Discussion on Planned Parenthood at the Assembly Hall of the Nurses’ Residence, Harlem Hospital, October 22, 1942.

By

E. Mae McCarron, M.D.

It is certainly a great pleasure to assemble with you this afternoon to discuss one of the neglected phases of public health. As we view the health condition here in America and particularly among our people, we are at times appalled. Naturally it is gratifying to meet with a large group of women whose preparation has been directed at combating some of this deficiency.

I represent today the Planned Parenthood Federation of America and I wish to tell you something of the program of this organization. The Planned Parenthood Federation is the legal successor to the Birth Control Federation of America and the program is, of course, the same. Perhaps no particular phase of public health work could interest women more than planning a family, and planned parenthood, selective pregnancy, or child spacing are synonymous terms meaning the intelligent planning for the family’s benefit. The question naturally arises, “What is selective pregnancy?” Birth control means exactly what it says; controlling the numbers and timing of pregnancies and is as sensible and intelligent as the sowing of the seed in a garden.

Nurses see a great deal of suffering and sorrow and the larger proportion of nurses are women who naturally have a sympathetic viewpoint of the suffering for women. Nurses also are mothers or potential mothers with a mother’s viewpoint, so it is easy to talk with nurses upon this all important subject of saving mothers and babies’ lives.

Margaret Sanger was a nurse possibly about the age of the average nurse in this room when she saw much of the picture so familiar to us all here. She was nursing on the lower East Side where there was poverty and ignorance and
We will consider the reasons for referring a patient to a physician or clinic for contraceptive advice. This may be divided into medical and social. We will consider medical indications first. Hypertensive heart disease, particularly those presenting some degree of failure, should be safeguarded against pregnancy and should have medical advice when physical condition will withstand the strain of gestation and delivery. A woman with tuberculosis should likewise have the same advice. We must bear in mind as we consider contraceptive measures that they may be applied and withdrawn ad lib. In other words, a woman who has tuberculosis may safely have a child, but it is far wiser to risk the pregnancy when her lesions are under control. A chance pregnancy may undo all the good work that has been done by physician, nurse and patient. It is understandable that a woman who has or has had tuberculosis may want a baby. Most normal women do want children. It is understandable that a woman would risk a great deal and that a patient with tuberculosis may will to take this chance. But it should be done after careful examination and upon the advice of a physician. That is timing. The best way to accomplish this is by mechanical means of contraception.

Let us suppose that we have a case of a woman who knows she has a tuberculosis lesion. She is married and wants to keep a home intact. She spends some time in the sanitarium and has become an arrested case. She returns home to her husband and enters a different environment. Until the physician is certain that this patient has adjusted herself to the new environment without a flare-up of her old difficulty, she should practice contraception. We let her have one baby and carried her safely through her delivery and post-partum care. It requires no stretch of the imagination to see that this patient should not be permitted to con-
ceive again immediately, so that the practical thing again is to fit her with a mechanical device which will permit her to continue normal living until her physical condition will permit a second pregnancy.

All of you have seen cases of toxemias of pregnancy. You have no doubt suffered with both mother and family while some of these patients went through this ordeal. Is it not sate to assume that these patients should not return to normal family life without knowledge of use of contraceptive measures to prevent having a recurrence of such hazard?

Severe anemias represent the fourth indication for contraceptive advice. We have seen life and death. We are concerned with preserving life. We want to see women have babies and live. We want the babies to live too. In a recent study it was disclosed that 25% of maternal deaths were in women with known medical contra indications to pregnancy. These women could have and should have been saved.

