
...1930 report on INFANT AND PRE-SCHOOL CLINICS by Clara Ross, RN

INFANT AND PRE-SCHOOL CLINICS

Miss Clara Ross, Charlotte, N.C. 1930

Just how the milk station in this country grew into a well-baby station and how its doors were opened to the toddler and his older brother is a long story into which we have not time to go.

Certain nation-wide campaigns carried on by organized lay groups have played a leading role in this change. First, there were the Better Baby Contests, sponsored by the Woman's Clubs, with ribbons and prizes. The weighing and measuring campaigns carried on by patriotic women during the war extended interest to the child from two to five. The Parent-Teachers Association assumed the definite responsibility for checking on the physical condition of the child about to enter school through their summer round-up. Public health nurses employed from surplus war funds after the Armistice stimulated the organization of child health centers under Red Cross chapters. The Health Department developed the baby station and clinic as an instrument for saving lives. It now carries them forward with the help of various organizations, and extends their services to children under six years as a means of building up community health.

There is no fixed home for the infant or pre-school clinic. They have been conducted successfully in churches, community houses, health department substations, school buildings, and centers built for their special use. They should be well-heated, have adequate janitor service, and be easily accessible to the mothers. Of the six stations open in Charlotte each week, four are in public school buildings, and one in a church community house which, so far, has been free from denominational entanglements. The sixth, in a Florence Wheatley branch of the Y.W.C.A., is, I believe, very unique. Three of the best rooms are given over from two to four every Friday to one of our largest groups of colored mothers and children. It is a convenient, popular community center in this district. The modern school building, however, is a logical and satisfactory location. With more than one entrance to the building one end of the hall can be reserved for a reception room. The chairs may be easily transferred for the auditorium and kindergarten room. The adjacent medical inspection room is ideal for an examining room with much of the needed equipment already in place. Enthusiastic principals have solved most of the administrative problems, so that there are no conflicting activities during clinic hours.

The equipment for the station need not be elaborate or reserved for the use of this activity alone. It must be available and place at the scheduled hour.

Certain general standards have been set regarding admission to the infant and pre-school clinic. One is that only well children are to attend. Another is age limit, such as one year for the baby clinic and one to five years for the pre-school. The question of whether the fifty per-cent of the people who are believed to be able to pay for their preventive health services shall be admitted still causes much discussion. The financial support of the clinic will help us decide this. Services supplied from public funds are public services. They may be provided for from appropriations for certain economic groups.

The effectiveness of clinic services is increased by a definite plan of health supervision extending over its age period. For example, complete physical examination once in four months for the baby, once in six months for the pre-school child, diphtheria immunization at six months, small-pox vaccination at five and one-half years, etc.

One of the first objectives of the center is to place within the reach of every mother the best scientific information on child care as it applies to her child. This cannot be accomplished through a haphazard distribution of literature and advice. The need can only be determined by conference methods. A health education program for the mother to meet the age needs of the child should also be followed. The nurse's or physician's conference with the mother of the six-months' old child might be planned to present communicable diseases—the decrease of child's natural immunity, increasing social contacts with danger of infection, and means of protection. To the mother of the twelve months' old child should be presented the importance of weaning from the bottle as well as breast. The passing of the third birthday might be the milestone for conference on habits of self-help. Valuable demonstrations may be planned for volunteer of mother in the station with materials brought from home or supplied by the station. It is also well to outline a plan for each year's work with seasonal emphasis for certain activities.

The varied duties of the nurse in the program of the clinic require nursing skill, knowledge of child hygiene, methods of teaching, growth and behavior, and ability to recognize deviation from the normal. During the clinic she checks on growth and development of the child by comparing with last record and averages; observes behavior compares with norms for age; checks health habits and compares with standard for health; sees that mother has printed information for problems involved; and determines whether the child is due a physical examination, or whether its condition requires a conference with the clinic physician. During the physician's hours, she must not only be a public health nurse but a good clinic assistant at the same time. Proper record must be made either by her or a clerical assistant of the physician's findings and recommendations, and written notices must be sent to family physician. She must see that community resources are available for children where family resources are inadequate, and that records are used as well as filed. Last, but not least, the responsibility of adjusting the public health service to that of the private physician along ethical lines is here as well as that of the clinic physician.

Mention must be made of the value of the sick baby clinic for the group unable to purchase medical service in illness. One has been conducted under the Charlotte Health Department over a period of five years. Whether it is a health department activity is questionable. It was started in answer to need for diagnosis and treatment for colored children with hernias, rickets, malnutrition, and symptoms of syphilis. It has been of inestimable value.

