing brassiere. Any injury to the breasts or cracking of the nipples should be reported to the physician at once.

Perineal Care

For a short time after the baby's birth there is a discharge from the vagina, called the lochia. This discharge is red at first, then fades to brown, and finally, after about six weeks, ceases altogether. It tends to disappear more quickly if the mother is quiet, since overactivity is one reason why it continues. The nurse will show you how to bathe the perineum, the area between the thighs, using sterile cotton pledgets. Afterwards a fresh sanitary pad should be put on. The perineum should be bathed each day.

What to Do for the Baby

Immediately after the baby is born, the doctor will put drops of a 1-percent solution of silver nitrate in each eye, just in case any germs have entered the eyes during birth. This solution, which the

doctor will provide, prevents in most cases an eye infection which causes a great deal of infant blindness. The parents should make sure that the doctor or midwife gives this treatment to the newborn baby.

The cord is dressed by the doctor, who uses a square of sterile gauze with a slit cut in it through which the stump of the cord is passed. This square is folded back over the cut end of the cord, or a second square is placed over the cut end. The dressing is held in place by the abdominal binder. Usually a dry dressing does not need to be changed, but if it is necessary to do so, only the doctor or the nurse should change it.



It's fun to have a baby in the family.

Registering the Birth

In all States of the United States, the physician, midwife, or other attendant at the birth of a baby is now required by law to report the birth to the proper local authority. This is called registering the birth, and it should be done within 36 hours after the baby was born. A birth certificate is necessary in order to prove the date of your child's birth and its citizenship. Many of the privileges to which he is entitled may depend upon the proof of his age or citizenship, or both; for example, his right to enter school, to leave school to go to work, to marry under a certain age, to inherit property, to hold

political office, to obtain a passport for travel in other countries, and to obtain certain benefits under the Social Security Act. If you are not sure that your child's birth is registered, write to the State Board of Health at your State Capitol. If the Board has no record of the birth, a blank will be sent you to fill out and return.

BOOKS FOR EXPECTANT PARENTS

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NOTES

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDC NO. 775013

NOTES

Desirable Weights for Women of Ages 25 and Over

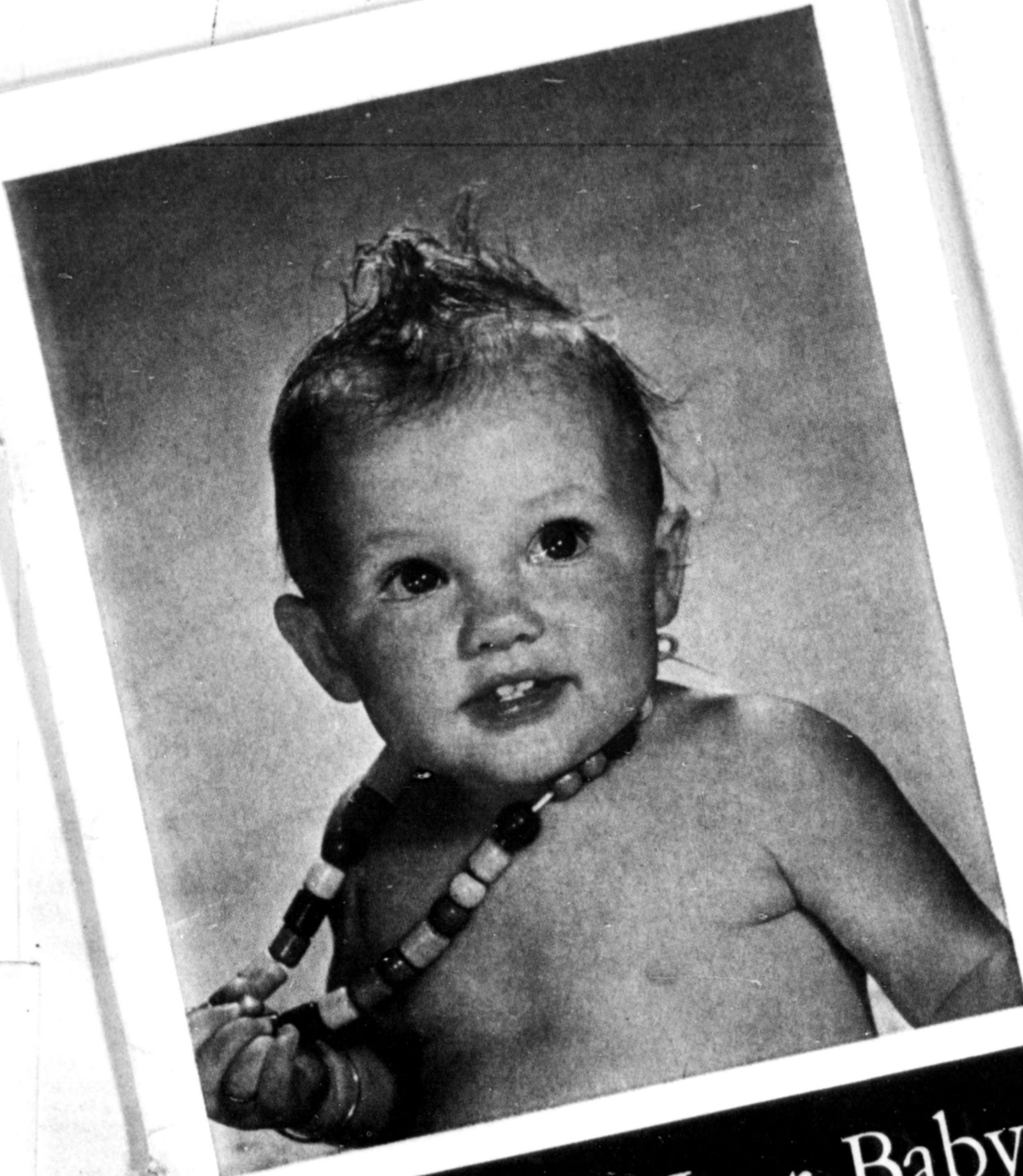
Weight in Pounds According to Frame
(as ordinarily dressed)

HEIGHT (with shoes on) Feet Inches		SMALL FRAME	MEDIUM FRAME	LARGE FRAME
4	11	104-111	110-118	117-127
5	0	105-113	112-120	119-129
5	1	107-115	114-122	121-131
5	2	110-118	117-125	124-135
5	3	113-121	120-128	127-138
5	4	116-125	124-132	131-142
5	5	119-128	127-135	133-145
5	6	123-132	130-140	138-150
5	7	126-136	134-144	142-154
5	8	129-139	137-147	145-158
5	9	133-143	141-151	149-162
5	10	136-147	145-155	152-166
5	11	139-150	148-158	155-169

Weights for women in the age group 18 to 25 can be estimated by subtracting 1 pound for each year under 25 from the limits at each height. Examples:

AGE	HEIGHT (with shoes on) Feet Inches		SMALL FRAME	MEDIUM FRAME	LARGE FRAME
18	4	11	97-104	103-111	110-120
	5	6	116-125	123-133	131-143
19	4	11	98-105	104-112	111-121
	5	6	117-126	124-134	132-144





You and Your Baby

You and Your Baby

By Clifford G. Grulee, M.D.

*From the Life Conservation Service
of the*
JOHN HANCOCK MUTUAL LIFE
INSURANCE COMPANY
OF BOSTON, MASSACHUSETTS

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A number of the illustrations in this book are based upon photographs in Zabriskie's "Mother and Baby Care in Pictures," copyrighted by J. B. Lippincott Company, Philadelphia.



You and Your Baby

New fathers, too, must learn to hold the baby so he feels secure.

"THE CHILD IS FATHER OF THE MAN." Nearly a century and a half ago these familiar words were sung by a poet. As year follows year their truth is more clearly confirmed by the modern-day findings of medical science. More surely than you imagine, your baby's progress through childhood, and his* success as an adult will depend upon the kind of start you give him during these early years.

Truly, the care your baby receives, day-by-day, does determine to a great extent his health of body and mind. But this does not mean that caring for him need become a burden or a cause of anxiety to you. Instead, living with your baby should be one of life's most rewarding experiences. And it will be so if your child is healthy and you are confident in your knowledge of what to do for him.

Knowing what to do, day-by-day, lies at the bottom of your happiness in living with your baby. You will receive a lot of advice—and warnings—from well-meaning friends. Take what they tell you with a big "grain of salt," for your baby may be different, and what was right for theirs maybe wrong for yours.

*No slight is intended to the more numerous girl babies, in calling the newcomer "he." To repeat "he or she" would become unbearably tiresome. So, even though your baby's name may be Margaret we must refer to her as "he."



Go to your doctor as soon as you think you are going to have a baby.

You may come across conflicting suggestions in baby books and magazine articles. Accept printed advice, too, with an open mind. No baby book—including this one—can be completely a substitute for your doctor and nurse. It must be clear to you that printed information can never be more than general in nature. So, rely upon the advice of your most dependable guides, your baby's doctor and the visiting nurse.

Yes, your baby will need a doctor—even though the little tike has never known a sick moment. If your family physician does not plan to take care of both you and your baby, make arrangements with a baby-doctor—before the newcomer arrives. For families who cannot employ the services of a pediatrician (baby-doctor), community health agencies conduct "well-baby clinics" where, under the supervision of such a physician, babies are weighed, measured, and medically examined, and mothers are given advice about care and feeding.

A baby-doctor is a "must": so is the visiting nurse. She has much to offer to aid and comfort you, especially during those first few days when you are "on your own." By her repeated "I'll-show-you-how's," she makes bathing, feeding, and dressing your baby seem easy. You'll be pleased when you find how quickly you catch on, under her skilled direction.

There is one reassuring word to be added: though mother love is not always a dependable guide, your own good common sense will go a long way in filling in the gaps between the visits of doctor and nurse.

BEGIN LONG BEFORE YOUR BABY ARRIVES

YOU REALIZE, of course, that your baby's life begins before he is born. The way you care for yourself during the time you are

carrying your baby will have a lot to do with his start in life. So as soon as you think you are pregnant, go to your doctor, or to the hospital where you will be delivered. You will be asked to return to his office, or to the clinic, at intervals so that the doctor may keep tabs on your health. The visiting nurse, too, will prove a real friend during these months, helping you prepare a proper welcome for the newcomer. Choosing what you should wear, selecting the right clothes for the young-man-to-be, assembling the accessories he will need, and taking care to improve your own health for his sake—these matters are all set forth in *EXPECTING A BABY?** and need not be repeated here.

His baby clothes should be made, or bought, well in advance of the infant's arrival. They should be limited in number and practical, rather than too many and too fancy. They should be simply made and washable. The number and weight will depend on the season, of course. A tiny or feeble infant will need more covering than a husky baby. On warm days a diaper and band may be all the clothes he will need. In chillier weather, a shirt, a slip, a dress, stockings, even a sweater may have to be added. Common sense is called for in dressing your child, and it is important to remember that colds come as often from overheating as from chilling. Babies are good heat-generators and need less wrappings than older people. One safe rule: undergarments should be light weight—it is easy to add more layers when cold weather calls for them.

**EXPECTING A BABY?*, and other John Hancock health booklets listed on page two, will be sent free upon request. Just a postcard will do.



The visiting nurse will help you to get your baby's clothes ready—at least two months before he is to arrive.

HIS THREE-CORNERED PANTS

FASHIONS in baby pants differ. Some mothers prefer to fold them in a triangle, pinning the three ends together in front. Others favor the rectangular fold, pinning at the hips. Take your choice.

Diapers must be washed—each time they are wet. Don't try shortcuts, just drying them and using them over again. If they are soiled, the stools can be shaken, scraped, or rinsed off into the toilet. Then the whole diaper is rinsed and tossed into the tub to soak with the wet diapers until all can be washed.

Wash diapers in hot water, using a mild soap—*not* washing powder. Then rinse thoroughly. If you want, dip the diapers in a boric acid solution after rinsing, then wring them out. Allow plenty of time for them to dry. The boric acid tends to prevent decomposition of any remaining traces of urine—which may irritate your baby's skin.

To make a boric acid solution, put enough boric acid crystals in two quarts of water so that there remains a visible deposit of the crystals at the bottom of the container. Pour off the clear liquid to use as a rinse. Add more water and crystals to keep the solution ready.

Whenever you can, air the diapers in the sun. Use without ironing. Squares of cotton cloth placed inside the diapers save much scrubbing. Paper diapers, which are thrown away after use, are



Only the necessary furniture should be in your baby's room.

especially valuable when traveling. In some favored communities diaper-washing services are furnished.

Waterproof panties may be used for short periods—if diapers are changed frequently. But don't make your baby wear them all the time: they are heating and may become irritating.

A WORD ABOUT DAILY SCHEDULES

ROUTINES make an often repeated chore easier to carry out. Unconsciously you adopt routines for any household activity; washing dishes at one hour, dusting at another. When a practical routine is established, the work is done not only more easily, but more efficiently. In the same way a daily routine will work itself out in the care of your new baby. He is fed, and bathed, and napped, and fed, and played with, and fed again according to some schedule. An orderly sequence is good for the baby and makes the day flow more smoothly. Difficulties arise when new mothers get the idea that the routine must be a hard-and-fast rule, never to be broken.

When her baby wakes hungry and yells for his dinner, the over-persuaded mother grimly assumes that the child must be allowed to cry until the clock says he may be fed. Baby books suggesting rigid schedules, and some self-appointed experts too, were responsible for encouraging new mothers to maintain "discipline" at all costs. But now-a-days, doctors advise mothers to use common sense in adopting schedules to their life with baby. It may be that you and your son will work out a routine that differs from the "standard" schedule, but if it is one that fits his needs and your household convenience, it will be the best one for him and you.

If you are one of the mothers who have been brought up to believe in the disciplinary benefits of a hard-and-fast schedule, you may be disturbed by this "about-face" on the part of the medical authorities. It may help a bit if you remember that until a generation or two ago, babies all over the world decided when they would eat and how much. Kittens, puppies, and the young of all animals always have, and always will, eat when they are hungry.

Your baby too can be trusted in this matter: he's a smart youngster, you know.

So, all that follows the discussion of daily schedules must be read with the understanding that your plan may be different, and properly so. But a schedule of some sort will be established, and within reason it should be adhered to until a new order of arrangements seems to be called for. Your baby will eat and sleep better when he is on some regular program.

THOSE FIRST DAYS "ON YOUR OWN"

YOU HAVE JUST COME HOME from the hospital, let's assume. Were you told by your doctor to live on one floor and not to climb stairs? Even so, you can get about and soon you are strong enough to look after your baby—part time, at least. The third and fourth weeks of your baby's life are a time when you still need plenty of rest, but don't use this as an excuse for doing nothing. Even at so early an age your baby begins to sense "who is who" and from the beginning you are the "who" he should come to know and look for. So, if you are lucky enough to get some assistance—a relative, or a paid helper—let that person do the housework and you devote as much of your time as you are able to your baby. It will be the best arrangement for both you and him.

