How to Establish a Birth Control Clinic

GROUP OF PUBLIC SPIRITED CITIZENS

INTEREST PHYSICIANS
INTEREST MINISTERS
INTEREST SOCIAL AGENCIES

MEDICAL COMMITTEE TO SET STANDARDS
LAY COMMITTEE FOR ORGANIZATION AND SUPPORT

TWO POSSIBLE COURSES

BIRTH CONTROL SERVICE UNDER EXISTING HOSPITALS AND OTHER PUBLIC HEALTH AGENCIES
INDEPENDENT SOCIAL AND PHILANTHROPIC AUSPICES

Pictorial Statistics

Birth Control Clinical Research Bureau
Margaret Sanger, Director
17 West 16th Street, New York, N. Y.
SUGGESTIONS FOR THE ESTABLISHMENT OF
A BIRTH CONTROL CLINIC

This pamphlet has been prepared with the object of helping those interested in organizing Clinics or Centers for the giving of scientific Birth Control advice. It is merely a suggested outline, and the Birth Control Clinical Research Bureau (17 West 16th Street, New York City), will be glad to supply more detailed information and to offer its assistance and cooperation wherever it is needed.

ORGANIZATION

The set-up of an individual Birth Control Clinic must, of course, be adapted to the conditions in each community. Nevertheless, the procedures already employed in many cities may be helpful as a basis for planning.

The three hundred and fifty-five Birth Control Clinics already in operation throughout the United States will be found to fall into three general classifications:

1. Those privately financed and privately housed by a combination of professional and lay groups.
2. Those housed in hospitals, institutions, or other agencies (rent free) but financed privately.
3. Those housed in hospitals or social agencies, and maintained by the general funds of that institution, or by Community Chest Funds.

In establishing a Birth Control Clinic it is well first to obtain the interest and cooperation of representative members of the community. Two sponsoring groups should be organized: a lay committee and a medical committee. The lay group should consist of at least five of the leading men and women in the community, and should preferably include those who are identified with various social and welfare activities, as maternity centers, child welfare groups, mental hygiene associations, etc. The medical committee should include three or more prominent local physicians, among them gynecologists, obstetricians and psychiatrists. Wherever possible the cooperation of local medical societies and health agencies should also be enlisted.

The functions of these two committees need not conflict or overlap. The lay group will deal with the general direction of the clinic, with the financial support, its care and its maintenance; the medical committee will direct the medical policies and procedures and supervise the medical conduct of the clinic.

The procedure and division of responsibility outlined above may not always prove possible in every community. The important thing to remember, however, is that the interest of a single doctor, specializing in gynecology or obstetrics, sponsored by a small but outstanding group
of laymen and physicians, will suffice to initiate birth control service in any community. Similarly, prior to the establishment of a Birth Control Clinic, it is possible for a social welfare agency to arrange with a co-operating physician to take care of referred cases. It is necessary, of course, for such physician to be familiar with the technique of contraception.

For the actual operation of a clinic, the services of a recognized gynecologist (preferably a woman), will be required. The services of a trained nurse to assist the physician and to record case histories and of a trained social worker to take care of the necessary follow-up work will also be required as the work grows. Additions to the medical staff can be made as the need arises. The number of clinical sessions per week can be determined by the demand for this service in the community.

**NAME OF THE CLINIC**

The name under which a Birth Control Clinic or Center operates is important as it must convey to the average layman the purpose for which it serves. Therefore, such names as Birth Control Center, Mothers' Advice Bureau, Maternal Health Center or similar names are suggested. As a rule the more direct and descriptive the name—the more effective the results.

**CLINIC QUARTERS AND EQUIPMENT**

For the operation of a clinic at least two rooms will be required—a waiting room for patients and an examination room. A third room where the patient can be interviewed and the preliminary history taken is much to be desired. Lavatory facilities should be available and should be accessible to both rooms.

