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CHILDREN'S BUREAU

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APRIL AND MAY
WEIGHING AND MEASURING TEST

PART 3
FOLLOW-UP WORK



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**APRIL AND MAY
WEIGHING AND MEASURING TEST
FOLLOW-UP WORK**

Follow-up work for the Weighing and Measuring Test should center in improving the nutrition and care of the child in his own home, and in the employment of public-health nurses.

The purpose of the Weighing and Measuring Test is to aid a community in saving its quota of the 100,000 lives of children under 5 years to be saved in this country during the second year of the war. It is hoped that it will accomplish this object. First, in a specific way, by drawing the attention of parents, physicians, public-health nurses, and the community to the babies and children under school age who are shown to be under-nourished—that is, who are under the average weight for their height—or who are discovered to have defects or diseases, second, in a general way, by drawing the attention of everyone in the community to the work of Children's Year and to the need of public-health nurses and of centers for infant and maternal welfare. No Weighing and Measuring Test will accomplish these objects unless follow-up work, both specific and general, is made the most important part of the campaign.

I Follow-up Work With Children Shown by the Test to Be Underweight.

1. Records.

One-half the record card is to be given to the parents, the other half is to be returned to the Children's Bureau. If a permanent record is to be kept in the community, the most important points should be copied from the cards before they are returned to the bureau. Some committees will wish to keep records of all examinations made, this will be possible only when small numbers of children are weighed and measured. Where many children are tested it would involve some expense and considerable clerical work. Since it is desirable to have the Test carried on with comparatively little labor and expense in order that practically all money and labor may be concentrated on permanent child-welfare work in the community, it will probably be wise not to attempt to copy the information from all the cards. But a *permanent record should be kept of every child found to be under weight for his or her height.* This is essential in order that follow-up work may be done.

Of course each community will keep a precise record of the total number of examinations made so as to show what proportion are found to be under weight.

The information may be copied on sheets of paper, a suggested form for which has been sent out with the cards; or where a committee wishes to undertake the added expense it may be copied on separate cards, the questions on the original cards being mimeographed or typewritten on the separate cards. A suggested form for such a card will be found at the end of this leaflet.

2. Special Follow-up Work With Individual Children.

The most important information on the card (besides that necessary to identify the child) deals with these facts: Is the child's weight below the average for his age, and, if so, how much? Is the child's weight below the average for his height, and, if so, how much? The height and weight of a child are a rough indication of his development and nutrition. If a young child's weight is considerably (2 pounds or more) below the average for his age this should be noted as an important fact. A still more important fact to be noted, however, is whether or not the child's weight is below the average for his height. Many children because of inheritance, the results of contagious or other diseases in early life, or other causes, are below the average height for their age, others on account of inheritance or because of favorable influences are above the average height. For instance, a child of 5 years may be only the height of a 3-year-old child. It would manifestly be wrong to demand that this child weigh as much as a 5-year-old child. He should, however, weigh as much as the average child of his height. If a young child's weight is much (2 pounds or more) below the average for his height, this should be a warning that the child's nutrition is not normal. When the weight falls markedly below the average, the child should be examined by a physician to see whether some fault in hygiene or diet, or some defect or sickness, is causing the malnutrition.

The committee in charge of the Weighing and Measuring Test should make clear through the press, through meetings, lectures, etc., the significance of any such marked deficiency in weight. Through these means parents should be urged to take children found to be sub-normal to their family physician, to infant-welfare stations, or to children's clinics for a thorough examination, and, if necessary, for treatment. In communities where there are public-health nursing or infant-welfare associations, the help of their nurses may be secured.

II. Securing Public Interest in the Report of the Test.

The committee should prepare a short report giving the total number of children examined in the test, and the number of these who were found to be underweight for their height. This summary will give the community an estimate of the nourishment of its children. This information may be presented at a mass meeting of the citizens and should also be given as much newspaper publicity as possible. Graphic presentation of the facts by means of charts and maps may be of help.

The mass meeting may well be the first step in pointing out, from the facts disclosed in the test, the need for work for the protection of babies and young children, especially the need for *public-health nurses* and volunteer help to assist them.

*III. Community Child-Saving Measures Important as Follow-up Work*¹

1. Public-Health Nurses.

Each community in each State has its quota of lives of young children to save during the year's campaign to save 100,000 lives in the second year of the war. Public-health nurses have been proved to be the most important means of saving the lives of babies, young children, and their mothers. In England and Wales, where the infant mortality rate for 1916—the second year of the war—was brought down to 91 per 1,000 births (the lowest point on record for England), an effort has been made from the beginning of the war to have one full time health visitor (corresponding in many ways to our infant-welfare nurses) for every 500 births reported annually.

It is urged that follow-up work for the Weighing and Measuring Test and for Children's Year be concentrated on placing a good public-health nurse in each community and in each rural county and on increasing the number of these nurses, if necessary, where the work is already established. One city in the Middle West, with a population of about 125,000, and a little over 3,000 births in 1915, reported five nurses giving full time to infant-welfare work, or one nurse for 600 births. The infant mortality rate in this city was in 1915, 71 per 1,000 births—19 points below the rate for the birth registration area in that year. Since 1915 the number of nurses in this city has been further increased.