Have you been told to wear a comfortable, well-fitted girdle for abdominal support? Were you reminded not to take a tub bath for another month? Ask your doctor for specific instructions in these matters. Probably you have been told—unless you are ill—to return to your normal diet, with plenty of milk and vegetables and fruit and meat, though going light on sweets and starchy foods. Be assured that it is not necessary to eat huge quantities of food in order to



Diapers must be washed every time they are wet. After each bowel movement the buttocks should be washed and dried gently.

produce milk. If the milk glands are functioning, enough milk will be secreted. If not, the extra food will not help the milk supply—but will put fat on you.

Usually you will not need special exercises, but if the doctor who delivered you finds later some condition that might be helped by them, he may recommend knee-chest exercises. When she calls, the visiting nurse will help you to be sure that you are doing them properly.

When your baby is four to six weeks old, the physician who delivered you will probably want to make a final examination to see that your condition is all right. Sometimes it is necessary to give local treatments but this is done at one or more visits to office or clinic.

NURSE YOUR BABY IF YOU CAN

WHILE YOU ARE carrying your baby, plan to nurse him. Most mothers can nurse their babies if they will, and all mothers would be willing if they realized how much breast-feeding contributes to normal, healthy development of the child. So, before your baby is born, ask the visiting nurse about the care of the breasts. After nursing has begun, the nipples should be washed with cotton pledgets dipped in cool, boiled water, then dried with cotton before each feeding. If the nipples become cracked, tell the doctor. With care, the condition can be remedied without abandoning breast-feeding.

Breast-feeding is best for your baby. Here are some of the obvious reasons: (1) the first milk is preceded by a substance, called colostrum, which helps to protect the baby from infections, (2)



In lifting your baby into, or from, his tub support him firmly beneath shoulders and buttocks and grasp his shoulder so he cannot slip.



This inexpensive tray is composed of a cake pan and empty jars.

mothers' milk is more digestible; it differs in composition and texture from cow's milk—which nature designed for calves, (3) mothers' milk is always safe from chance contamination and is always at the right temperature, (4) perhaps, as important as any, is the fact that breast-feeding gives the baby security and a sense of closeness to his mother.

Breast-feeding is best for your baby, and best for his mother too. From a practical standpoint you are spared the never-ending chore of preparing feeding formulas. Some mothers fear that feeding their babies will make them fat. There need be no lasting gain in weight if the mother watches her diet. Others fear that the breasts will be permanently changed. The breasts are already enlarged during pregnancy, but if properly supporting brassieres are worn, not only during the time the baby is nursed, but also before and after, there should be no permanent sagging because of breast-feeding.

Not only will your baby thrive better, but you will be happier with him if you nurse him. If at first you have not enough milk to meet all his needs, keep up what supply you have. You can always supplement it for a while with bottle feedings. Ordinarily the baby is kept at one breast for each feeding; perhaps giving him both breasts will stimulate the flow of milk. Don't let him fall asleep while nursing, he may not get enough milk if he does. It

may be advisable to hold him against your shoulder in the middle of the feeding, to "bubble" him. (This allows any swallowed air to escape from the stomach and makes room for more milk.) "Bubbling" also gives him a rest for a moment and sends him back to work with revived appetite.

If you think your baby is not gaining as he should, and are worrying about his not getting enough milk, one way you can make sure is by weighing him. You weigh him just before he begins to nurse: then again when he is through. Be sure he has exactly the same clothes and blankets at each weighing and don't change his diapers. Subtract the "before" weight from the "after" weight and do this at each feeding for at least 24 hours, or better, 48. Your baby usually needs 2 or 3 ounces of milk per day for each pound he weighs. If this arithmetic seems too complicated, talk the matter over with your doctor or the nurse.

BOTTLE FEEDING IS ALWAYS A SUBSTITUTE

IF YOU CANNOT breast-feed your baby, it is more than ever necessary that you have the frequent advice of your doctor, for the feeding formula changes as the baby grows. It goes without saying that no alterations should be made in the milk mixture without the physician's permission.

It is not merely the baby-doctor's knowledge of the rules for working out the succession of formulas that makes constant medical supervision so essential for the bottle-fed baby. Cows' milk is less easily digested than mothers' milk so stomach upsets are more common. Your doctor may have to resort to other milk mixtures when the usual evaporated milk-sugar-water formulas seem not to be suited to your baby's needs.



"Bubble" your baby during his feeding if necessary and when he is finished. Pat him gently on the back to help him expel air.

Just as the breast-fed child does, the bottle baby should get from his feedings a sense of satisfaction and security. He can be cuddled in his mother's arms to feel her love and protection while he is taking the bottle. Also, he should be allowed to have something to say about the amount he will eat at each meal. Sometimes a worrying mother, seeing the bottle still quarter full when the baby's appetite has been satisfied, tries to force more milk through his unwilling lips. This attempt to coerce him into eating more than he wants tends to create, early in life, a resistance to all feeding and this conflict may plague mother-and-child relationships for years to come. This is one serious cause of friction between parent and infant that is avoided by a mother who nurses her baby.

The visiting nurse, on her first call after your return home from the hospital, will demonstrate for you the way to mix the formula, if your doctor has ordered one. Printed directions are useful as a reminder to check on later, but they cannot take the place of your doctor's knowledge of your baby's condition as it changes month-by-month, or your nurse's ability to make carrying out the doctor's orders seem easy.

SPOTLESS CLEANLINESS IS THE WATCHWORD

ALL THE BOTTLES and utensils needed for a day's feeding supply are first washed, then boiled for five minutes (by the clock, please!). While the dishes are boiling, you scrub your hands thoroughly.

Using a clean measuring glass the prescribed amount of cow's milk, sugar, and boiled water are measured out and mixed in the cooking vessel. Counting from the time the mixture comes to the

Needed for formula making: a large vessel (to boil the others in); measuring glass and funnel; double boiler; a large spoon, bottles and nipples.



boiling point, it is allowed to cook for *five* minutes (again, by the clock), being stirred constantly. While it is still hot, prescribed amounts of the mixture are poured into the day's supply of bottles. They are stoppered immediately and put away in the refrigerator to stay cold until needed.

Clean nipples are kept in a covered container. Each nipple should have a hole big enough to allow the milk to come through in quick drops but not in a steady stream. If the holes are too big, the milk is consumed before your baby's sucking instinct is satisfied. If they are too small, he may get tired and give up the feeding. Replace nipples in which the holes are too large with new ones. If the holes are too small, they may be enlarged by piercing them with a needle heated to redness.

When putting the nipple on the bottle, hold it by the rim, not by the part that goes in the baby's mouth. Warm each bottle just before feeding time and test the temperature by letting a few drops fall on your wrist. The milk should feel pleasantly warm but *not hot!* Hold the bottle while your baby nurses—and tip it to an angle so that the neck is always full of milk. Otherwise the baby will suck in a lot of air.

The amount of milk mixture the baby usually will drink will be settled by your doctor. But on some days the baby knows better than his mother, the nurse, or even the doctor about how much to eat for some particular meal. If the baby is gaining in weight steadily and satisfactorily, it is wiser not to argue with him if he decides that "enough is plenty." Babies like to eat, so it is probable—if he is well—that he'll take all he needs. It is the scales, however, which give you the reassurance in this matter.

MILK IS NOT ENOUGH

WHETHER you nurse your baby or he is bottle-fed, he will soon need more than milk. Most doctors start the baby on some cod-liver-oil preparation before the end of the first month—the time to begin and the amount depending on the baby's condition. Usually it is a matter of only 2 or 3 drops at first, increasing day by day until he may be given as much as a whole teaspoonful three



Tilt the bottle so the neck and nipple are always full of milk: otherwise a lot of air may be swallowed.

are increased day by day until the needed maximum is reached. If orange juice disagrees with your baby—it does with a very few—tomato juice or a vitamin C tablet (dissolved) may have to be given in its place.

Some babies seem to want water to drink: others have no desire for it. You can offer some to your baby, especially in hot weather, when he is awake between meals. It should be cool but not cold. If he refuses it, don't urge him to drink, but if he seems to like it, let him have as much as he wants. The water should have first been boiled, then stored in a clean bottle.

MEALTIMES SHOULD BE ENJOYABLE

IF YOU AND YOUR BABY are to enjoy his mealtimes—and you both should—have the room quiet and make him comfortable and dry. Try to arrange other household activities so as to interfere as little as possible with his meals.

By the time your baby has come home from the hospital, he will have become accustomed to eating at regular hours. Most babies seem to grow hungry at fairly regular, 4-hour intervals. That is why the usual feeding schedules are arranged on a 4-hour basis. But that does not mean that your baby necessarily must conform to the "standard" 6 a. m.—10 a. m.—2 p. m.—6 p. m. feedings.

times a day. Many babies come to dislike the cod liver oil and spit it out. If this happens, your doctor may change to some other fish oil or a substitute.

All bottle babies, and some who are breast-fed, need additional supplies of Vitamin C. Orange juice is the richest and usually is the source recommended. It is started in small amounts, diluted with water. The amounts

In the first place, his doctor may recognize conditions which suggest that your baby might do better on a 3-hour schedule. Or after a go at the 4-hour schedule this child of yours—with a mind of his own—may decide that he needs certain changes. If your baby wakes and cries from hunger at times other than those set in your schedule of feedings, don't challenge him to "cry it out." Instead ask your doctor's advice about changing the schedule for a while to suit "his majesty's" wishes. It may be that he really would benefit by a different feeding interval at certain times of the day.

The 2 a. m. feeding usually is given up within a month, though babies are not alike in this matter. So, too, your baby will decide, in his own good time, when he is to give up the 10 p. m. supper. Ordinarily, he need not be awakened for the last feeding after he is four or five months old.

THE BATH WILL BE FUN

BABY'S DAY begins, usually: Breakfast, 6:00 a. m. Bath, 9:30 a. m. The bath should be fun for the baby—and you. It will be if it's begun right, and that is why it is just good business to let the visiting nurse give that first bath when you are home and "on your own." Decidedly, there is a "know-how" to giving an enjoyable bath—one that is learned more readily by watching an experienced person, or by giving it under her supervision, than by attempting it alone after reading about it in a book.

While he is tiny, your baby needs a warm bath in a warm room. The bath water should be 95°. If you haven't a bath thermometer, the water should feel comfortably warm to your elbow. The nurse will have the temperature right and you can "teach" your elbow to gauge the warmth. Don't trust your hand, it isn't sensitive enough. The air of the room in which the bath is given should be between 70° and 80°. Tub baths may be begun as soon as the navel has healed.

Use only the softest washcloths and towels and a mild soap. While he is lying on a soft blanket, your baby's face and head are washed with the facecloth. Don't scrub! His skin is tender. Then

rinse off the soap and dry thoroughly by patting rather than rubbing. When his head is dry, your baby goes into the tub, held firmly as shown in the picture. He is soaped all over, then rinsed and lifted out onto a soft (warmed) towel. Again, dry by patting instead of rubbing. Be sure that all creases are thoroughly dried.

No special cleansing care needs to be given to the baby's eyes, ears, or mouth, unless your doctor finds some trouble that can be remedied by treatment at the bath time. In that case ask the visiting nurse to demonstrate the special care the doctor calls for. Have her show you how to cleanse the genital regions, too.

Your baby may become chafed despite careful bathing and drying. In that case, good quality "baby oil" may be applied to the creases in the skin with cotton pledgets. Wipe off the excess oil with dry cotton. If you use powder instead of oil, select an unscented *talcum* (never use zinc stearate) and sprinkle it on very sparingly. Be sure the skin is dry before the baby is powdered. Avoid stirring up clouds of powder to be breathed in by your baby and make sure the can is kept out of his reach.

HE SLEEPS OUT-OF-DOORS

AFTER YOUR BABY'S BATH comes the 10 o'clock nursing, say the schedules. After that, a nap out-of-doors, if the weather is favorable. New-born babies sleep most of the time except when they are being nursed or bathed. For your baby, please find a quiet place for him to sleep—outdoors as well as in. If he takes his midmorning nap in his carriage, place it on a sheltered porch and screen it securely to keep out insects. On nice days he may have this nap out-of-doors even when he is tiny.



Squeeze the cheeks gently to open the lips. Give cod liver oil before the morning bath.

Until he is six months old, your baby's morning and afternoon naps will last from two to three hours—if you are lucky! Babies differ a great deal in the length of time they sleep, for there are differences in their nervous systems, just as there are in adults. Your baby may need less than three-hour periods of sleep, and they will be shortened, naturally, as he grows older. Put your baby down for these naps and hope for the best, but do not be too concerned, if he fails to take full advantage of his opportunity to sleep.

Cold and dampness are not good for your young baby. Don't feel that he must be "hardened" that way. On chilly, blustery days he will be better off indoors in his well-ventilated sleeping room.

The afternoon nap can be followed by a play period. Encourage your baby to stretch and kick and—when he can—to roll. But do this long before it is time for him to settle down for his evening sleep. Just before bedtime, he should be quieted and soothed, rather than stimulated to renewed activity.

When bedtime comes, be sure your baby is dry and warm and the room cooled, then make the house as quiet as it can be made. If your baby is well, and well-fed, he will go off to sleep without artificial aids. Don't give him a pacifier to quiet him. Never give him medicine to put him to sleep. If he is fretful and restless there must be a cause. Find it and correct it. Beginning illness, under-feeding, uncomfortable clothes, wet diapers, too much excitement or noise—these are the usual reasons for restlessness.

Whether your baby sleeps in a silk-lined, be-ribboned bassinet or a large clothes-basket with handles will make not the slightest difference to him. His mattress can be a soft blanket folded several times and slipped in a pillow case. Waterproof sheeting to cover it, sheets, a cotton pad and *light weight* blankets are all that are needed. He does not want a pillow, though a folded soft cloth may go under his head. He'll quickly outgrow the bassinet or basket anyway, and then a crib will be needed. Be sure the side bars are close together so he can't get his head wedged between them.



When weather permits, your baby takes his naps in a sheltered spot, in his carriage.

BATHING IN SUNSHINE

YOUR BABY NEEDS, and will enjoy, a sunbath. Part of his rest period can be devoted to bathing in the sun—which means allowing the direct sunlight to fall on his uncovered skin. Cod liver oil is "bottled sunshine," but your child will do better if he manufactures some of his own Vitamin D in addition to the kind you buy in a bottle. He makes his own Vitamin D when the sun shines directly on him (but not when it comes through window glass). Your baby's sunbath must be taken out-of-doors or in his sleeping basket placed before an open window. He can take it safely, even in cool weather and while he is very young if you know how to give it, and take care to protect him from drafts. Use "sunlamps" as a substitute *only* with your doctor's permission and as directed by him.

The length of exposure to the sunlight is increased gradually. In warm weather the baby's whole body may be exposed for five minutes at first. In cool weather only his face and hands may be exposed for the same length of time. Then his sleeves are rolled up to sun his arms and the exposure is increased a few minutes. The legs are uncovered next and later the body. Of course you must use judgement in varying the sunbath according to the weather and you must have your doctor's go-ahead signal. He knows your

baby's condition, and may want to give you specific directions about the length or manner of exposure.

