

pregnancy under way and from anxiety about how to feed the little one when it arrives.

To get the physician up the "holler" to the mother, or the mother to town to the doctor, has seemed and has really been a practical impossibility. The Mountain Maternal Health League provides a registered nurse, qualified, sponsored by reputable physicians, who has understanding of mountain people and mountain problems and who gives this help in a friendly visit. So comes a new day for the mountain mothers. The mothers feel safe knowing that a medical advisory board of well known physicians is acting on the case and supervising the visiting nurses as well as selecting the supplies.

The Mountain Maternal Health League has behind it now an experience of nearly four years of this sort of work, and its extent has been limited only by the funds available. Our work has centered in three counties of Kentucky, Madison, Rockcastle and Jackson; there are also from one to fourteen clients each in twelve other counties of this state, and others in Alabama, Tennessee and North Carolina. Overhead expense is reduced to the minimum in order to use every available cent for the actual work. Office space is donated and NYA help secured for clerical work. In every case careful records are kept. The number of mothers we are now serving is over seven hundred.

The procedure is simple. The nurse makes a friendly call where she knows the family is large, the income small. She is advised where to go by doctors, social workers, or friends of the family. The mothers welcome with pathetic eagerness the help she offers them. We have been surprised at how little opposition has been found. A month's supply of the contraceptive is left, after the nurse has shown the mother how to use it by means of a model, which not only makes the method clear but serves to dignify the whole interview. She is then asked to write when she is in need of further supplies, or of any advice. If she is able, the mother pays a minimum amount for her supplies. If not, she receives them free. If the nurse is as friendly as she is competent—and ours have been—she is called upon to give other advice about the economic and general welfare of the family.

One aspect of the situation, second to the need of the family, and familiar to all of us, of course, is that many of the people we are serving are relief

clients. Over and over again, funds that might go toward the better feeding and clothing—not to mention educating—of children now living must be diverted to bring into the world more children to feed, to clothe and to educate.

As often as possible, return visits are made by the nurse to discover how faithfully the method is being tried, to discover any difficulties in connection with the procedure, and to renew supplies. We have been fortunate in having nurses who, themselves mountain girls, are thoroughly familiar with the problems and thoroughly sympathetic with the reticence of some of the mothers in discussing their family problems. Such good news spreads rapidly, and as indicated above, we are limited only by funds. We could actually place right now a dozen nurses if we had the money to cover their salaries and car expenses. Wherever possible, the nurse ties the work up with a local center, a settlement, a mission, a nurse, a doctor or group of doctors, who, even though they may not be very near, give the mother some assurance of help.

While all of us hope and expect that this service to mothers is going to become a part of the public health program in all southern states, as such clinics now are in North Carolina, South Carolina, and many cities, we know that it will be a slow process. Even after the state incorporates it as a regular part of the work of the county health nurse, it will be a long time before the already over-worked nurses can reach out to the remote families up the creeks and hollows, where are the very ones who need it most. And then, too, there are many counties which do not have public health departments with county nurses in the field.

We deprecate the enthusiasm of any group who proclaims it has found *the* answer to any social situation. But here is a place we can take hold. We can be sure that every mother visited and furnished with this long-sought information will lessen by just that much the load in that family, and the burden on state and nation now unprepared to care for the children of impoverished families.

Any group who would like to initiate the service through securing the services of one of our nurses for a period of time may address the Mountain Maternal Health League, Berea, Kentucky.