When the examining room is large enough, it is desirable to partition it into two separate sections. One part can then be used for the medical interview and the medical examination. It can be equipped with a small desk or table, two chairs, and such medical apparatus as scales, blood pressure instruments, stethoscope, simple laboratory outfit, etc. The other part can be used for the examination and advice and should be equipped with an examining table, sterilizer, instrument cabinet, small clinic table, basins, etc. Necessary used equipment may be obtained for as little as $75.00.

**CASE HISTORY CARDS**

Many clinics throughout the country have adopted the card in use at the Birth Control Clinical Research Bureau in order to standardize methods of recording this significant medical and social data. Samples of the case history cards and other record forms used by the Birth Control Clinical Research Bureau will be sent upon request. Modifications of this card can be made to conform with clinic policies and requirements.
FINANCING THE CLINIC

As already mentioned, the financial support of the clinic should be one of the functions of the lay committee. The members of this committee undertake to secure the necessary funds for the establishment of the clinic and the purchase of supplies. The amount required will depend upon the rental, the salaries to be paid for medical and clerical services, the cost of supplies, and the number of patients given free care and materials. The average cost to the clinic per patient for such material is approximately $1.50 per year. It is well to prepare a budget for one year and to have this amount assured or pledged before opening the clinic. When the services of a physician or other staff members are volunteered, the cost will be diminished correspondingly. However, there are basic items of expense which must be considered in estimating a yearly budget. OPERATING EXPENSES: Rent of premises (often donated by an interested agency, otherwise governed by location), gas and electricity, stationery and printing, laundry, telephone, and janitor service. PERSONNEL EXPENSES: Physician's services (varies from nothing to $10 per session), nurse or clerical assistant (often volunteers, otherwise $2 to $4 per session).

The sum needed to run the clinic will, of course, be partially covered by the fees paid by the patients. Many patients will have to be given both services and materials entirely free of charge; others will be able to pay for the materials with perhaps an additional fee for services as well. Patients in better financial circumstances should be charged a full fee for the services and materials. This fee will depend upon the patient's family income, the number of children and dependents in the family, and other factors. The fee to be charged should cover staff services and supplies and also enable the patient to return during the year for further examination and consultation whenever necessary without additional charge.

The question of minimum and maximum fees to be charged is a matter for decision by local groups. Many clinics have a sliding scale ranging from 25c minimum to $7.00 maximum, these fees including return service for the period of one year as well as initial supplies.

While it is the policy of some clinics to accept only indigent patients, the Bureau feels that the personal preference of the patient cannot be ignored. Many patients feel that a birth control clinic insures the services of physicians especially trained in contraceptive technique. Many patients are referred to birth control clinics by their own physicians, and cannot ethically be referred to other private physicians. Until contraceptive technique is accepted as a standard part of medical curricula, the contraceptive clinic frequently performs a dual service, both as a service center for patients, and a teaching center for physicians interested in acquiring contraceptive technique.
At the very outset contact should be established with the various social agencies in the community, and their cooperation enlisted. Patients referred by such organizations are seldom able to pay any fee and, in such instances arrangements are made with the social agency to pay a fee covering the cost of supplies given to the patient, while the clinic provides the medical and nursing services free of charge.

WHO SHALL BE ADMITTED TO THE CLINIC?

The laws* governing the dissemination of birth control advice differ in the various states in the Union. In some states no restrictions exist and advice may be given to any woman who applies for such help. In other states various legal statutes prohibit the giving of birth control advice, except to women who present physical or mental disabilities which would contra-indicate a pregnancy. In such States advice may be given only for medical reasons, that is, where a "health reason" exists. In New York State a physician is permitted to give contraceptive advice for the "prevention or cure of disease." Some of the medical indications for which contraceptive advice has been given at the Birth Control Clinical Research Bureau in New York City are as follows:

- Cardiac disease
- Renal disease
- Tuberculosis
- Syphilis
- Diabetes
- Exophthalmic goitre
- Severe anaemias
- Nervous and mental disorders
- Epilepsy
- Paralysis
- Feeble-mindedness
- Multiple sclerosis
- Psychoses and neuroses
  - of various types
- Anxiety neurosis
- Uterine displacements
- Pelvic deformities
- Uterine inflammations
- Uterine tumors
- Toxemias of pregnancy
- Adnexal disease (salpingitis)
- Marked prolapse
- Marked pelvic lacerations
  - (pre-operative)
- Post-operative (especially following operations on pelvic organs)
- General debility and anaemia
- Lactation period
- Spacing children in family
- Menopause age