In cool weather the best hours for your baby's sunbathing are from 11 a. m. to 1 p. m. In hot weather the hours before 11 a. m. and after 3 p. m. will be better. In summer you may want to cover his head with a modish sunbonnet. In all weathers be sure that his eyes are protected from the direct rays of the sun—either by goggles or by shielding them with a hood of some kind.

HOW YOUR BABY GROWS

SOME MOTHERS think of their baby's growth only in the matter of pounds. They know that after the first few days loss in weight, he should begin to gain and their anxious eyes eagerly watch the scales. If a friend's baby gains faster than theirs, it becomes a cause for worry. Don't you be distressed so easily. Don't enter your child in such an infant fattening contest. Your baby should gain steadily—but at his *own* rate. Babies vary greatly in their rate of gain, and the rate slows down as the child grows older. *On the average*, babies weigh 7 pounds when they are born. Also, *on the average*, they gain almost 2 pounds a month for the first 3 months. But by the sixth month the rate of gain has dropped to about a pound a month. As a rule, the breast-fed baby gains more rapidly in the early months than one fed on the bottle.

What a healthy baby will weigh depends upon several factors over which the mother has no control: (1) the size of his parents (big parents usually have big children); (2) his own body-build (stocky babies weigh more than tall, slender ones); (3) the sex (boys usually are heavier than girls). Make it your concern to see that your baby stays well and is given the right amount of food so that he gains in weight month-by-month. Forget the other babies.

He grows in more ways than just putting on pounds. He grows in understanding by learning to see and hear and taste and feel. He grows in ability to move about.

At birth a baby sees very little: his eyes are not yet fully developed. By the time he is three months old, his eyes are finished and he begins more clearly to see shapes and colors. But even be-

fore that time his eyes follow moving objects and lights. At first, your baby sees your face blurred, though in a surprisingly few weeks he recognizes you as a familiar object—one who comforts him when he badly needs comfort.

Hearing is well developed in the newborn baby. Loud sounds frighten him, and his mother's soft voice soothes him. A tiny child tastes his food and, believe it or not, tastes vary even then.

Your baby grows in ability to move about. The newborn baby can raise his head for a moment when he is lying on his stomach—but not when he is on his back. When he is a month or so old he can hold his head in the air by raising his chest. He discovers that he can make cooing sounds and he spends much time in practice. At three months he begins to raise his head while lying on his back. He discovers he has hands. He recognizes you.

At four or five months he has ambitious ideas about sitting up. If you support his back he can manage it for a few minutes. He can turn over. By six months he not only sits up but he begins to crawl, and to reach for objects—with both hands.

Before nine months, he sits alone—and pulls himself back when he falls over. He reaches now with one hand. He recognizes several voices. He has two teeth.

At one year he will have learned to stand, with support. He plays with blocks or a ball. He holds his cup and spoon now. He understands when he's spoken to. He imitates sounds: he may even almost say "ma-ma." He has six teeth. He is no longer a baby.

This really is not a time-table of your baby's development. Once again, it is only *the averages* of all babies. If yours does not follow this schedule closely, do not become anxious—some normal babies develop more slowly, some faster.

Even the teeth do not always "run on schedule" in their appearance. But, on the average, they erupt at about the times shown in the diagram.

Teething is a natural process. As the teeth break through, the gums may be sore for a while and the baby may be fretful. But teething does not cause illness. Mothers often neglect signs of

sickness, thinking the trouble is due only to teething. If your baby has a fever or any other symptom of illness, call your doctor, whether or not your baby is teething. When his teeth are coming through, it may help your baby's gums if you give him a clean silver spoon handle or a ring to chew on. Whatever you use, be sure it is kept clean.

A HEALTHY BABY IS ACTIVE

YOUR BABY NEEDS to exercise his muscles—and he does so—during most of his waking hours. Don't restrict his arms and legs with tight clothing or heavy bedding. During his first month he cannot turn himself, so change his position in his bed for him from time to time. When he learns to turn and pull himself about, see that he has freedom to do his "setting-up exercises."

Give your baby a chance to kick and squirm when he has no clothes on. Before his bath and toward the end of his day let him indulge himself in gymnastics. Make sure that the room is warm and free of drafts, then spread a blanket on the floor of his playpen. Never leave him alone on a bed or any other place from which he can fall.



This is the order in which the teeth usually appear. Your baby may want something hard to chew on, keep it clean.

Play—gently at first—with the baby. Sing with him. (This advice goes for father too.) Don't play too long and don't make the games too exciting. But have fun—all three of you!

As soon as your baby sits up, a play-pen should be provided. In it he can amuse himself alone with his spools and blocks, his mother keeping one watchful eye on him as she goes about her work. If toys are tied to the play-pen rim, use short tapes: he may become dangerously entangled in long ones.

Your baby puts everything in his mouth. His toys should be kept reasonably clean—obviously, none should be small enough to swallow. Properly made toys are colored with harmless paint (not lead). Be sure yours are.

Your baby needs simple toys with which he can "do something." A cover that can be taken off and put on. A can or box that will go inside another. Blocks that "build." Avoid elaborate toys—even though the baby's father will enjoy them.

HABITS ARE EITHER GOOD OR BAD

YOU THINK: this helpless, tiny bit of humanity cannot have bad habits! He need not have them, *but he can!* Habits—lifelong habits—begin early, some during his first weeks.

Everybody, young or old, repeats the things that bring pleasure. Too, everybody shuns the things that give him no satisfaction. Your baby likes attention—especially *your* attention and *your* approval. If he does the things you want him to do and you ignore him, he finds no satisfaction in continuing to do them. If he does things you don't want him to do, and you shower him with very satisfying attentions—even a scolding—isn't he likely to repeat the unwanted act to gain more attention?

You don't have to be a psychologist to figure this out. If you praise him and show your affection when he takes his cod liver oil like a little man; if you give him the cold shoulder when he pours the milk from his silver cup over the play-pen wall; then the chances are he'll tend to behave as you want him to. It is not always as simple as that, let's admit it. But this is one way in which habits are formed—habits good or bad.

HIS APPETITE GROWS FAST

MILK, supplemented with cod liver oil and orange juice, and—sometimes—water usually satisfies the baby's needs for the first four or five months. Then the young man's appetite broadens. Unsweetened cereal, and pureed vegetables are usually the first new foods your doctor orders. Whatever food it is, be sure to give only small amounts—two or three teaspoonfuls—at first. Try them before the mid-morning feeding. Above all "go easy" at the introduction of *any* new food. Your baby may be suspicious of this "new-fangled stuff." It may take weeks before he learns to like it and to gobble it up.

Though most babies enjoy cereal, some turn against it more strongly with each offering. When a mother of such an infant attempts to force the child to swallow the unwanted food, he not only becomes all the more obstinate but may refuse his milk too. One physician suggests that, as cereal so often sets up a small rebellion, he begins with fruit—like applesauce or mashed banana. If you too have trouble with cereal, ask your doctor about trying fruit.

When your baby has learned to like cereal, give him a second serving with the evening meal, then cautiously add pureed vegetables at the noontime luncheon. Strained carrots, peas, and spinach are the most frequently used vegetables. Egg yolk, soft boiled, may then be added, first in small amounts.

Sometime, at about the end of his first year, your baby may suddenly come to be "choosy" about what he eats. At this stage, many mothers are impressed with the need of balanced meals. They know the baby should have his "growing foods" each day. So when her baby suddenly says, in effect, "I'll eat no vegetables today, thank you!" the scientific mother begins to worry about his nutrition. She attempts to high-pressure him into eating his



Vegetables should be strained through a colander or special sieve.



Offer new food in small amounts.
Don't try force if your baby refuses.

spinach and a battle of wills follows. If your baby refuses some food you think he needs, don't make an issue of it. Try something else, even though it means that some perfectly good vegetable must be thrown away. The omission of one food won't hurt him. He supplies his needs from a variety of dishes.

Early in his second year, easily digested meat such as lamb, beef, or chicken, scraped or ground, may be added. Simple desserts like custard, junket, or cornstarch puddings may then top off the noon meal. The well child, at the close of his second year has cereal twice a day, an egg, a colored vegetable and a potato—or rice—a pint or more of milk, and simple desserts of stewed fruit, plain cake, puddings, and occasionally ice cream.

Candies between meals destroy his appetite for the food his body really needs. Stimulating, highly-flavored beverages like ginger ale and cola drinks should not be given. Avoid greasy, or seasoned foods like sausage, and rich foods like pastries.

TIMETABLE (SUBJECT TO CHANGE)

REMEMBER, PLEASE, that no hard-and-fast-schedule suits all babies. These schedules are set down only because they may make it easier for you and your doctor to work out a program that fits your baby's needs and your household habits. If some modification of these "time tables" is necessary, it does not mean that your baby is in any way abnormal.

An acceptable routine is of great advantage in developing your baby's nervous system, but adhering to a schedule too firmly may work just the opposite effect. Your baby is an individual: he cannot be forced into a mold that doesn't fit him without some injury to him.

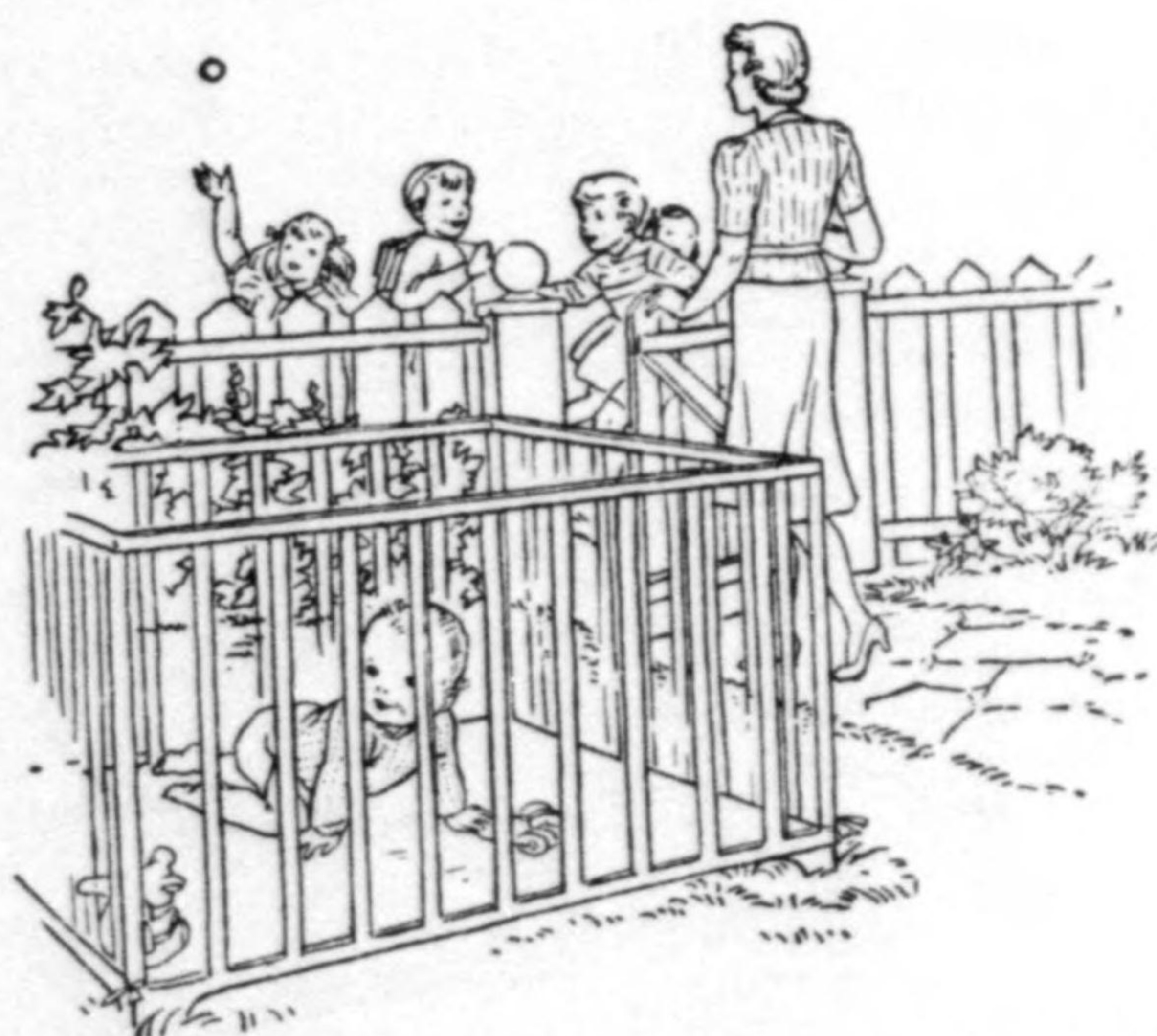
TIMETABLE (SUBJECT TO CHANGE)

	Before Six Months	After Six Months	At One Year
A. M.	6:00 Nursing and back to bed 9:15 Cod liver oil and fruit juice 9:30 Bath, then 10 o'clock nursing 10:15 Nap and sunbath	6:30 Nursing (or cup of milk) and back to bed 9:15 Cod liver oil and fruit juice 9:30 Bath 10:00 Breakfast 10:15 Nap and sunbath	7:00 Wash and dress 7:30 Breakfast, then play 9:15 Cod liver oil then bath 10:00 Nap and sunbath
P. M.	2:00 Nursing and second nap 5:00 Exercise and play (undressed) 5:30 Quiet, then nursing, then bed. 10:00 Nursing	2:00 Luncheon and second nap 5:00 Play period 5:30 Sponge bath (if needed) 6:00 Supper 6:30 Sleep	12:00 Dinner 12:30 Nap 3:30 Milk, then play 6:00 Supper 6:30 Sleep

At some time in this schedule comes the weaning from bottle or breast to cup. The time varies with the baby. Some infants tire of sucking before six months and *want* to drink. Others appear really to need to suck through the entire first year. Your baby's readiness to quit sucking should guide you in this matter. If he seems bored with the breast or his bottle, more and more of the milk may be put in his cup until he can go without one bottle or nursing. If at 9 or 10 months your baby still shows that he loves his bottle, wait—don't force the issue yet. If he should persist for 12, or even 15, months, the time will come when he'll be ready to give it up.



Your baby can be protected against diphtheria, smallpox, whooping cough. If you must cover the smallpox vaccination, use only loosely applied gauze, never a shield



Discourage school children from playing with your tiny baby. Don't let people who have been sick recently "mind" or cuddle him.

HABITS THAT SOME MOTHERS WORRY ABOUT

WEANING AND THUMB-SUCKING are often related. Tiny babies usually suck their thumbs because the milk comes too quickly from the bottle and their instinctive desire to suck is not satisfied. The solution here is to replace worn rubber nipples with new ones with smaller holes. More frequent feedings may be another answer. At a year old, or later, thumb-sucking is a suggestion that the child is bored, or tired, or frustrated. Efforts to break the habit by force often do not succeed, and then they make matters worse. Instead the baby should be made as happy and rested and contented as possible.

