Sheppard-Towner Maternity and Infancy Protection Act (1921) [1]

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In November 1921, US Congress passed the National Maternity and Infancy Protection Act, also called the Sheppard-Towner Act. The Act provided federal funds to states to establish programs to educate people about prenatal health and infant welfare. Advocates argued that it would curb the high infant mortality rate in the US. Many states accepted funding through the Sheppard-Towner Act, leading to the establishment of nearly 3,000 prenatal care clinics, 180,000 infant care seminars, over three million home visits by traveling nurses, and a national distribution of educational literature between 1921 and 1928. The Act provided funding for five years, but was repealed in 1929 after Congress did not renew it. Historians note that infant mortality did decrease during the years the Act was in effect. The Act also influenced provisions aimed at infant and maternity welfare in later legislation, such as the Social Security Act of 1935.

The Sheppard-Towner Act grew out of the efforts the US Children’s Bureau in Washington, D.C., during the early part of the twentieth century. The US Children’s Bureau was established in 1912 as a federal department that dealt with issues concerning the welfare of infants and children. Bureau chief Julia Lathrop dedicated much of the department’s first decade to the issue of infant mortality. Between the years 1913 and 1915, the Bureau conducted several studies that indicated that infants had a higher mortality rate in areas affected by poverty and a lack of accurate information on health and hygiene. The Bureau found that pregnant women and infants in rural areas were at higher than normal risk of death due to a lack of access to nurses and hospitals.

In the 1917 annual report of the Children’s Bureau to the Secretary of Labor, Lathrop suggested creating a federal program that would empower states to promote prenatal and infant health and hygiene through educational seminars, literature distribution, and home visits by traveling nurses. Lathrop argued that such a program could prevent the deaths of many women and infants, particularly in rural areas. She noted programs that had already been implemented in England and New Zealand, which had reduced infant mortality in those countries. She cited the 1914 Smith-Lever Act as a legal precedent and model for how such a program would function in the US. The Smith-Lever Act provided federal matching funds for states that invested in education and outreach efforts promoting the latest advances in agriculture. Under the arrangement, every dollar that the state allocated to fund its own programs was matched by the federal government with a dollar of federal funding. Lathrop argued that a similar funding scheme could help states build programs to promote infant and maternal health and welfare. Lathrop traveled the country promoting the idea, gathering support from groups such as the General Federation of Women’s Clubs and the National Women’s Trade Union League, founded in Boston, Massachusetts.

Between 1918 and 1920, US Congress in Washington, D.C., considered several bills proposing federal appropriations for state maternity and infancy programs. Jeanette Rankin, a Republican representative of Montana and the first Congresswoman in the US, sponsored the first of the bills in July of 1918. The Rankin bill, which was drafted largely by Lathrop and Children’s Bureau staff, proposed to fund educational programs about pregnancy [4] and infant care, focusing on rural populations. Despite support from many women’s organizations and groups like the American Federation of Labor, founded in Columbus, Ohio, the US Congress took no action and the bill did not go to a vote.

In late 1919, Morris Sheppard, a Democratic senator from Texas, and Horace Towner, a Republican congressman from Iowa, jointly introduced a similar bill. That bill, Senate Bill 3259, passed the Senate but stalled in the House of Representatives in December 1920. Sheppard and Towner reintroduced the bill when Congress reconvened in 1921 as Senate Bill 1039. The bill was called the National Maternity and Infancy Protection Act, commonly called the Sheppard-Towner Act.

Sheppard and Towner’s bill requested appropriations in the amount of $10,000 per state followed by an additional $4 million dollars to be distributed annually thereafter as part of a federal matching grant program. States would use a one-time $10,000 grant to design and set up programs to educate women on prenatal health and the proper care of infants, and after that, any state funding would be matched dollar-for-dollar by the $4 million dollars of federal funds provided under the Act. The Children’s Bureau would oversee and administer the Act, which obligated state officials to report back to the Bureau on the progress of the programs developed in their states.

From April to May 1921, the Senate Committee of Education and Labor discussed Sheppard and Towner’s bill during several hearings before the Senate Committee of Education and Labor. Proponents of the bill testified at the hearings, Including Florence Kelley, social reformer and chief spokeswoman for a coalition of national women’s organizations. Kelley and others argued that the Act would empower states to improve the health of women and infants in previously underserved areas. Others opposed the bill, including members of the American Gynecological Society, founded in New York City, New York, who argued that the Act would interfere with private medical practices and potentially lead to socialized medicine. Still others, such as Mary
Sources

8. Sheppard-Towner Maternity and Infancy Protection Act of 1921, 42 U.S.C Section 161–175 (1921).
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