Every effort should be made to raise funds, either by private subscription or through public appropriation, to support a nurse to do infant-welfare and prenatal work and other public-health nursing. If enough money can not be raised to support a nurse for a year, a great effort should yet be made to raise enough to support one for four or six months—if possible during the summer months, when in crowded communities the danger to babies and young children is greatest. If a good nurse is selected her work will demonstrate its value to the community.

A pamphlet on public-health nursing makes the following statement: "Every community has resources which become more accessible when once it is convinced of the value of the nurse's work. For this

¹ See also *Baby Week Campaigns*, pp 94 ff, issued by the U S Children's Bureau. The bureau has a number of other publications on these subjects now available or in preparation, which will be sent on request. In addition, the bureau will gladly answer questions in regard to the organization and carrying out of these activities.

reason it is advised that if six months' salary is available the work should be put under way. This is the best method of educating a community to the need and usefulness of a visiting nurse."

The cost of employing a public-health nurse depends somewhat on local conditions. The salary of a nurse qualified to do this work varies between \$75 and \$125 a month. In addition, allowance must be made for transportation, telephone, and incidental expenses.

The cost of a nursing service is in some cases met by private subscription, in others by public funds, in others by a combination of the two. Many boards of education and health departments, city or county, now employ nurses; and there is a constant tendency for them to take over the work of private organizations. In several States laws have recently been passed allowing county boards of supervisors to appropriate money for the employment of nurses.

The National Organization for Public-Health Nursing, 156 Fifth Avenue, New York City, stands ready to help any State or local organization that desires its assistance.

Associations in small towns and in rural districts may obtain special help from the Town and Country Nursing Service of the American Red Cross, Washington, D. C. Committees associating their work with the Red Cross through affiliation will receive assistance in organizing and in securing nurses especially qualified for work in such communities.

A circular, which is in preparation and which may be obtained from the Children's Bureau for distribution, will describe the work of such nurses in more detail and will give further information as to the cost of a nursing service.

At present, because so many nurses have been called into military service, it is often hard to find good public-health nurses to fill positions. Plans are being made by committees and organizations interested in public-health nursing to increase the supply of nurses.

2. Home Health Volunteers.

A circular previously issued by the Child-Welfare Department of the Woman's Committee of the Council of National Defense gives details in regard to the organization and enlistment of Home Health Volunteers.

The work of the trained public-health nurse may everywhere be made to "go further," if volunteer assistance is given her in carrying out certain parts of her work which do not need professional experience. Office work, doing errands, taking patients to clinics, automobile service, and home work under the direction of the nurse are all ways in which volunteers can make the work of the public-health nurse in baby saving more effective.

In foreign countries, such volunteer work for infant welfare is recognized as war work of the first importance. It is said that in

Berlin, in 1916, 6,000 volunteers were assisting in the work of safeguarding mothers and babies. In each local sanitary district in England a large proportion of the successful service for child welfare is volunteer.

3. Infant-Welfare Stations.

The establishment or development of infant-welfare stations or centers and prenatal centers is valuable follow-up work. At these centers mothers can obtain medical advice and supervision in the care of themselves and their babies.

4. Confinement Care.

Provision should be made in each community for proper medical and nursing care in hospital or at home for mothers at confinement.

5. Birth Registration.

The advantages of prompt, complete birth registration are described in the Children's Bureau pamphlet, "Birth Registration. An aid in protecting the lives and rights of children."

A leaflet describing how a community can test the adequacy of its birth registration may be secured from the Children's Bureau. Such a test is valuable in any community not included in the birth registration area of the United States Bureau of the Census.

6. Community Studies of Infant Mortality.

The Children's Bureau is preparing an outline for a community study of infant mortality, of existing provisions for safeguarding young children, and of the need for further work. It will be sent on request to committees wishing to undertake such work.

7. Divisions of Child Hygiene.

The establishment of divisions of child hygiene in State and local departments of health will be important in making permanent the work of Children's Year.

8. Safeguarding the Milk Supply for Children.

The importance of milk in the diet of children is emphasized in the Children's Bureau pamphlet entitled "Milk: The Indispensable Food for Children."

9. Courses in Child Care.

Courses in the care and feeding of children may take the form of lectures or club meetings for women or of school courses or Little Mothers' Leagues for young girls.

These are suggestions for the most part for community action. The bureau does not ignore the fact, however, that no measures for the prevention of infant mortality can be satisfactory unless the

homes where individual children live reach a fair standard of wholesome comfort.

Suggested form for permanent record card.

Name of child Address

Age of child yrs, mos Male, Female (Place a check mark above correct answer)

White, Colored (Place a check mark above correct answer)

Birth place of mother Date of examination

Name of examiner Height, Weight
 inches lbs oz

Is child underweight for age? How much?

Is child underweight for height? How much?

Remarks (Defects or diseases diagnosed if examiner is physician)

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Follow-up work done, with date:

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(Actual size.)

The reverse should be used for records of subsequent examinations with the same information regarding age, height, weight, and whether the child is at that time underweight for his age and height