Babies learn by exploring. They explore everything, including their bodies. Sooner or later they discover their genitals. When a mother finds her baby handling his genitals, she will, if she is wise, know better ways than to attempt to restrain him forcibly or to punish him. Instead she will give him something else to play with: some spools on a string, or a can with a cover to be put on. When he is occupied in this way, he does not need his body as a

plaything. Like thumb-sucking, handling the genital organs sometimes is continued by older babies. Seeing that the baby is not left idle and bored, and giving him a mother's comfort will help change the direction of his interests.

Many babies—even the nicest—will play in their bowel movements if they get the chance. If your baby does, don't punish him. Instead, clean him immediately after his bowels have moved and, without making a great fuss, dispose of the stools. You may have to wash his hands a few times extra. This peculiar pastime seems "natural" with small babies but it soon is outgrown.

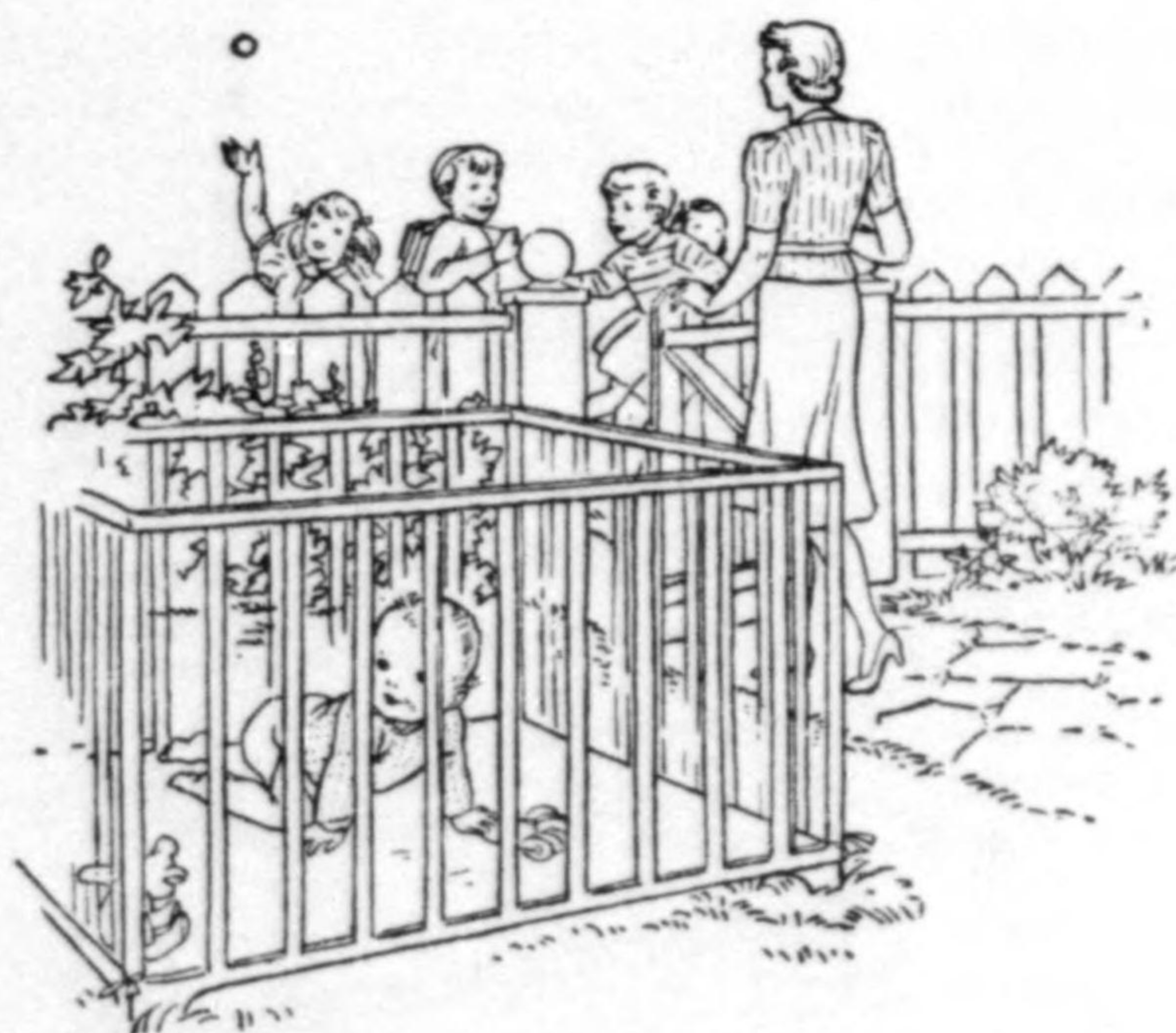
YOU SAFEGUARD HIS HEALTH

A GENERATION AGO, the commonest cause of illness was "summer complaint" or dysentery, or digestive disorders due to improper feeding. Time has changed that picture. Today, improved and safe milk supplies and a better understanding of infant nutrition have largely done away with diseases of this type. In their places we find respiratory diseases the most common source of trouble. Respiratory diseases are those that attack any part of the breathing apparatus—nose, throat or lungs.

Diphtheria, a generation ago, was the most dreaded of all children's diseases. Now no baby need ever have it. Smallpox, once a disease primarily of infants, has been almost wiped out. Whooping cough is now largely preventable through vaccination. For measles we have new methods of reducing the severity of the attack. Perhaps the new drugs—penicillin and the sulfa drugs—may prove useful against scarlet fever and septic sore throat. But for the rest of the infectious diseases you must rely chiefly on keeping your baby out of contact with sick children. This is your most urgent duty.*

Your baby should be immunized against diphtheria when he is between six months and a year old—the earlier the better, if he is well. The protective treatments cause little discomfort and give

*HOME CARE OF COMMUNICABLE DISEASES lists the infectious diseases of children, tells how long they take to develop, what the symptoms are like, and discusses care and prevention.



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almost certain protection. Two or three injections of diphtheria toxoid are usually given in infancy. Health authorities now urge a single, "booster," injection when the child is three, and another when he enters school.

After the immunization against diphtheria is over, your baby should be vaccinated against smallpox. In small children there is very little reaction. Your baby may be feverish for a day or two but his discomfort will be slight—a low price to pay for protection against smallpox. Remember to keep the site of the vaccination dry and clean. Do *not* cover it with a shield—it keeps the vaccination moist and may lead to infection. If you feel you must give it some protection a square of sterile gauze held loosely in place with adhesive can be used, but no covering at all is better for a baby too tiny to scratch.

Whooping cough vaccine is sometimes combined with diphtheria toxoid, or it may be given separately—but see that it is given early. Whooping cough is a dangerous disease for babies. If your baby isn't vaccinated in time to prevent infection—it takes some time for immunity to develop after the vaccination—it may still help to make the attack lighter. Don't wait until he is exposed—then vaccination is too late to help.



When you have a cold, wear a mask, and scrub your hands well before you feed him.



Thumb sucking isn't the dangerous habit it was thought to be. The happy, occupied child will soon stop. Don't use force.

With tiny babies, or those run down by other illnesses, measles may be a dangerous infection. If your baby is exposed to this disease the doctor may want to protect him partially with one of the new blood "derivatives."

During the seasons when colds are common, or when influenza is epidemic, keep your baby, as much as you can, away from school children and from all youngsters, or adults, with the snuffles. Don't allow people who have recently been sick to "mind" or handle your baby. Don't you, yourself, kiss your baby on the lips and don't let others do it. This may injure some feelings, but it is better to have a "snippy" acquaintance than a sick baby.

Colds go especially hard with babies. Colds may leave in their wake such dangerous infections as mastoiditis or pneumonia. Be particularly watchful of "croup": it may be diphtheria, if your baby's immunization has not yet had time to be completed.

Be alert for all the signs of illness. Have the visiting nurse demonstrate the method of taking rectal temperatures. Learn to take and read the temperature while your baby is well. Then watch for these: failure to gain in weight; vomiting; restlessness or listlessness; rash; runny nose; crying due to pain (it doesn't stop when the baby is comforted and comfortably dry); hoarseness; or convulsions. Stools that suddenly become too loose or

too frequent are another sign not to be ignored. Normal stools are soft but formed and as a rule the baby has two or three movements each day—though some healthy babies have only one every other day. If your baby has diarrhea, give only boiled (and cooled) water until your doctor can call.

Colic—indicated by a shrill cry and legs drawn up—is often due to swallowed air or indigestion from too rapid nursing. Prevent it by “bubbling” your baby when he’s feeding. The distress may often be relieved by gently massaging his abdomen or by placing him on his stomach. Heat may help but hot water bottles must be applied with great caution. The surface of the uncovered bottle should not feel hot when pressed against your own skin, then the bottle should be covered with soft flannel.

Constipation occurs most frequently when babies get too little fruit juice. If your baby is constipated, tell your doctor so he can regulate the youngster’s diet. Don’t you give laxatives—except as your doctor orders them.

If your baby has any of the signs of illness we have discussed, call your doctor for advice. Don’t give some “harmless” home remedy, while waiting to see if the illness passes off. Early medical attention to any illness is the kind that does the most good.

HE BEGINS TO GROW UP

SOME MOTHERS make a great to-do about toilet training. In the first half of the first year bowel movements are automatic. Mothers learn that they occur at given times of the day. If the baby is held over a chamber at that time, the movement will be caught, but it is the mother who is trained, not the baby. In the second half of the first year the baby gains some control over his bowels. Now, if his mother will quietly, and without fuss, put him on his toilet seat he may learn to use it. But the time he will learn *varies with each individual baby*.

Success in toilet training often depends on the way the mother goes about it in the baby’s second year. If she punishes him severely for “accidents,” if she makes going to the toilet an unpleasant ordeal, she may create conflicts difficult to heal. With



Encourage your baby to be self-reliant. Remove dangers then let him be on his own.

your baby, use patience rather than force. Be slow to punish. Don’t use suppositories, if your baby seems to resist your best efforts. Instead talk the problem over with your doctor or the nurse.

In his second year, your baby learns to control his bladder during the day time. He learns this by being put on the toilet—every hour if necessary. He likes to be dry and comfortable, so he soon learns to let you know when he wants to urinate. Later, he learns to stay dry at night by being *awakened* at intervals, which are lengthened slowly until he can control his bladder all night.

Crying and temper tantrums—to gain attention—may become a bad habit. If your baby knows you’ll first make sure that he is not sick, or hurt, or uncomfortable, or hungry, and in that case you’ll let him yell it out, he’ll try other ways to gain your regard.

Sturdy independence can be fostered from the time your baby first begins to crawl about. Make sure that stairs are guarded, that no objects are lying about that can hurt him, then let him “work out his own salvation.” Don’t make too much fuss over him at every little bump.

So, we end this booklet as we began. More than you may think, the kind of care you give your baby, day-by-day, will make or mar the man he will grow to be.

LIFE CONSERVATION SERVICE
OF THE

John Hancock
MUTUAL

LIFE INSURANCE COMPANY
OF BOSTON, MASSACHUSETTS

IMPORTANT MESSAGE TO PARENTS

LOOK YOUR CHILDREN OVER EVERY MORNING

before sending them to school to see if they show any symptoms of contagious disease.

LOOK FOR THESE THINGS:

Red and running eyes
Running nose
Coughing and sneezing
Severe pain
Dizziness or faintness
Swelling about the neck
Sore throat
Unusual paleness
Earache or running ears
Feverish appearance (if possible take temperature with clinical thermometer)
Rash
Stomach sickness, vomiting or diarrhea
Tiredness, crossness, or other change in child's usual behavior

IF YOUR CHILDREN SHOW ANY OF THE ABOVE SYMPTOMS, do these things:

1. Keep them at home from school
2. Keep them quiet and by themselves
3. If not better promptly, consult your doctor or if unable to pay for medical service, go to a public clinic.

REMEMBER IT IS ALWAYS SAFEST TO NOTIFY A DOCTOR EARLY when your child is sick.

THE CHILD HYGIENE COUNCIL
PUBLIC HEALTH FEDERATION

Health Division of the Community Chest
312 West Ninth Street, Cincinnati 2, Ohio

September, 1944

In cooperation with the Departments of Health of Cincinnati and Hamilton County and the Academy of Medicine

HANG THIS ON THE WALL

ALB-2

**THE EMERGENCY
MATERNITY AND
INFANT CARE
PROGRAM**



★ *for wives and babies
of servicemen and of men recently
discharged from the armed forces*

THE EMERGENCY MATERNITY AND INFANT CARE PROGRAM



What is it?

The Emergency Maternity and Infant Care Program provides medical, nursing, and hospital services for the wives and babies of men in the four lowest pay grades of the armed forces and of aviation cadets—without cost to the men or their wives.

The program is a wartime service. The date of its termination will be decided by Congress. New applications will be accepted until that date and all care to which such applicants are entitled will be completed.

These services are available for the wife and the baby of a man who has been promoted or who recently has received an honorable discharge, provided that he was in one of the four lowest pay grades at any time during the wife's pregnancy or the baby's first year of life. The wife must have become pregnant before the date on his discharge certificate.

Wives and babies are entitled to this care as a right, wherever it can be made available, regardless of family income, race, or length of residence. Application must be made for this care.

The purpose of this program is to make sure that the wives of these men receive maternity care and that their babies receive medical and hospital care as needed until their first birthday, and to relieve these

servicemen of worry about how the cost is to be met.

Each year Congress appropriates funds to be used by State health departments to pay for these services provided by physicians, nurses, and hospitals meeting standards set by each State health department and agreeing to accept the rates of payment established. Physicians, nurses, and hospitals are free to choose whether they wish to participate in this program.

The wife receives no money. State health departments pay physicians, nurses, and hospitals directly for their services. Additional payments may *not* be made by or on behalf of the wife. An enlisted man or his family may not pay for one part of the care, such as the physician's bill and the health department for the remainder.

More expensive hospital accommodations than those provided for under the program may *not* be obtained by paying the difference in cost.

What does it provide?

In general the services provided under this program are:

For wives.—Maternity care (medical, nursing, and hospital) throughout pregnancy, at childbirth, and for 6 weeks thereafter. This includes treatment of any complications and care of the baby for 2 weeks after birth.

For babies under 1 year of age.—Medical, nursing, and hospital care for sick babies. Immunization against smallpox, diphtheria, and whooping cough, and other aspects of health supervision, are available as arranged for by health departments.

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Services under the Emergency Maternity and Infant Care Program may be authorized if similar services are not readily available through the Army or Navy or through State or local health departments.

To safeguard the health of mothers and babies the program includes certain standards that hospitals must meet and certain qualifications that physicians and nurses must have.

Wives and babies accepted for care are referred to local health agencies for the public-health-nursing services that can be made available in the community.

State and local health departments will, as far as possible, make available to families other health services in the community, such as child-health conferences for the health supervision of babies and preschool children. Families will be helped to make use of the services of social agencies as needed and as available in the community.

Who may receive care?

A wife is eligible for care: If at any time during her pregnancy her husband is or was in any one of the four lowest pay grades of the armed forces (the seventh, sixth, fifth, or fourth) or is or was an Army or Navy aviation cadet.

A baby is eligible for care until his first birthday: If his father is or was in one of the eligible pay grades at any time during the mother's pregnancy or during the baby's first year of life.

