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IN THE public health program to provide better care for mothers and babies, emphasis is now being placed on the advantages of nursing assistance at delivery and during the postnatal period. Most cities have visiting-nurse agencies which provide bedside nursing care for home deliveries, but in rural areas it has been necessary for the health department to assume responsibility for making this type of nursing care available. Two experimental programs in rural counties in New York State are described by Miss Marion W. Sheahan, director of the division of public health nursing of the State Department of Health, in the article "Maternity Nursing in Rural Homes." Miss Sheahan discusses the administrative problems which must be solved if the nurses on a generalized nursing service are to provide this maternity care.



Due to deficiencies in published official data, knowledge of variations in birth rates at the different socio-economic levels of our society must come mainly from special studies. It is therefore most fortunate that data suitable for analysis of this question were collected during the course of the *National Health Survey*, which was conducted in 1935-1936 and included 740,000 families in eighty-four cities of nineteen states.

Through the cooperation of the United States Public Health Service, tabulations of the fertility data are being analyzed at the Fund. Under the title, "Birth Rates and Socio-Economic Attributes in 1935," Clyde V. Kiser presents a second progress report embracing the surveyed native-white, foreign-white, and colored wives of childbearing age in eighty-three cities. For groups subdivided by nativity and color of the wife and by area and size of community, birth rates are presented according to occupational class of the head, educational status of the wife, and by family income and relief status. The data indicate fairly conclusively

that although the families ranking at the lowest rung of the ladder were generally characterized by highest birth rates, the traditionally perfect pattern of inverse association between fertility and socio-economic status is not now universally found among urban marriages. The modifications are suggestive of diminishing importance of differential fertility.



With the growing recognition of the value of contraceptive clinics in well-rounded maternal health services, it becomes imperative that the policies and procedures of established clinics be carefully assessed. In "Birth Control in a Midwestern City," the second of a series of articles on the clinics of the Cincinnati Committee on Maternal Health, Regine K. Stix discusses the effectiveness of family limitation among patients who had attended a birth control clinic. The single contraceptive method prescribed at the clinic was very effective, but, by the time they were interviewed in a follow-up study, 60 per cent of the patients had given it up. These patients turned instead to the types of contraception used before they attended the clinic. Contraceptives other than those recommended by the clinic were much more effective after the patients had been in contact with a birth control clinic than before.



In order to develop more effective health services for the care of mothers during pregnancy and the early care of newborn infants in Cattaraugus County, New York, it was first necessary to accumulate information as to the amount and type of care being provided in the area and the extent to which the available services were being utilized. An opportunity to secure this information was afforded by a special morbidity survey made in the area during 1929-1932. In a paper "Maternal Health and Supervision in a Rural Area," Miss Dorothy G. Wiehl and Miss Katharine Berry of the Fund's technical staff present the data gathered during this survey.