Sometimes when we discuss the social indications for contraceptive advice we meet opposition. In my own experience such opposition has been chiefly among persons unfamiliar with dire poverty. But most of you, I am certain, like myself, have seen pictures which make it easy to understand that something should be done to keep the size of the family in keeping with the size of the family budget. If the budget will support four children with adequate food, clothing and opportunity for at least a minimum of training, it is folly to try to have eight. Moreover, most families recognize this. The result is that when women see the size of their families getting out of hand, they attempt to do something about it. This is clearly demonstrated by the estimated number of abortions done in this country in 1949. A recent New York study disclosed, 9 out of 10 were done in an effort to avoid disgrace and illegitimacy, but among those who had three or more children. This is a conscious effort, though an extremely dangerous one, on the part of families to limit the family size.
If you have been a nurse long in the Harlem Hospital you are familiar with the horrors of abortions, and surely at the same time you must have felt as Margaret Sanger felt many years ago, that these women deserve help. The high death rate among these cases is proof of the danger. Moreover, if the woman herself who elects to take this risk were the only sufferer, some of us might feel that it is a just reward for sin. But unfortunately, as we have pointed out, most of these women have children and as women we know that a child's own mother can create the best possible environment for the rearing of her child; certainly one that with fewer conflicts. Also a study of juvenile delinquency has shown that a majority of delinquent cases are among half orphans. We certainly do not wish to add to the huge number of delinquencies and crimes in any Negro community. If most of these women had full knowledge of contraception, much suffering could be avoided.

Chart #1 shows that among patients who have no earnings, the infant death rate is 110 per 1000 live births. Of persons who earn less than $650.00 per annum, the infant death rate is 140 per 1000 live births. For those whose income is below $100 a month, the death rate is 100 babies per 1000 live births; and for those over this amount, 60. We are not in a position to raise the family income but we can help these women to lower this great wastage of human life.

Working in hospitals alone will not give you the true life picture of some of these mothers. Overcrowding is common of all of our urban cities. But the nurse who does home visiting to any great extent in poorer areas of the city, knows too well some of the sad things. Some commodities which we all take for granted as existing in every American home are not to be seen in some of these overcrowded homes. Sheets, commonly handled by nurses, are non-existent in many homes. Instead, people are huddled together, all too many in one bed, and keep themselves warm with one or two usually soiled bed clothing added to all the coats and other old clothing of the ever occupants. Food is scarce, rarely enough; little fuel.
When a woman from such a home revolts against bringing into the world even one baby, she finds sympathy in the heart of any true woman. The cries of hungry children are painful to the heart of any woman. Children who miss school because they are without shoes or warm clothing find it difficult to make progress in school. This creates a distaste for learning and encourages delinquency. It is difficult to teach ideals of honesty, truth, respect for the law, and fair play to children with a gnawing feeling in the mid region because of insufficient food. Well-being, then, becomes important in developing good citizens and in race building and birth control is important to establishing this well-being.

If you have not seen the pictures which I have painted to you, a few weeks of district nursing in a slum area should be added to your education because it exists within a stone’s throw of where you now live if you live in a Negro neighborhood.

During the present world crisis we colored Americans are faced with two major battles. One for the American ideals, the American way of living, and the other for full participation into this way of living. Not one of us here would like to exchange the American way for any other way of living. Our fight is to enjoy as other Americans enjoy, the freedom and privileges of full citizenship. As trained colored Americans one of our concerns is that with helping our group to become assimilable. In other words, it is difficult to have other Americans see the causes for any difference in conduct, and since we may not expect the average American to understand the whys for some of these things, we must make ourselves each a missionary to try to help to bring up and overcome many of the handicaps of the Negro people and help them to a standard of living that will make it possible for them to be integrated into American life. (Illustration of Negroes and whites working together, skilled and untrained)
(Next we demonstrated the contents of a kit and had a question period. Mrs. Levister, who is the nurse at the 125th Street Mothers' Health Center told about hours and fees and how the people get their refills of diaphragms and jellies).

Whether you work in a hospital or clinic or whether you do home nursing you will have opportunities to do some public health training. Moreover, because we who have had educational opportunities are few in number compared to those who have not had this opportunity, it is a responsibility to pass whatever information we have on to those who need it so much.