An application for care for a wife or a baby can be made even though the serviceman has been promoted, is missing in action, is dead, or has been honorably discharged. No application can be approved after a serviceman has been dishonorably discharged.

Care for the wife or baby can be given through State health departments and before is available only in continental States, Alaska, Hawaii, and Puerto Rico.

When the wife or baby is accepted for this care is continued for the mother pregnancy and for 6 weeks after delivery for the baby until his first birthday, less of any change in the serviceman's pay or rating.

As soon as a man is inducted into service and is placed on active duty, becomes eligible for maternity care for a baby of his under 1 year of age and eligible for care under the Emergency Maternity and Infant Care Program.

A baby under 1 year of age whose father is not married may receive needed medical and hospital care if paternity is acknowledged in writing by the serviceman.

Ranks in the four lowest pay grades as of January 1947 are given on reverse.

How is application made?

Application blanks for the program may be obtained from State and local health departments. Usually, blanks also may be obtained from physicians, public-health clinics, hospitals, local welfare departments, and Red Cross chapters.

When applying for:

Maternity care.—Application should be made by the wife and sent to the State health department as soon as she knows she is pregnant in order that she may get the benefit of complete maternity care.

Infant care.—A baby born under the program is eligible for care until his first birthday. Each time the baby is sick, however, a form requesting care should be submitted.

Under the Emergency Maternity and Infant Care Program may be authorized where medical services are not readily available through the Army or Navy or through State health departments.

To protect the health of mothers and children, the program includes certain standards which participating health agencies must meet and certain qualifications which participating physicians and nurses must have.

Infants accepted for care are referred to local health agencies for the public health services that can be made available in the community.

Local health departments will, as far as possible, make available to families the services in the community, such as health conferences for the health of babies and preschool children. They will be helped to make use of the services of social agencies as needed and as far as possible in the community.

Who can receive care?

Eligible for care: If at any time during pregnancy her husband is or was in one of the four lowest pay grades of the Army or Navy or was an Army or Navy aviation cadet.

Eligible for care until his first birthday: If his father is or was in one of the four lowest pay grades at any time during the pregnancy or during the baby's first year of life.

Eligible for care for a wife or a baby: If the serviceman has been killed in action, is missing in action, is dead, or has been honorably discharged. No application for care is approved after a serviceman has been honorably discharged.

Care for the wife or baby can be given only through State health departments and therefore is available only in continental United States, Alaska, Hawaii, and Puerto Rico.

When the wife or baby is accepted for care, this care is continued for the mother during pregnancy and for 6 weeks after delivery, and for the baby until his first birthday, regardless of any change in the serviceman's rank or rating.

As soon as a man is inducted into military service and is placed on active duty, his wife becomes eligible for maternity care and any baby of his under 1 year of age becomes eligible for care under the Emergency Maternity and Infant Care Program.

A baby under 1 year of age whose parents are not married may receive needed medical and hospital care if paternity is acknowledged in writing by the serviceman.

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More information about the Emergency Maternity and Infant Care Program can be obtained from the State health department.

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Ranks and ratings of enlisted men whose wives and infants are eligible for care under the Emergency Maternity and Infant Care Program (as of January 1947).

★ ARMY

Aviation cadet	Corporal
Private	Technician, 4th grade
Private, 1c	
Technician, 5th grade	Sergeant, 4th grade

★ MARINE CORPS

Private
Private, 1c
Corporal
Sergeant

★ NAVY AND COAST GUARD

All third class ratings	Fireman, 2c, 1c
Aviation cadet	Hospital apprentice, 2c, 1c
Apprentice seaman	Seaman, 2c, 1c
Bugler, 2c, 1c	Steward's mate, 2c, 1c
Coxswain	

Key facts about

THE EMERGENCY MATERNITY AND INFANT CARE PROGRAM

- ★ It is for wives and infants of men in the four lowest pay grades of the armed forces and of aviation cadets, regardless of family income, race, or length of residence.
- ★ It provides medical, nursing, and hospital services—not cash payments—to the wife.
- ★ It provides services without cost to the men, their wives, or families.
- ★ It operates in every State, the District of Columbia, Alaska, Hawaii, and Puerto Rico.
- ★ It is administered by the State health departments under plans approved by the Children's Bureau.
- ★ It depends for its success in each State on the cooperation of physicians, hospitals, nurses, clinics, and public-health agencies.
- ★ It has provided care for almost 1,150,000 mothers and about 180,000 babies during the 3½ years since it was established.
- ★ It will end on a date to be set by Congress. New applications will be accepted until that date and all care to which such applicants are entitled will be completed. (Up to January 1947 Congress had not set the date of termination of the program.)

FEDERAL SECURITY AGENCY
Social Security Administration
U. S. CHILDREN'S BUREAU FOLDER 29
Revised January 1947

U. S. GOVERNMENT PRINTING OFFICE 16-46288-2

For sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.—Price, 5 cents.

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Education for Responsible Parenthood in Mississippi

by

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THE AMERICAN SOCIAL HYGIENE
ASSOCIATION *Incorporated*

1790 Broadway

New York 19, N. Y.

Pub. No. A-667

10 cents

Reprinted from the
JOURNAL OF SOCIAL HYGIENE, Vol. 32, No. 7, October, 1946
Copyright, 1946
The American Social Hygiene Association, Inc.
1790 Broadway, New York 19, N. Y.

EDUCATION FOR RESPONSIBLE PARENTHOOD IN MISSISSIPPI

A STATE PROGRAM TO TRAIN CHILDREN AND YOUNG PEOPLE FOR
EMOTIONAL AND SOCIAL MATURITY, AS BEING CARRIED OUT BY
THE MISSISSIPPI SOCIAL HYGIENE ASSOCIATION

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Senior Assistant Surgeon, United States Public Health Service
Mental Hygiene Division

EDITOR'S NOTE: Readers of the JOURNAL OF SOCIAL HYGIENE will recall Dr. Hollister's previous article on YOUTH-BUILDING IN JACKSON, MISSISSIPPI, published in the May, 1945, issue. The present article shows the state-wide application of some of the same principles and methods discussed in the former article, together with a broadening of scope and objectives which promises to have a definite influence on family and community life, not only within the State of Mississippi, but wherever Mississippians may go. For further information concerning this program and the materials used in it, please address SAMUEL T. ROBBINS, EXECUTIVE SECRETARY, MISSISSIPPI SOCIAL HYGIENE ASSOCIATION, JACKSON, MISSISSIPPI.

When wartime delinquency began to be recognized as springing largely from parental neglect, rather than from any innate character-lack of youth themselves, Mississippi became aroused, and sought a remedy. Out of this grew a state-wide program for *Education for Responsible Parenthood*, which has been accepted and widely taken up by Mississippi parents, not only because it provides a better chance for them to fulfill their ideals of home-building, but because it seems to meet a deep-seated and long-felt need.

Serious minded adults had long realized that the pressures and temptations of modern-day living require a high level of maturity in youth, if they are to make wise decisions and choices. These parents realized, too, that responsible parenthood implies not only the development of the physical and mental maturity of the child, but includes as well the guidance of youth on toward emotional, social and spiritual maturity.

No armchair philosopher "dreamed up" this program. It arose out of the needs felt by parents themselves—needs experienced by youth workers, teachers and church leaders. A rising tide of insistent demand led the Mississippi State Board of Health and the State Department of Education to call together, in April, 1944, a representative group of parents, health, welfare, education, church, and group-work leaders to discuss these needs and explore possibilities of meeting the problem of better youth guidance in the home. This

first conference, planned as a half-day event, blossomed into an inspired meeting of minds that lasted for two full days, and at that was recognized as only a beginning. Out of the concern for youths' problems came demands for character education, parenthood courses, teaching of continence, mental and social hygiene, and other related programs to improve human behavior. Some wanted sex education, others rejected the term, and called for less biology and more information on controlling emotions and on social adjustment. One youth leader stated, "The roots of good behavior go beyond the fear of venereal disease. We want to teach our youth some positive, constructive reasons for better behavior." A teacher added, "We've got to go beyond just telling children to be good. We must give them some solid information about the social and emotional problems they will meet. Ideals must be supplemented with good social information and built-in emotional stability." In defense of the home, one mother remarked, "We're supposed to guide our children's behavior and make adults out of them, but nobody has ever told us how to do it. Not until our schools begin to teach us how to be parents will we be able to do the job we want to do."

Out of the demands and ideas expressed in this conference rose plans to build a program whose purpose would be to "help parents guide their children to a state of emotional and social maturity that will better prepare them for the vital adjustments of courtship, marriage, and parenthood." The statement of purpose evolved ended with this dedication:

"We sincerely hope that the information this program provides, coupled with the traditionally high ideals of our Mississippi people, will enable more parents to build stronger homes, deeper family life, and a sound, high-minded youth for the future of Mississippi."

The original conference immediately visualized two main fields of endeavor. First, a short-range program to provide information of the above character to the grown youth and parents of today; second, a long-range program to build into the school curriculum those materials that would produce a more mature school graduate, better prepared for adult and parental responsibility. It was foreseen that a program of education among the parents of today would prepare the way for insertion of such teaching into the schools by developing community understanding and desire for pre-parenthood education in the schools. It was felt that when every school child came to receive this training for life as a part of his schooling, a general improvement in parenthood responsibility would take place in the population.

The original conference and the committee meetings that followed also laid down some important limitations and directions that have proven themselves valuable:

A. The approach to building mature behavior must be on a broad basis. The present overemphasis on biological facts must give way to overall instruction on the mental, emotional, social, physical, and spiritual backgrounds for well-adjusted conduct.

B. Because of the wide-spread public misunderstanding of the term "sex education," it was suggested that this term not be associated with the program.

C. It was determined that discussion of birth control, marriage techniques and undue emphasis on the horrors of venereal disease had *no* place in the program.

D. The serious and broad implications of the relationships between men and women led to the decision never again to be guilty of "one night stands" on the "facts of life." It was felt that "sex lectures" produced an incomplete, distorted picture of adult living, and that human relationships education merited the time and effort of the more lengthy study-group process.

Last, but not least, the conference members set forth the requirement that the materials developed for this program be cast in simple, direct non-technical language so that the materials would be useful and meaningful to the average Mississippi family. Those developing the materials were indirectly charged with the responsibility of simplifying technical resource literature, with a minimum of distortion, selecting the practical principles out of detailed discussions, and expressing these findings in everyday language. As one committee member remarked, "Of what good will all this high-termed wisdom be, buried in books of psychiatry and sociology, unless it can be put into action in the average American home."

I.

THE SHORT RANGE PROGRAM

With these principles as foundation, various interested committees set to work to prepare materials and develop techniques of presentation. The committee on the "short range program," charged with the responsibility of developing study-group courses for youth groups and for parents' groups, ran immediately into the problem of "Who will lead these study groups?" It was recognized that the leadership of study-groups in communities scattered over a large state would soon involve the full-time services of several persons. Unfortunately such service was not possible for members of the limited staffs of the State Departments of Education and Health. Since no funds were available to employ additional staff to serve as discussion leaders, the committee decided to turn to local leadership. This decision, made from necessity, has so directed the program into practical lines that much of its success to date rests here. Again, there was the practical angle, "If we can't simplify our message down to the point where the intelligent people in our communities can repeat it, we have no hope of having it understood in the average Mississippi home. This is not a psychiatric guidance program requiring a crew of medically trained personnel to rove the state. This must be a common sense collection of facts and ideas on which to build better home life and parenthood."

Once committed to the decision to use local leadership, the short range committee set out to find such leadership and to organize a training plan. The committee soon found out that welfare workers, church leaders, teachers, group workers, nurses, or parents were ready and eager to help in their own communities. In fact, as these individuals have come in for training it has been surprising to learn how many of them had already tried to do something in this field and were hungry for training and materials. Promotion of the program through local groups, and asking for selection of local "discussion leaders" on the basis of 1. maturity, 2. willingness to study and read, and, 3. willingness to serve, has ensured the appearance for training of a high caliber of discussion leaders. Through the invaluable support of the State departments of Health, Welfare, and Education, as well as of the State Young Women's Christian Association, Young Men's Christian Association, Parent Teacher Associations and other civic groups, many local leaders of good standing have been trained.

To train the discussion leaders, the committee called together a "training course faculty" consisting of a psychiatrist, a psychiatric social worker, a medical social worker, two maternal and child health medical consultants, four school educators, two health educators and some professional group work leaders. These persons were asked to contribute materials to the program and to participate in the development of a training course set up at a lay level. Realizing that new methods and gradations of material had to be developed, the committee launched a series of trial institutes to permit the faculty to complete techniques of training lay leaders. In the first four-day trial course the student body was packed with professional health and education personnel who were requested to criticize closely the information given and the procedure used. Along with them sat some "guinea-pig" lay leaders to act as a test group. Each session was followed by suggestions from the students and at the end of the course, the test group of lay leaders were asked to repeat certain sections of the material presented as they would plan to present it to youth or parents back home. To the pleasant surprise of the critics it was found that the materials were well understood and aptly applied to local group discussion situations. The committee of critics appointed to summarize the results turned in the verdict, "This course fully demonstrated that lay people can be taught adequately to present 'responsible parenthood' materials."

Two more trial courses, one with health educators, and another with home economics teachers, were held to test the materials and perfect the presentation. As a result of this procedure in developing and modifying the course, a *Training Course for Discussion Leaders in Education for Responsible Parenthood* has been developed. This three day course, with a faculty of ten, is now conducted semi-annually in Jackson, Mississippi. By July 1946, 104 local leaders had graduated from its five sessions and had conducted over sixty-eight known study groups. Twenty-two of these trainees were out-

of-State people who visited the course to carry materials back to their homes, ranging from Manitoba, Canada, to Puerto Rico.

The training course presents methods of conducting two types of discussion groups: 1. an outline for adult discussion on *Responsible Parenthood*, and 2. an outline for a discussion group with youth which is designated as *Growing Up* or *Becoming an Adult*. The course, limited to groups not larger than thirty, begins with a discussion of the history and principles of the program, which is followed by a discussion of community approach techniques and a model talk which can be used to sell the program to a local group. After this, the trainees receive background materials in the field of *Emotional Growth*, *Parenthood Facts* and *Social Adjustment of Youth* which prepare them to present the three main components of each discussion group.

1. *How We Grow Up Emotionally.*
2. *Understanding Parenthood Facts*
(the biological facts in social interpretation).
3. *Social Growth in Adolescence.*

The course then resolves into a series of clinics in which the trainee discussion leaders learn to articulate the facts and to gain experience in using the information they have received. A "round robin" of practice in answering *Children's Sex Questions* soon desensitizes the group and almost inevitably leads to free discussion on answering the problem questions taken from a list of questions actually asked by adolescents. Thus, the course turns into an informal clinic, with the students formulating answers keyed either for youth or adapted for parental understanding, under the guidance of the faculty. It is this verbalization, participation, and practice in meeting actual situations that best serves to build the inner security and poise needed by the future discussion leaders.