The Parent-Teachers Association clinic following their annual round-up cannot be classified with year-round activities. It carries on an intensive piece of work in a brief period, and can maintain a high pitch of enthusiasm. The age group is limited to the child of five and one-half years. Committees from the Parent-Teachers Association organize the drive, get the children in, and not only direct the group movement of the clinic, but carry on many of its routine services. The physicians and nurses are able to make definite tests, complete the physical examination, confer with parents, and complete health protective treatments. It is making a brilliant record. Last year sixty-nine per cent of the children entering 1st grade in Charlotte were enrolled in this clinic. Eight hundred thirty-four parents had conferences with the school physicians.

This use of community forces to supplement the paid worker deserves our serious attention. Public health workers are likely to forget the value of these services. It has large possibilities, and can be used most effectively to meet seasonal emergencies. Volunteers have made large contributions of services over a period of many years. Physicians have given generally of their services. Organized groups have put their shoulders to the wheel. A recent contribution from the private duty nurse deserves honorable mention. A sudden death from diphtheria and the activity of an insurance agent created a demand for an anti-toxin clinic in a mill village. The clinic personnel had concentrated on diphtheria immunization, and were scheduled for other services that must go forward. A public spirited physician volunteered to supply medical services and his office. A call to the Nurses' Registry to match his generosity brought a ready response. Two nurses assisted five afternoons and made a very fine contribution to the five hundred children given health protection.

In closing, I should like to bring to the attention of those interested in the student nurse the teaching material to be found in the baby and pre-school clinics. There is an opportunity of observing large groups of well children, and planning for their care and feeding. There is an individual and group teaching. The routine of the clinic requires group management. The use of social agencies for child health service gives an insight into community organization.

REFERENCES—PHYSICIAN & NURSE

I. Community Health Organization

(American Public Health Asso.)

Infant Hygiene: Pages 72, 73, 74.

Pre-school Hygiene: Pages: 74, 75.

II. A Health Survey of Eighty-Six Cities

(American Child Health Asso.)

Infant Hygiene:

Pages: 129-141.

Pre-school Hygiene:

III. Problems in Administration of Child Health Centers:

Public Health Nurse—January to Sept., 1925

(N.O.P.H.N.)

IV. Standards for Physicians Conducting Child

Health Conferences

(Bulletin #154-Children's Bureau)

V. Developmental Supervision

The Mental Growth of Pre-School Child-Gesell.

(Chapter 37, Pages 430-441) Gesell

VI. The Pre-School Child and his Posture.

(Richardson & Hearn)

VII. Office Administration—Hunter

(#101, Children's Bureau)

1. Outline for Pre-school Classes

(East Harlem Nursing Demonstration)

IX. Free Clinics for Pre-school Child-Shirley Wyne

American Journal of Public Health-March, 1930

DEMONSTRATIONS FOR BABY STATIONS

Given by Mother or Volunteer

1. HABIT TRAINING

Equipment:

Small table	Clock	Small clothes rack
Small Chair	Chamber	Hangers for
Food	Nursing chair	Hats and coats

1. COOKING OF VEGETABLES AND CEREALS FOR CHILD UNDER 1 yr.

Double boiler	2 vegetables	Cereal
Strainer	Spoon	Salt

1. CLOTHING FOR HEALTH

Layette for baby

Rompers, underwear, shoes, etc. for 2 to 5 yrs.

References:

Outline for Pre-school Classes—East Harlem Nursing Demonstration

As the Tree Is Inclined—Metropolitan Life Ins. Co.

Habit Clinics for Child of Pre-school Age—Thom.

(Children's Bureau; Bulletin #135.)

EQUIPMENT

1. WAITING ROOM

Bulletin Board	1 doz. Kindergarten chairs
Chairs—2 to 3 doz.	2 or 3 " tables

1. EXAMINING ROOM

1. 3 chairs.

2. Table for scales—length 30", width 26", height 26".

3. Dressing table—window-ledge or table 15*18".

4. Examining tables- 45*40*24". (Wearn Lumber Co. \$9.00)

5. Desk, writing equipment.

6. Record file Records NOPHN #59

Posters " #60 (Mead & Wheeler)

 " #62 (Chicago, Ill.)

1. Lavatory, toilet seat.

2. Demonstration material.

3. Paper towels, paper bags, roll of paper (15" wide)

4. On dressing table:

Tongue blades	Cotton
Applicators	Adhesive

1. Paper holder & cutter.

2. Electric boiler or substitute, basin, serums for immunization

3. Standard visiting nurse's bag—equipped.

4. Quilted scale pad—16*20"

" table " --16*30"

1. Waste basket.