No complete list of "medical indications" for the giving of contraceptive advice can be set forth. In prescribing a contraceptive, it must be borne in mind that it does not produce any permanent sterility, and that often it is employed by the mother only for a certain length of time until her physical or mental balance is restored and she is able to undertake another pregnancy. The "medical indication" will therefore often depend upon general history and physical findings of an individual case. The family and medical background of the patient, her general physical and mental condition, and even her economic status are all factors which must be considered together in deciding whether a mother is entitled to receive contraceptive advice under the law. The physician must use his own judgment in each case.

*A copy of "Laws Relating to Birth Control in the United States and its Territories" may be obtained from the Bureau. Price, 25 cents.
The laws in the particular state where the clinic is to be opened will naturally determine the necessary qualifications for acceptance as a clinic patient. It is well to recognize, however, that the medical indications for contraception are not strictly circumscribed, and that more and more emphasis is being placed at the present time upon "prevention." Much will depend upon the attitude of the clinic physician and the medical committee. Urgent economic, social and eugenic reasons are now regarded by many physicians as important contributing indications for birth control advice.

Furthermore this view has been upheld by the U. S. Circuit Court of Appeals for the Second Circuit in its notable decision of November, 1936 which held that existing Federal Statutes do not apply to conscientious and competent physicians giving contraceptive advice "for the purpose of saving life or promoting the well-being of their patients." This decision was subsequently quoted by the American Medical Association at its Annual Meeting, June, 1937, at which time the recommendations of its Committee to Study Contraceptive Practices and Related Problems were adopted. These urged the necessity of making clear to physicians their legal rights in relation to the use of contraceptives and asked that instruction in contraception be promoted in medical schools.

When the birth control clinic is organized in connection with some public center and is supported by public funds, it will have to follow the rules and regulations prescribed by the given institution, agency or community. The general experience is that clinics financed by public funds are at present much more inaccessible to the average woman seeking advice than the privately organized clinic. In the public clinics admission is usually very much restricted, the patient has to be specially referred from some other clinic, department or hospital, and must present some very serious medical indications. In many cases, advice is given only when it is likely an additional pregnancy would result in death. In the private clinic, on the other hand, the prevention of disease and disability can be stressed to a much greater degree and birth control can be regarded more readily as a factor in the conservation of the health and welfare of the family and the individual.

In addition to its function as a contraceptive clinic, the birth control center may serve also as a bureau for instruction and guidance in sex hygiene and marital relations. It could, in fact, be made into a community center where advice on the many problems of sex, marriage, and reproduction would be available.

In some communities individual doctors and clergymen have been functioning almost as Marital Advice institutions in themselves. They have done this important work on their own responsibility and their helpful efforts have been and are being felt throughout the nation. In communities fortunate enough to have such progressive leaders it is but a
step to the establishment of a Birth Control Center where marital advice is included in the available service.

CLINIC PROCEDURE

The routine procedure with patients will depend upon the circumstances and conditions of the individual clinic. The method followed at the Birth Control Clinical Research Bureau may, however, be of interest as a general guide for planning the conduct of such a center, and is therefore outlined here.

The patient is first interviewed by the nurse at the Information Desk who determines tentatively whether the applicant is eligible for admission on the basis of her marital status, her reproductive history and her general health. Some women still confuse birth control with abortion and come to the clinic seeking advice on how to terminate a pregnancy. It is, therefore, well to clarify this point at the outset by ascertaining the date of the applicant’s last menstrual period. If her period is overdue, she is advised to return to the clinic after her menses have been re-established, or, if she is pregnant, after the birth of her baby. She is also advised against termination unless she qualifies for a therapeutic abortion.