The clinics are followed by discussion of techniques of presenting both the youth and the adult course. The training course closes with practice sessions duplicating various aspects (parts) of the leadership procedures and the discussion leaders go home advised to do certain supplementary reading. They are also admonished not to be exploited as one-time speakers but to reserve themselves for conduct of study-groups with those seriously interested. They are expected and prepared to make a report to their sponsoring group and to ask that their sponsoring group or committee continue to guide and support them, as well as promote the organization of a study-group. This adroitly avoids necessity for the "discussion leader" having to promote himself or herself and places him or her in the position of a resource person to any local group that organizes a study-group. Leaders are warned not to set themselves up as lecturers or personal counselors, but only as discussion leaders for groups willing to *discuss*, *read*, and *attend* every session 100 per cent. Trainees in the same area are urged to team up and help one another, and a list of traveling personnel of the State departments of Health, Welfare, and Education, who are trained and will

help for a session or two, is given each one. In addition to this mutual help, the library of the State Board of Health stands ready to ship them, without expense, a small library for discussion group use, as well as a generous supply of Kits containing course outlines and pertinent readings to be placed in the hands of each member of the discussion group. With this literature, this help from a state level, and this training, the average discussion leader is sufficiently buttressed and prepared to conduct a discussion group in the local setting.

II.

THE "LONG RANGE" PROGRAM

The long range program to include *Education for Responsible Parenthood* in the schools of necessity has matured more slowly. The committee on this program visualized the need for both pre-service and in-service training of teachers. It was realized that the teachers' training colleges could not begin to prepare pre-service teachers to insert mental and emotional hygiene materials and parenthood information into their schools before their future communities were prepared to accept and desire such teaching. It was hoped that the indirect promotion of the program, through its "short range" aspect, would result in local parent-teacher associations and other groups calling the attention of their school boards to the program. This, in fact, has occurred in several Mississippi city school systems and resulted in approaches by these school systems and requests for in-service training or lectures for their faculties.

Another avenue of approach developed, however, and soon proved to be the main channel of effort. In the summer of 1945, the coordinated School Health Service of the State departments of Health and Education conducted a series of school health workshops for teachers through the administrative channels of the graduate schools of the State College and State University. Several members of the volunteer leadership group carrying on the "short range" program, were invited to present *Education for Responsible Parenthood* materials at these workshops and the teacher students in the workshops were given freedom of choice to study the health problems that most concerned them. When the material on the social, mental and emotional health of children was introduced in the workshops, over one-third of students declared this field to contain their major health-related teaching problems. So many teachers seized their workshop opportunity in this field that the consultant personnel and literature resources available were overwhelmed and became inadequate to meet the great interest that was manifest. Learning from this experience that teachers were concerned and needed a high level of guidance, competent not only in the technical aspects of the information but also versed in school administration and pedagogical technique, plans were laid to expand the library resources and to call in national consultants, with school experience, to guide this aspect of the program.

The call issued to the United States Public Health Service, the United States Office of Education, the American Social Hygiene Association, and other national and state organizations, in related fields, resulted in contributions of literature, working plans of other programs and, best of all, personal visits by consultants. Visits to the state by Dr. Eva F. Dodge, Dr. Lester A. Kirkendall, Dr. Mabel G. Leshner and others helped the local educators and health personnel to formulate a more specific outline of the long range program for the school. As the result of this broader foundation and this technical assistance, during the Spring of 1946 in-service training courses were held for both the elementary and the secondary teachers in the school systems of two of Mississippi's major cities. Besides emotional, mental and social hygiene background materials and considerable time devoted to outlining and evaluating the problems of growing up, as seen from youth's own viewpoint, the teachers were made acquainted with the philosophy of integrating these materials into every established course in school, as preferable to erecting new courses. The teaching of professional conduct in commercial courses, economic responsibilities in mathematics, the standards of mature conduct in literature, and the legal and social responsibilities of adulthood and parenthood and in civics and history was suggested. The secondary schools were urged further to capitalize on the obvious opportunities to study family life and parenthood facts in courses on biology, home economics, and health and physical education. The possibilities of the elementary school in developing wholesome attitudes, forming good habits, and providing basic information on social adjustment were portrayed through demonstration of the way play-life dramas, study units on desirable personality and social traits, home-centered art and reading projects, and other devices can be used in personality building. In substance, the school faculties were shown that many of the existing units in their present curriculum can be converted into vital components of a school-wide plan of building toward maturity of personality, if each teacher will instill a new philosophy into her presentation and interpretation, and add a new emphasis. By recasting the present curricular units in the light of their effect on emotional and social growth, the public school education program can go beyond merely training the mind, and into the realm of preparing the child for a fuller and more significant living experience.

These in-service courses for teachers were followed up by personal interviews with each teacher. The practical possibilities of integrating materials into the particular class room were discussed. The text books now in use, the teaching load, the age and major interests of the students, as well as the personality assets of the teacher were evaluated. As a result of the data collected in these interviews, actual plans for integration are being written and prepared for each teacher, specifically to fit her problems, her text books, her particular course. Out of this process is growing a library of practical adaptations to actual schoolrooms which will be an invaluable resource as the program moves on to other schools. The prepa-

ration of some of this integration material has now become the project of the second summer health workshops of the State University which this year are more thoroughly supplied with literature resources and are directed by a full time educator. Plans already in process call for extension of in-service training, into several other school systems and the start of pre-service training of teachers in a demonstration school of a teachers college.

III.

THE FUTURE

Mississippi's *Education for Responsible Parenthood* plan has grown so rapidly in its two years of life that it has outstripped the capacity of its volunteer leadership to conduct it. As result of this growth and the need for educationally trained leadership to administer the long-range aspect, the need for a full-time staff has been recognized. Since legislative funds were not available to official State Departments for such a program, it became necessary to seek voluntary support. With the excellent help of the American Social Hygiene Association, plans were laid to reconvene and reorganize the Mississippi Social Hygiene Association for the major purpose of carrying forward this program with a full-time paid staff. Through a series of community institutes, organizational meetings and a climactic statewide conference, called by the governor, the leadership of the State has been rallied to establish a permanent program. Health Education, Welfare, Churches, Parent Teacher Associations, Young Women's Christian Association, Young Men's Christian Association, and other church and civic groups have joined hands to constitute the revitalized Mississippi Social Hygiene Association, and to inaugurate a campaign to finance the organization and to employ a full-time educator.

Thus, a need latent in every Mississippi home has become an activated cause. Through the medium of community study groups and revitalized school curricula, more and more Mississippi youth and parents can really come to know how to build the emotional and social maturity so fundamental to responsible parenthood and successful family life.

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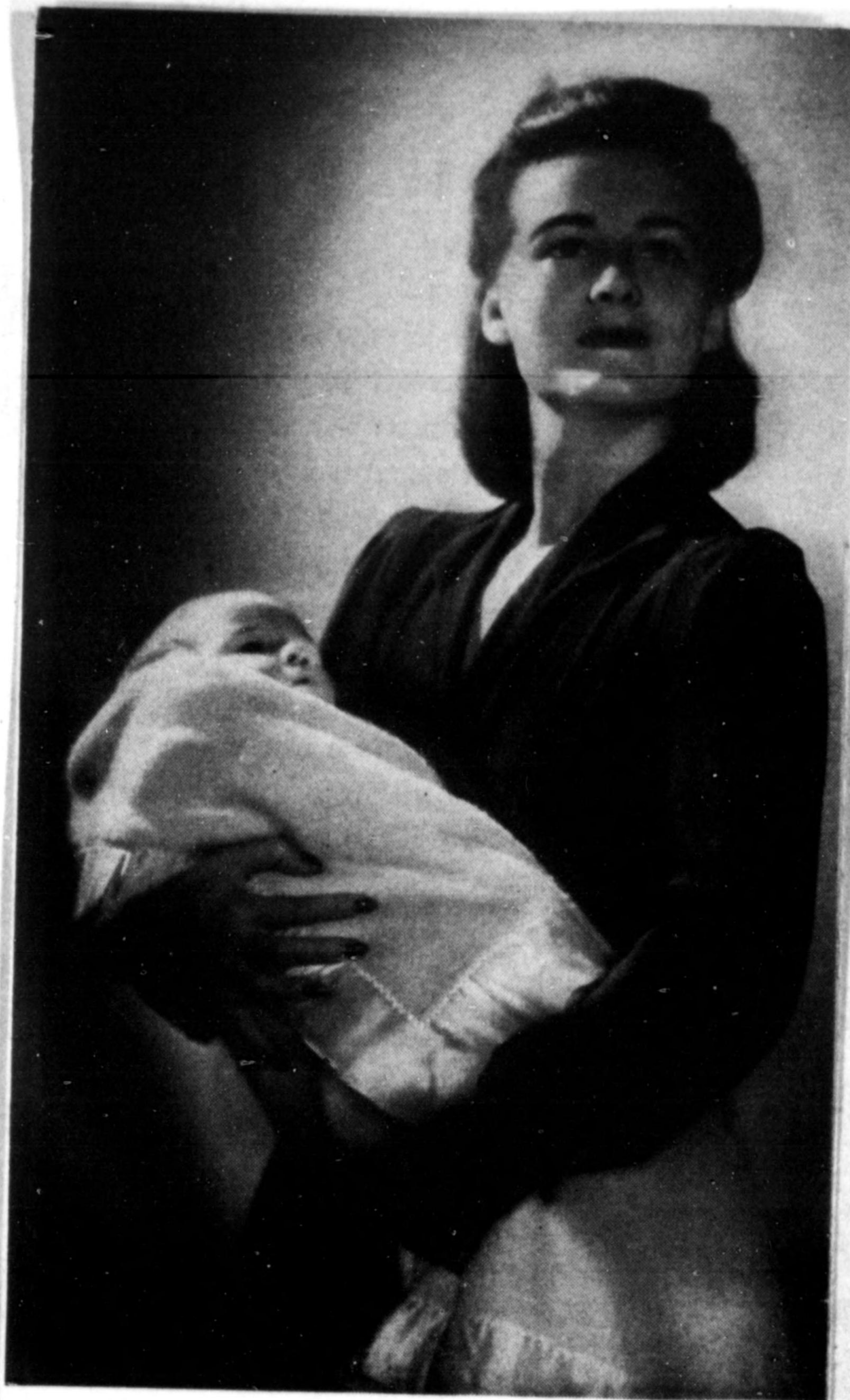
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For further information address

THE AMERICAN SOCIAL HYGIENE ASSOCIATION
1790 Broadway
New York 19, N. Y.



FIRST
in Your Thoughts

Your Baby Is First in Your Thoughts

IN THESE days of war, that coming baby of yours is first in your thoughts. You want to know how best to protect him even though Hitler and his henchmen may try to scare us with a few bombs or explosions. "Forewarned is forearmed" never was truer. Be prepared. You know how to black-out your house. You have picked the safest spot in your home away from windows. You know the importance of hanging blankets over the windows in the room where you are going to be. You know the need for having stored away enough food to feed your family for a short time. You know exactly what to do if you hear the wailing warning of the air raid signal.

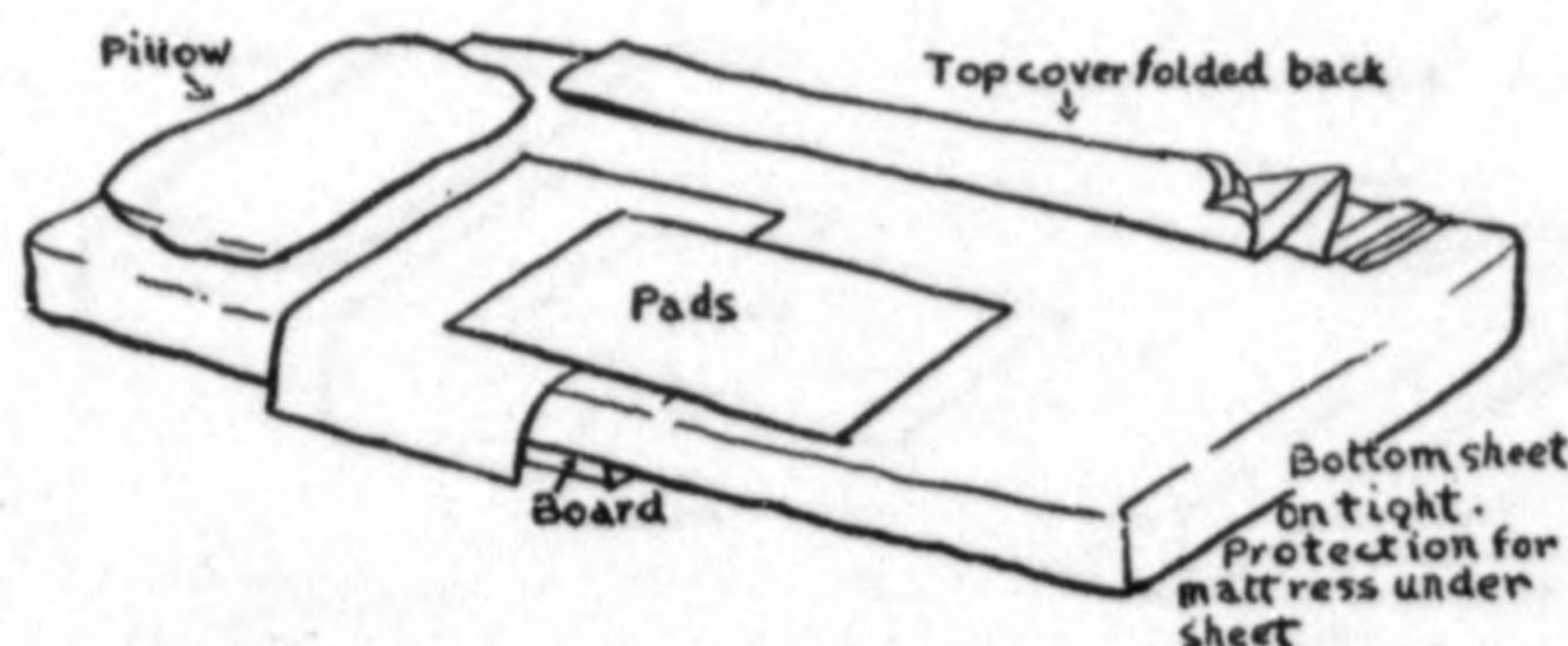
There is one possibility—however remote—that you want to be ready for. Even though you have made complete plans for medical, hospital or nursing care, something may interfere. You should be ready to have the baby at home in an emergency. So, *just in case*, plan to have somebody with you—or very close at hand—your husband, or some relative or neighbor.

Plan together to collect the things you might need. Put them in a separate box, carton or suitcase where you can get them quickly. On the back cover of this pamphlet is a list of the barest necessities for mother and baby.

Keep a fresh supply of water in covered kettles. Boil some of it. Be sure you have a flashlight with extra batteries and bulbs, or candles and matches.

Now, suppose your baby should begin to come when you can't get the doctor right away, or you can't get to the hospital. Don't be alarmed. Here is what you can do for yourself. You can be sure that the baby is actually coming if you have cramps similar to the griping pains of indigestion in the small of the back or abdomen that come and go *at regular intervals*, or a watery, blood-stained mucous discharge. If you are sure that the baby is coming, doubly sure, then call the doctor. Remember, only emergency telephone calls are permitted during an "alert." Have definite information for him:

- What time did the pains begin?
- How often do they come?
- Have the waters broken?
- Is there any bleeding?



