

Sheppard-Towner Maternity and Infancy Protection Act (1921)

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 The Act provided funding for five years, but was repealed in 1929 after Congress did not renew it.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 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 Kilbreth, president of the National Association Opposed to Woman Suffrage, headquartered in New York City, New York, claimed that the bill was part of a communist plot to put families under the control of government bureaucracy.

The bill passed in the Senate in July 1921 and in the House of Representatives that November, but only after being revised. The amount of money appropriated was decreased to \$5,000 per state in annual grants and \$1.2 million in matching federal funds, and states' participation was entirely voluntary. In order to placate organizations like the American Medical Association, headquartered in Chicago, Illinois, the bill stated that it funded educational and preventative health programs only and that the Children's Bureau would not provide medical care. Lastly, Congress agreed to fund the Act for five years, after which Congress would reconsider the Act. On 23 November 1921, US president, Warren Harding signed the bill into law. Some historians later claimed that the Act passed in part because women had received the right to vote in 1920. Those historians suggest that members of Congress were concerned that rejecting the Act might lose them the support of women voters in future elections.

After the passage of the Sheppard-Towner Act, many states passed laws to receive Sheppard-Towner funds. By 1922, forty-one states had passed legislation that enabled them to access Sheppard-Towner funds. States used the funding to establish prenatal clinics, host conferences on the subject of infant health, and distribute educational material such as the Children's Bureau publications Prenatal Care and Infant Care. Public nurses hired with Sheppard-Towner funds made visits to the homes of families with young children, and several states established programs for training and licensing midwives. Historian Richard Meckel later noted that the Sheppard-Towner Act had a large impact in southern and western states, where access to maternity, pregnancy, or infant health programs had been especially scarce. Over 500 prenatal care clinics were established in 1925 alone, and by 1928, the total number was close to 3,000. Public nurses made over 3 million visits to the homes of women with infants during the time the Act was in effect, and local universities and town halls hosted thousands of educational seminars on infant health. Thousands of nurses, Children's Bureau employees, and volunteers distributed information at fairs and local gatherings and encouraged birth registration.

Although the Children's Bureau and many state organizations considered the Sheppard-Towner Act a success, the Act still faced opposition. In 1927, due to increasing pressure from the American Medical Association and a number of conservative senators, the US Congress failed to pass the bill that would have renewed the Sheppard-Towner Act. Instead, they approved a two year extension of funding, after which, in 1929, the Act was to be dismantled entirely. Historians later noted that by 1927, women's voting patterns were less mysterious, and it became clear that women did not all vote alike on the same issues. Some historians argue that without the pressure of a potential women's voting bloc, Congress was less motivated to continue funding the Act.

On 30 June 1929, the Sheppard-Towner Act expired and all Sheppard-Towner funding stopped. A few states continued the programs that they had established under the Act, but due to the lack of federal funding and the onset of the Great Depression in the early 1930s, most of those programs struggled. In many states, maternity and infant welfare programs were either cut back substantially or ended completely.

While temporary, the Sheppard-Towner Act had several legacies. In August 1935, US president Franklin Roosevelt, signed into law the Social Security Act. As amended by US Congress in 1939, the provisions in Part One of Title V of the Social Security Act, which provided federal matching grants to states for maternal and infant health programs, were closely modeled after those outlined in the Sheppard-Towner Act. Furthermore, workers hired with Sheppard-Towner funds also encouraged the collection of vital statistics. Through their efforts, the number of states requiring birth registration grew by an additional eighteen states. The infant mortality rate declined between the years of 1921 and 1929, and later commentators estimated that the Sheppard-Towner Act helped tens of thousands of infants.

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