If the patient is accepted as eligible for advice, a complete social and marital history is taken by the nurse. She is then sent to a special Instruction Room, where the elementary facts of the structure and functions of the female pelvic organs are explained to her and the type and application of the methods generally prescribed at the clinic are demonstrated. Charts, manikins, and diagrams are employed for instruction purposes. Of particular help is a gynaplaque of soft rubber which is a replica of the female generative organs. The patient is allowed to remain in this room as long as she wishes, and she is encouraged to ask any questions which may arise. This preliminary instruction greatly relieves the patient’s mind and enables her to cooperate more intelligently with the doctor later on. Patients may be taken for instruction either individually or in groups of from four to six when necessary.

After receiving these introductory explanations, the patient is directed to the physician for examination and treatment. Prior to examination the patient is requested to empty the bowels and bladder. Patients badly constipated cannot be properly fitted. The physician records the medical and sexual history, examines the patient, and notes the physical findings on the history card. The doctor then prescribes the indicated method and gives the patient further individual instruction in its use and application.

At the Birth Control Clinical Research Bureau it is the aim to give complete and final instructions at the first visit where possible. In some cases, however, the physician finds it necessary to have the patient return for a check-up within a few days, and in such cases she is warned not
to use the method until after the check-up. In any event, however, all patients are requested to return to the clinic from time to time for further supplies and for follow-up reports. In this manner the clinic is able to keep in contact with the patient and to have a record of the progress of the case.

The procedure outlined is merely suggestive, and may be varied to suit the individual center. The Birth Control Clinical Research Bureau will be glad to advise and assist those contemplating the establishment of a birth control clinic and to cooperate with them in every possible way. A post graduate service for physicians interested in acquiring the technique of contraception is maintained by the Bureau. Further details regarding this course will be sent interested physicians upon request.

MEDICAL LITERATURE AND MEDICAL FILMS dealing with the biology of conception and the technique of contraception are available to physicians and clinicians, as well as to medical colleges. THE JOURNAL OF CONTRACEPTION, published monthly under the auspices of the Bureau, is a constant source of assistance and reference material for all birth control clinics affiliated with the Bureau.

STANDARDS FOR AFFILIATED CLINICS

To become affiliated with the Birth Control Clinical Research Bureau, birth control centers must meet the following standards:

1. Objects:

The object of the center should be to provide contraceptive information and to give general advice in marital hygiene. It should be clearly understood that no interruption of pregnancies will be attempted or performed at the center. In instances where therapeutic indications exist, the patient is to be referred to the local hospital for proper disposition.

2. Organization:

The clinic must be established on a community or social service basis, and not as a commercial enterprise of any individual or group, whether lay or medical. It may be organized under the auspices of:

a) A local birth control league or association.

b) Hospital clinic or health department service

c) Local social welfare organization, public health group, or similar community agency.

Whenever possible a medical board consisting of prominent local physicians should be formed to act in an advisory and supervisory capacity.
3. Personnel:
The clinic should be under medical direction of a physician in attendance at every session.
The number and character of the additional personnel will depend upon the needs of the individual clinic. No member of either the administrative or medical staff may have any affiliation with or interest in any commercial concern manufacturing contraceptive products.

4. Location:
The clinic may be located either in a separate building, hospital, dispensary, public health department, or community service center. It should consist of at least two rooms; one a waiting room, and the other an examining room with adequate privacy, sanitary facilities including running water and a sterilizer, and the necessary equipment.

5. Records:
A history card should be kept for each patient admitted to the clinic. The history should include the social, reproductive and medical data, pelvic findings, the method prescribed, and check-up and follow-up notes.

6. Follow-up:
The degree and extent of the follow-up will depend upon the local needs, and is to be determined by those in charge of the clinic. It is, however, desirable to encourage follow-up work as much as possible.

7. Methods:
While the choice of the method in each individual case must be left to the judgment of the physician in charge, it is expected that the methods prescribed at the clinic will be those approved by established birth control clinics generally. It is the consensus of opinion that intra-uterine appliances should not be prescribed at clinics. When special methods are used, careful records are to be kept and follow-up work instituted so that the results may be adequately evaluated.