While you are waiting for the doctor, you can get ready to welcome baby by unpacking that special emergency carton, box or suitcase. Spread the rubber sheet, oilcloth or clean brown wrapping paper on the mattress. Cover it with a clean sheet drawn across the mattress and tucked in. Put two newspaper pads in the position shown in the drawing. Arrange the blankets at the sides so they are out of the way but can be easily reached to cover you.

Of course, it is there, but if he Most babies come with great difficulty. The mother is comfortable between her feet. She may become very frequent to be up and down. If stronger there may be down. *Don't.*

Place the boiler close at hand. Have for use. Make it If possible keep it

Put on a clean stockings and slip

Remember — hurry. The mother become excited, no harder time than to be composed.

the doctor will have chance, it is important you, lie still. If doctor, don't be frightened that mother and baby protection. You needs. The person the rest.

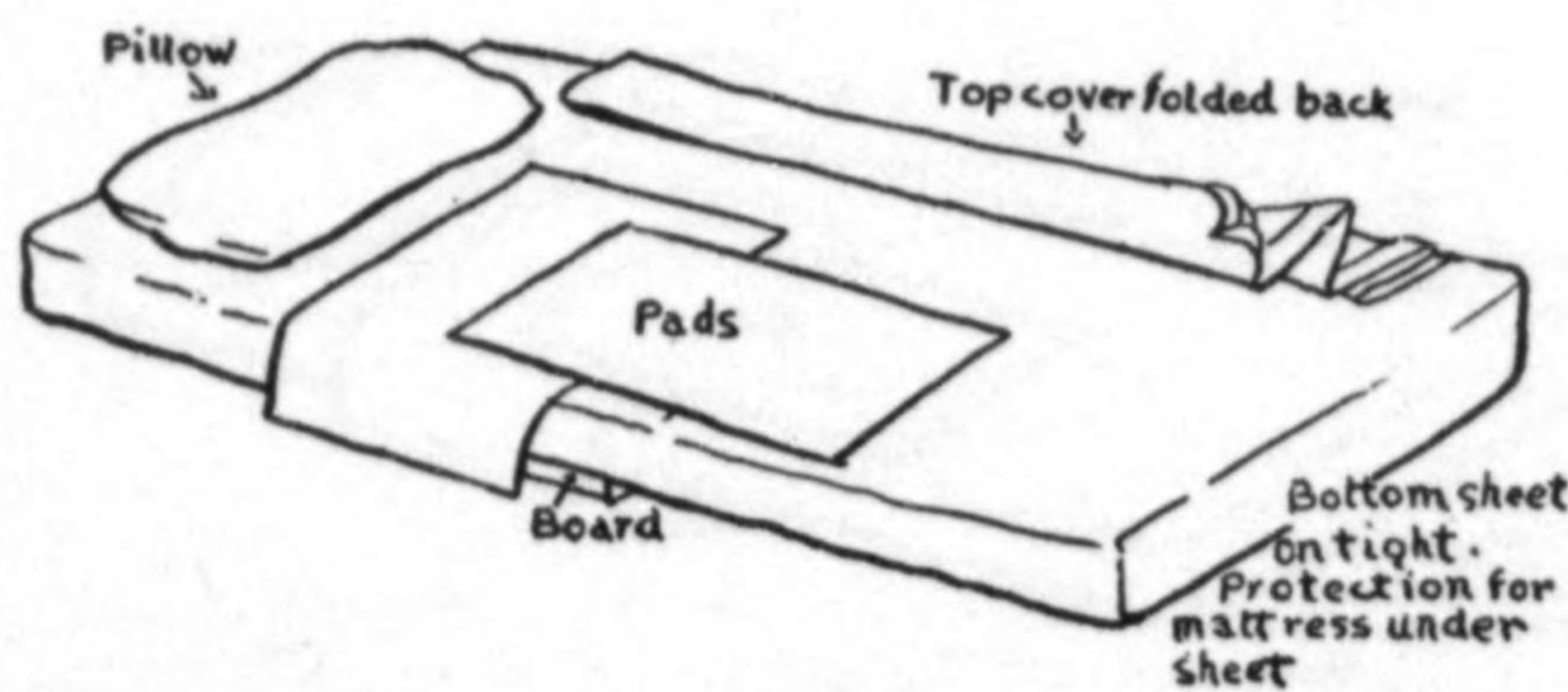
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Baby Is First in Your Thoughts

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Of course, it is better if the doctor can be there, but if he is late, don't get panicky. Most babies come normally and without great difficulty. The average woman is comfortable between pains and until they become very frequent she will usually prefer to be up and about. As the pains grow stronger there may be a temptation to bear down. *Don't.*

Place the boiled water and the basins close at hand. Have the other things ready for use. Make baby's bed ready for him. If possible keep the blankets warm.

Put on a clean nightgown, dressing gown, stockings and slippers.

Remember — take your time. Don't hurry. The mother who allows herself to become excited, nervous and worried, has a harder time than the one who just decides to be composed. Most likely, by this time the doctor will have arrived, but, if by any chance, it is impossible for him to get to you, lie still. If baby gets there before the doctor, don't be frightened. The main things that mother and baby need are warmth and protection. You have taken care of these needs. The person who is helping can do the rest.

Suggestions for Mother's Friend-in-Need

There are only four things that have to be done when the baby comes, and anyone with clean hands and common sense can do them. There is no mad rush and hurry about getting them done, and no reason for excitement when the baby arrives.

I. PICK UP THE BABY BY HIS FEET, being careful that the cord is left slack. Hold him by his ankles, with one finger between them, so he won't slip out of your hand. With your other hand under his forehead bend his head back a little so the mucus and fluid can run out of his mouth. Hold him until he



cries out loud. Don't spank him. Then lay him on his right side on top of the blanket that covers the mother.

II. TIE BABY'S UMBILICAL CORD. Tie one piece of tape around the cord about six inches from baby's body. Then tie another piece of tape two inches farther out. Cut the cord between the tapes. If there is any bleeding from either end, fold back the end of the cord and tie another piece of tape around it. The doctor will dress the cord when he comes.

III. DURING THIS TIME KEEP BABY WARM AND PROTECTED. Wrap him in the blanket square and lay him on his right side in the bed where you can watch him. If you do not have a hot water bottle or other means to keep him warm, tuck him under the blanket up to his neck beside his mother. Keep your eye on him.

IV. WATCH THE MOTHER. The afterbirth or placenta may not come right away. Don't try to hurry it by pulling on the cord. As soon as the afterbirth comes, slide out the soiled pad and wrap up the afterbirth for the doctor to examine later. Place your hand on the mother's abdomen just under the navel. You should feel a hard mass as big as a very large pear. This is the contracted uterus. If you cannot feel it, massage firmly and gently until there is a firm mass under your hand. *This is very important.* The mother should be kept warm under blankets and lie on her back with legs together and knees raised. She may have a slight chill, as most women do. Give her a drink of warm, not hot, tea, milk or bouillon. With a damp towel wipe her face and hands.

When the doctor comes, he will doubtless find his war baby and mother doing nicely.

Just in case

Pack the articles listed below in a box, carton or suitcase:

- Blankets for mother and baby
- Slippers
- Dressing gown
- Nightgown
- Stockings
- Apron (for helper)
- 2 Sheets
- 2 Newspaper pads (made from 12 thicknesses of newspaper spread out to full size and covered with a piece of clean, old muslin, tacked in place)
- 1 Pillow case
- 4 Towels
- 1 Small package of sterile gauze
- 1 1-lb. package of absorbent cotton
- 1 Package of sanitary pads
- 1 Cake of soap
- 2 Basins
- 1 Tumbler and teaspoon
- 1 Pair of scissors
- 1 Roll of tape (to tie cord)
- 1 Rubber sheet or substitute such as oilcloth or clean brown wrapping paper
- 12 Diapers
- 4 Safety pins
- 1 Bed pan
- 1 Can of Sterno
- 1 Hot water bottle
- 1 Package of bouillon cubes

Published by

MATERNITY CENTER ASSOCIATION
654 Madison Avenue, New York

Bv

THE EXPECTANT MOTHER



UNITED STATES DEPARTMENT OF LABOR

Frances Perkins, *Secretary*

CHILDREN'S BUREAU • Katharine F. Lenroot, *Chief*

C. B. Folder 1

1943

TO THE EXPECTANT MOTHER

Pregnancy is a normal condition and not an illness. But to keep well at this time, you need good care under a doctor's supervision. The doctor will tell you what to do in order to keep well and to have a healthy baby. The nurse who helps the doctor in his office or clinic, or a public-health nurse on the staff of the local health department or of some private organization, will help you to do what the doctor says and to make plans for your confinement.

As soon as you think you are pregnant, go to a doctor—to a private doctor or to a prenatal center or clinic. Do not delay.

At the first visit, the doctor will ask you questions about your past and present health and make a complete examination so that if anything is wrong he can start treatment early. Be ready to answer his questions and to ask him questions.

A complete examination will include examination of your heart, lungs, abdomen, teeth, and tonsils, and also an internal examination to find out the size and shape of your pelvic bones.

The doctor will also test your urine, weigh you, find out about your blood pressure, and take a sample of blood for testing.

The doctor will tell you about good habits of eating, rest and sleep, exercise, bathing, and bowel action. These good habits will help you and the baby to be well.

The doctor will tell you how often you should see him. As a rule, doctors advise visits at least once a month during the first 6 months, every 2 weeks or oftener in the next 2 months, and every week in the last month. At each visit you will have your blood pressure taken, you will be weighed, and your urine will be examined. If you cannot go to the doctor as often as advised, get in touch with a public-health nurse, who will report to the doctor if anything seems to be wrong.

The doctor will tell you to go to the dentist, because care of the teeth is an important part of prenatal care. (See p. 5.)

Get Your Doctor's Help

PLANNING THE DIET

Your food should be planned to meet your baby's needs as well as your own. This does not mean that you should eat a large amount of food. It means that your foods should provide the materials that the baby needs for proper growth and that you need to keep your body in good health. You should eat the protective foods—milk, vegetables, fruit, eggs, meat, and whole-grain bread and cereals. Use whole-grain bread and cereals preferably, or if not these, enriched bread and restored cereals (products to which minerals and vitamins have been added according to Government standards). Your doctor will probably advise you to take some source of vitamin D, such as cod-liver oil.

You may eat other foods, too—vary your diet.

Outdoor sunshine, exercise, rest, and freedom from worry will help you to make the best use of your food.

Drink Plenty of Fluids

Drink plenty of fluids—water, milk, and fruit juices. Fluids help your bowels, kidneys, and skin throw off waste.

If you are used to drinking tea or coffee you need not stop altogether. Moderate use of tea or coffee is not harmful to most women. However, do not let anything take the place of milk.

Restrict Your Use of Salt

The amount of salt commonly used in cooking is sufficient for the expectant mother; do not add salt at the table. Under some circumstances, the amount used in cooking may have to be reduced or even eliminated. Avoid salty meats and salt fish.

Watch Your Weight

If you gain weight suddenly, tell the doctor at once, as this may be a danger signal.

Limiting the amount of food with the idea of having a small baby is not only useless; it is even dangerous.

Eat the Protective Foods

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PLANNING THE DIET

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Be Protective Foods

DAILY FOOD NEEDS

Unless your doctor orders a special diet, each day's food should include:

- Milk:** One quart, as a drink or in cooking. Fresh milk should be pasteurized or boiled. Evaporated or dried milk may be used.
- Vegetables and fruits:** Five or six servings (not necessarily different vegetables):
 - A green leafy or yellow vegetable.
 - Potatoes.
 - A raw vegetable or fruit.
 - A fruit or vegetable rich in vitamin C, such as orange, grapefruit, tomato, raw cabbage.
 - Another fruit or vegetable.
- Bread or cereal:** Two servings. Use whole-grain bread and cereals preferably, or if not these, enriched bread and restored cereals.
- Eggs:** One egg.
- Meat, poultry, or fish:** One serving. Liver should be eaten at least once a week. Cheese or dried beans may be eaten occasionally as a substitute for meat.
- A good source of vitamin D:** Cod-liver oil or some other source directed by the doctor.
- Additional foods:** Your doctor will tell you how much food you should eat. Ask him whether you need iodized salt.

The following sample menus for one day show how the food needs of a healthy pregnant woman of average weight can be met. Remember that these are only samples; try to vary your diet.

BREAKFAST		
Grapefruit		
Oatmeal with milk or cream		
Whole-wheat toast with butter		
Glass of milk		Cup of coffee or tea
DINNER		
Meat loaf		
Baked potato		Carrots
Enriched bread with butter		Glass of milk
Brown Betty		
SUPPER OR LUNCHEON		
Scrambled eggs with tomatoes		
Cabbage salad		
Muffins with butter		Glass of milk
Stewed apricots and cookies		

Milk and fruit or fruit juice may be taken between meals and at bedtime.

Eat Regular Meals

CARE OF THE TEETH

Care of the teeth is especially ne-
 pregnancy. As soon as you know you
 have a baby, you should go to a go-
 have such repairs and extractions as h-
 will tell you how to take care of your t-
 Brush the teeth after each meal and r-
 well. This brushing should be from th-
 the biting edge, not crosswise.

FRESH AIR AND SUNSHINE

Try to spend at least 2 hours a day
 and sunshine. You need sunshine, es-
 cooler seasons. Have the windows o-
 possible.

EXERCISE AND REST

Light exercise such as ordinary hou-
 for you, but do not get overtired. If
 exercise, take a daily walk. On accou-
 of miscarriage, avoid lifting or pushin-
 be careful not to strain your abdomin-
 do not go in for strenuous sports. Sit
 as possible while working.

If you have a job that requires he-
 haps you can arrange to be assigned
 lighter work during pregnancy and fo-
 after you go back to work. It is wis-
 at about the seventh month of pregna-
 go back to work until at least 2 month-
 is born.

"Early to bed" is a good habit.
 hours' sleep at night and an hour's n-
 down during the day.

Get Plenty of Rest

CARE OF THE TEETH

Care of the teeth is especially necessary during pregnancy. As soon as you know you are going to have a baby, you should go to a good dentist and have such repairs and extractions as he advises. He will tell you how to take care of your teeth and gums. Brush the teeth after each meal and rinse the mouth well. This brushing should be from the gums toward the biting edge, not crosswise.

FRESH AIR AND SUNSHINE

Try to spend at least 2 hours a day in the open air and sunshine. You need sunshine, especially in the cooler seasons. Have the windows open as much as possible.

EXERCISE AND REST

Light exercise such as ordinary housework is good for you, but do not get overtired. If you need more exercise, take a daily walk. On account of the danger of miscarriage, avoid lifting or pushing heavy things, be careful not to strain your abdominal muscles, and do not go in for strenuous sports. Sit down as much as possible while working.

If you have a job that requires heavy work, perhaps you can arrange to be assigned temporarily to lighter work during pregnancy and for a month or so after you go back to work. It is wise to stop work at about the seventh month of pregnancy and not to go back to work until at least 2 months after the baby is born.

"Early to bed" is a good habit. Get at least 8 hours' sleep at night and an hour's nap or rest lying down during the day.

Get Plenty of Rest

{5}

BATHS

Bathe often—daily if possible. Take care not to slip and fall while in the shower bath or when getting into or out of the bathtub. Near the end of pregnancy it is wise to take sponge or shower baths instead of tub baths.

BOWELS

Your bowels should move regularly. If they do not, consult your doctor. Do not take medicines or use enemas unless the doctor tells you to.

The right kind of food and plenty of fluids will help the bowels to move regularly.

CLOTHING

Wear clothing that will make you comfortable. Do not wear anything that binds you tightly, such as round garters or any other tight bands. A properly fitted maternity corset or abdominal binder may add to your comfort. A brassiere should be chosen that supports the breasts but does not bind them tightly; the breasts should be allowed plenty of room to develop. Shoes should be comfortably large, with low, broad heels.

MARITAL INTERCOURSE

Intercourse should not take place during the last 2 or 3 months of pregnancy because of danger of infection.

Take Care of Yourself for Your Baby's Sake

{6}

MENTAL HYGIENE

The period of pregnancy should be a happy time. It is old-fashioned to think that you cannot go out and enjoy yourself at this time. Get plenty of rest and plenty of sunshine and try to have good times that do not overtire you.

It will be better for your baby's health and your own if you are calm and undisturbed during pregnancy. There is nothing in pregnancy itself that you need fear.

Do not worry about your health; if anything seems wrong, tell your doctor or nurse. If you are worried about something else, talk your problem over with the doctor or nurse or a social worker. (The nurse will tell you how to get in touch with a social worker.)

DANGER SIGNALS

Certain danger signals may appear during pregnancy. Do not be frightened by them but tell the doctor at once if any one of them appears. The doctor will examine you and tell you what extra care you must take.

The danger signals are:

- Bleeding from the birth canal, even if slight.
- Severe or continued headache.
- Severe backache.
- Pains in the abdomen.
- Spots or blurring before the eyes.
- Dizziness.
- Swelling of face, hands, or legs.
- Severe vomiting or nausea or indigestion.
- Severe constipation.
- Scanty urine.
- Sudden gain in weight.

Do not take douches unless the doctor tells you to. They may be dangerous. Do not try to examine yourself internally; this is very dangerous.

Tell the doctor about anything that seems wrong, keeping in mind that you should expect to feel well during pregnancy.

Ask Your Doctor—Not the Neighbors

(7)

PREPARATIONS FOR THE BIRTH

Whether the baby is to be born at home or in a hospital, have all arrangements made ahead of time, as the baby may be born sooner than you expect. Have the supplies ready by the seventh month.

If the baby is to be born in a hospital, arrange for your room or ward bed. Find out what articles the hospital requires you to furnish and have them packed in a bag several weeks ahead of time.

If the baby is to be born at home, have everything ready beforehand.

Ask the doctor about arranging for nursing care during confinement. Your local public-health nurse may be able to help him in making these plans. The nurse that helps the doctor at the time the baby is born, will also help take care of you for some time afterward. Ask a relative or someone else to stay with you until the doctor says that you are strong enough to do the housework. Have the nurse teach her how to take care of you and the baby.

For the birth try to use a room near the bathroom, or at least near running water. Have a good light—a movable lamp if possible. If the room is sunny, so much the better. Have everything in the bedroom as clean as soap and water can make it. Boil bed linen and towels and iron them with a hot iron.

Ask your doctor or nurse which utensils to boil and how to keep them sterile.

Because the kitchen will be used by the doctor or nurse when boiling instruments and other things, have it cleaned thoroughly. Cleanliness will make the birth safer for you and for the baby.

See next page for a list of supplies for mother and baby. For a more complete list see the Children's Bureau bulletins, Prenatal Care and Infant Care. You can get these bulletins free by writing to the Children's Bureau, United States Department of Labor, Washington, D. C.

Have Everything Ready Beforehand

(8)

Sup

Ask the doctor what you will need for the nightgowns, washcloths, and other things needed:

- A pound of butter
- Two large coffee cups
- Dipper for laundry
- Two saucers
- Three handkerchiefs
- Hands, and one
- Pail or bucket
- Bedpan.
- Hot-water bottle
- A receiving blanket
- soft blanket or
- In case of emergency
- tape for cutting
- being used.)
- A large bundle of
- and for making
- opened-out sheet
- cloth or muslin
- Turn the cloth
- until they are
- them away in
- Four dozen squares
- of old white cloth
- cloth or paper
- doctor or nurse
- hospital near
- pads can be sterilized
- raw potato into
- well cooked, then

Diapers, six yard each with is cold should small safety the first 10 hemmed straps

For the bottles and own soft to which no oil for the skin

The baby a crib, a baby firm flat mattress folded piece blanket. Over this, a several mosquito

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Have Everything Ready Beforehand

{8}

Supplies for Delivery at Home

Ask the doctor or nurse to tell you what supplies you will need for delivery at home. Besides extra nightgowns, bed linen, blankets or quilts, towels, washcloths, and soap, the following are usually needed:

- A pound of surgical cotton; or bag of white rags, boiled.
- Two large covered utensils to boil water in.
- Dipper for ladling boiling water.
- Two saucepans for boiling supplies to be used by doctor.
- Three hand basins (one for scrubbing hands, one for antiseptic for hands, and one for antiseptic for gloves, and later for afterbirth).
- Pail or bucket with cover (this can be used later for soiled diapers.)
- Bedpan.
- Hot-water bag and enema bag or combination of the two.
- A receiving blanket to hold the baby in when he is born (an old soft blanket or a bath towel).
- In case of emergency, a pair of scissors and a yard of very narrow tape for cutting and tying the cord. (Both should be boiled before being used.)
- A large bundle of newspapers for protecting chairs and the floor and for making 6 pads to protect the bed. To make a pad, take 12 opened-out sheets of newspaper and cover them with white cheese-cloth or muslin, cut 4 to 6 inches larger than the papers on each side. Turn the cloth edges in and baste. Iron the pads with a hot iron until they are scorched slightly. Fold them cloth side in, and put them away in a clean pillowcase.
- Four dozen sanitary pads, bought packed in boxes or home-made of old white cloth, washed, folded, ironed, and wrapped in small cloth or paper bundles. (Do not wrap in newspapers.) Consult the doctor or nurse about the sterilization of these pads. If there is a hospital near by, the sterilizing may be done there. If not, the pads can be sterilized by baking them in a slow oven. Put a large raw potato into the oven with the pads; by the time the potato is well cooked, the pads will be sterilized.

Baby's Supplies

Diapers, shirts, nightgowns, and flannel squares (a yard each way) to wrap the baby in when the weather is cold should be provided. Have plenty of large and small safety pins. Bands are needed only for about the first 10 days; surgical gauze dressings or unhemmed strips of cotton flannel may be used.

For the baby's drinking water, provide two nursing bottles and four nipples. The baby should have his own soft towels, washcloths, and pure, mild soap which no one else uses. Mineral oil is usually better for the skin than powder.

The baby should have his own bed. This may be a crib, a basket, or a box. If a crib is used, have a firm flat mattress; if a basket or box is used, have a folded piece of table padding or several thicknesses of blanket. Waterproof sheeting, a cotton pad to go over this, and small sheets will be needed as well as several small blankets, but no pillow. Have a mosquito net to keep flies away from the baby.

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AFTER THE BIRTH

After the baby is born, keep the mother's person clean. The nurse will tell you how to do it. Change often enough so you do not get too dry.

In order that you get enough rest and to take care of your breast, eat good food and follow the doctor's care of your breast.

You should spend some time with your doctor what exercise you should still in bed.

During the 10-day period, it is best to have few visitors. Besides, so you and the baby may not get sick. A person with "only" a cold or cough may infect you. (Of course, if you are allowed to pick up the baby, it is best to have few visitors.)

Another month of household duties in the home with the baby.

When it becomes necessary to do housework, try to get a rest every day. This will be good for the baby. Although effort should be made, it is not possible. A busy mother lying down while not doing housework and instead wean the baby. Do not rest.

Six weeks after the birth, see your doctor for an examination.

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Supplies for Delivery at Home

doctor or nurse to tell you what supplies need for delivery at home. Besides extra sheets, bed linen, blankets or quilts, towels, soap, and soap, the following are usually

surgical cotton; or bag of white rags, boiled. Covered utensils to boil water in. Ladling boiling water. Pans for boiling supplies to be used by doctor. Basins (one for scrubbing hands, one for antiseptic for gloves, and later for afterbirth). Bucket with cover (this can be used later for soiled diapers.)

Bag and enema bag or combination of the two. Blanket to hold the baby in when he is born (an old or a bath towel). Emergency, a pair of scissors and a yard of very narrow ribbon and tying the cord. (Both should be boiled before

Use a bundle of newspapers for protecting chairs and the floor. Use 6 pads to protect the bed. To make a pad, take 12 sheets of newspaper and cover them with white cheesecloth, cut 4 to 6 inches larger than the papers on each side. Turn edges in and baste. Iron the pads with a hot iron until scorched slightly. Fold them cloth side in, and put in a clean pillowcase.

Use sanitary pads, bought packed in boxes or home-made cloth, washed, folded, ironed, and wrapped in small bundles. (Do not wrap in newspapers.) Consult the doctor about the sterilization of these pads. If there is a doubt, the sterilizing may be done there. If not, the pads may be sterilized by baking them in a slow oven. Put a large potato in the oven with the pads; by the time the potato is cooked the pads will be sterilized.

Baby's Supplies

Shirts, nightgowns, and flannel squares (a yard) to wrap the baby in when the weather is cold. Have plenty of large and small pins. Bands are needed only for about 10 days; surgical gauze dressings or strips of cotton flannel may be used.

For baby's drinking water, provide two nursing bottles and four nipples. The baby should have his own towels, washcloths, and pure, mild soap for his own use. Mineral oil is usually better than powder.

The baby should have his own bed. This may be a basket, or a box. If a crib is used, have a mattress; if a basket or box is used, have a layer of table padding or several thicknesses of waterproof sheeting, a cotton pad to go on top, and small sheets will be needed as well as all blankets, but no pillow. Have a net to keep flies away from the baby.

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AFTER THE BABY IS BORN

After the baby is born, great care is needed in keeping the mother's perineum (parts between the thighs) clean. The nurse will give you this care and teach you how to do it yourself. The pads should be changed often enough to prevent odor and to keep you dry.

In order that you may nurse your baby, try to get enough rest and to eat enough of the right kind of food and follow the doctor's directions in taking care of your breasts.

You should spend at least 10 days in bed. Ask your doctor what exercises you may take while you are still in bed.

During the 10-day period after the birth of the baby, it is best to have few visitors, as too many may over-tire you. Besides, some visitor may have a cold, and you and the baby may be exposed to the infection. A person with "only a cold" or a slight sore throat or cough may infect you and the baby and the results may be serious. (Of course, no visitor should be allowed to pick up the baby.)

Another month should pass before you take up household duties in addition to the complete care of the baby.

When it becomes necessary for you to do housework, try to get a rest lying down once or even twice every day. This will help you to have more milk for the baby. Although it may be difficult, every effort should be made to arrange for as much rest as possible. A busy mother can get some extra rest by lying down while nursing the baby. Some mothers find that they lose their milk when they begin to do housework and instead of trying to get rest they wean the baby. Do not wean the baby; get more rest.

Six weeks after the birth of the baby, go back to your doctor for an examination.

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Price \$1.00 per 100 copies

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EMERGENCY CARE
for the
BIRTH OF A BABY

THE AMERICAN NATIONAL RED CROSS
WASHINGTON, D. C.

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Washington, D. C.

Supplement No. 1

September 1942

Red Cross Home Nursing Textbook

EMERGENCY CARE FOR THE BIRTH OF A BABY

Adapted from *First in Your Thoughts*, by
permission of Maternity Center Association,
654 Madison Avenue, New York

In these days of war, and wartime shortages of doctors and nurses, rubber and gasoline, that coming baby of yours is first in your thoughts. If you live in one of the "target areas" you want to know how best to protect him, if bombs should fall and explosions jar you from the security and peace of your home. You know how to blackout your house. You have picked the safest spot away from windows. You know the importance of hanging blankets over the windows in the room where you are going to be. You know the need of having stored away enough food to feed your family for a short time. You know exactly what to do if you hear the wailing warning of an air-raid signal. But what to do if the baby comes in the midst of all this disorder and confusion! That's the question constantly in your thoughts.

Perhaps you live far inland and feel fairly secure from the possibility of bombs and explosions, but are worried about the uncertainty of getting to a hospital, or of securing the services of the one and only doctor for miles around, or the trained midwife or nurse when the time comes for the baby to be born.

Even though you have complete plans for medical, hospital, or nursing care you realize that something may interfere, and that you must be prepared to meet the emergency of having the baby at home, with whatever help may be available at the time. "Forewarned is forearmed" never was truer. So, make your plans complete in every detail.

In your Red Cross Home Nursing textbook you have found instructions for getting ready to have the baby at home, *under usual conditions*, with a doctor and nurse in attendance. The instructions in this pamphlet are for use *in unusual conditions*, and are intended to help you through the birth of the baby without professional attendance, only if that becomes necessary.

2 EMERGENCY CARE FOR THE BIRTH OF A BABY

1. Plan to have somebody with you—or very close to you—your husband or some level-headed relative or neighbor.
2. If there is a possibility that you may have to go to a shelter, plan together what you will need to take with you. On the back cover of this pamphlet is a list of necessities for mother and baby. Put these in a box, carton, or suitcase where you can get them easily.
3. Keep a fresh supply of water in covered kettles. Turn them off of it. Be sure you have a flashlight with extra batteries, bulbs, or candles and matches.
4. The doctor will want you to give him definite information about what time the pains began, how often they come, whether the waters have broken, and whether there is any bleeding. One or more of the following signs should convince you that it is time to call the doctor. (If you live in a "target area," remember that only emergency calls are permitted during an "alert.")
 - A. Sharp cramps (similar to the griping pains of indigestion) in the small of the back or abdomen that come at regular intervals—gradually growing more severe and more frequent.
 - B. A blood-stained mucous discharge.
 - C. A sudden or profuse watery discharge. This means that the membranous sac inclosing the baby has broken.
5. Don't be alarmed if you can't get the doctor right away, or if you can't get to the hospital. Just go ahead and do the things that need to be done for yourself. Most babies are born normally and without much difficulty. The average woman is comfortable between pains and until they become very frequent she will usually prefer to be up and about. Liquid nourishment of some kind, at intervals of about three hours, will help to keep up your strength.
6. While you are waiting for the doctor, you can help to welcome baby by unpacking that special emergency kit or suitcase. Spread the oilcloth or clean brown paper on the mattress. Cover it with a clean sheet and tuck it across the mattress and tucked in. Put two newspapers in the position shown in the drawing. Arrange them at the sides so they are out of the way but can be easily reached to cover you.