8. Fees:
Fees should be left to the judgment of the local organizations and adjusted according to the individual case.

9. Annual Report:
Affiliated centers are requested to prepare annual reports of their activities and to send these to the Birth Control Clinical Research Bureau. The reports will be correlated and published in the Journal of Contraception.
BIRTH CONTROL IN A PUBLIC HEALTH PROGRAM

We have outlined a procedure for establishing a Birth Control Center under private, philanthropic auspices. Such a service can fill a real need in the community but obviously the ultimate goal of the birth control movement must be the inclusion of birth control service in local, state, and national public health programs. Meanwhile, the independent clinic, efficiently administered under recognized medical and lay auspices, can bring this goal nearer by demonstrating its usefulness to the community until birth control is given its proper recognition as a branch of preventive medicine.
THE JOURNAL OF CONTRACEPTION
Devoted to the Biological and Clinical Aspects
of Human Fertility and its Control

ABRAHAM STONE, M.D., Editor

EDITORYAL ADVISORY BOARD

ROBERT L. DICKINSON, M.D., New York City. Chairman
CALVIN BRIDGES, Ph.D. California Inst. of Technology
ADELAIDE BROWN, M.D. San Francisco, Cal.
ROBERT CHAMBERS, Ph.D. New York University, N. Y. C.
HAVELOCK ELLIS London, England
HERBERT M. EVANS, M.D. University of California
ALAN F. GUTTMACHER, M.D. Baltimore, Md.
NORMAN E. HIMES, Ph.D. Colgate University
NILS P. LARSEN, M.D. Honolulu, T.H.
ADOLF MEYER, M.D. Johns Hopkins Hospital
J. SHIRLEY SWEENEY, M.D. Dallas, Texas
FRED J. TAUSCHIG, M.D. St. Louis, Mo.
IRA S. WILE, M.D. New York City
PRENTISS WILLSON, M.D. Washington, D. C.
RACHELLE S. YARROS, M.D. Chicago, Ill.

CONTENTS

Original Articles by Leading Scientists and Clinicians
Abstracts of the World Literature on the Various Aspects of Human Fertility
Reports from Birth Control Clinics in Various Countries
Reports of New Legislation Relating to Marriage and Reproduction

Editorials Book Reviews News Items

Distributed only to Members of the Medical and Scientific Professions

Annual Subscription: $1.00 — Single Copies: 10 cents
Published Monthly October to May, bi-monthly June to September
Under the Auspices of BIRTH CONTROL CLINICAL RESEARCH BUREAU AND AFFILIATED CLINICS

11
BIRTH CONTROL CLINICAL RESEARCH BUREAU
17 WEST 16th STREET   NEW YORK CITY

MARGARET SANGER
Director

HANNAH M. STONE, M.D.
Medical Director

ROBERT L. DICKINSON, M.D.
Senior Medical Consultant

CLARENCE J. GAMBLE, M.D.
Medical Field Director

J. NOAH H. SLEE
Treasurer

Board of Trustees

Mrs. Alexander C. Barker
Mrs. Alexander C. Dick
Mrs. Felix Fuld
Rabbi Sidney E. Goldstein
Mrs. John Henry Hammond
Mrs. Otto H. Kahn
Mrs. Thomas W. Lamont
Miss Anne Morgan
Mr. Kermit Roosevelt
Mrs. Juliet Barratt Rublee
Mrs. Margaret Sanger
Mr. Charles E. Scribner
Mrs. Diego Suarez
Mrs. Walter Timme
Mr. Harrison Tweed
Mrs. W. K. Vanderbilt

Advisory Council

Leon J. Cole, Ph.D.
L. C. Dunn, Sc.D.
E. M. East, Ph. D.
Henry Pratt Fairchild, Ph.D.
John Favill, M.D.
C. C. Little, Sc.D.

Adolf Meyer, M.D.
Stuart Mudd, M.D.
William F. Ogburn, Ph.D.
John B. Solley, Jr., M.D.
Benjamin T. Tilton, M.D.
Ira S. Wilc, M.D.