

The Social History of the American Family: An Encyclopedia

Sheppard-Towner Maternity and Infancy Protection Act of 1921

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Proposed in 1918 and signed into law in 1921, the Sheppard-Towner Maternity and Infancy Protection Act of 1921 (or the Sheppard-Towner Act) became one of the earliest pieces of social welfare legislation to address the needs of women and children. Under the act, the federal government provided grants to promote measures aimed at improving health. Such grants could not be used to provide medical care. Instead, they were designated for prevention via prenatal and child health centers, home visits by nurses, production of educational materials, and child health assessment.

Programs under the Sheppard-Towner Act were overseen by the Children's Bureau, specifically the Division of Hygiene. States that accepted grants under the guidelines of the act did see a significant decline in both maternal and infant mortality. These states also experienced an increase in children receiving regular pediatric care and "well child" health assessments and a significant decrease in the number of women who gave birth without an attendant.

Despite these gains, the act has been criticized as both reflecting and reinforcing hierarchies of race and socioeconomic class as well as contributing to the decline of midwifery in the United States. There was significant opposition to the act and, consequently, Congress did not renew it in 1927; it was ultimately defunded in 1929.

The Sheppard-Towner Act grew out of Progressive politics, specifically efforts to promote child health and protection. This agenda is evident in such efforts as the 1909 White House Conference on Dependent Children, the founding of the American Association for the Study and Prevention of Infant Mortality by the American Medical Association (AMA) in 1909, and the creation of the Children's Bureau within the Department of Labor in 1912. One aim of the act was to provide prenatal education to women. Prior to the implementation of programs under the Sheppard-Towner Act, only wealthy women or women who experienced complications or risky pregnancies received regular medical care throughout pregnancy.

Under the act, pregnant women were educated about such matters as diet, exercise, sexual activity, rest, and safe ways to alleviate the symptoms and discomfort of pregnancy. In addition, they were advised to forgo home birth with a midwife in favor of a hospital birth with a physician, specifically as the latter was deemed inherently

safer. In this manner, the act contributed to increasing antimidwifery sentiment in the United States, specifically as midwives came to be regarded as less hygienic and less skilled than physicians. Thus, the act promoted a modern medical model of pregnancy, labor, and delivery while simultaneously contributing to the decline in traditional birthing practices.

This decline included a move away from herbal remedies, massage techniques, and other rituals midwives often used to provide emotional support and physical comfort to women. It also contributed to an increasing lack of sensitivity about the more traditional birthing practices that had previously been the norm in some racial and ethnic groups, religious groups, and poor communities.

The second primary aim of the act was to decrease infant mortality and promote child health. With this emerged the “better baby contests” in some states. Often held as a component of state fairs, these competitions sought to emphasize health and hygiene by evaluating infants against health and appearance standards. In these competitions, the infants were weighed, measured for height, and assessed for disposition, appearance, perceived alertness, aptitude, and psychological characteristics. Each trait was scored against supposedly objective criteria and points were deducted for “defects.” Notably, the criteria seemed to reflect eugenics ideology of the period, as the scoring criteria favored white children.

Although the act was widely supported, especially by pediatricians, some women's groups, and social reformers, there were others who adamantly opposed it. The AMA criticized it as a violation of states' rights, specifically as grant eligibility under the act was dependent on conforming to the educational and medical models dictated by the federal government. In addition, the AMA was critical of the fact that the nonmedical personnel of the Children's Bureau were permitted to give advice about health matters. Still others critiqued the act as a step toward socialism and socialist health care. Despite these criticisms and despite the fact that the act was discontinued within a decade of its implementation, [p. 1182 ↓] programs implemented under the act did contribute to the growth of both specialized maternity care and pediatric care in the 20th century.

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- [Child-Rearing Experts](#)
- [Children's Bureau](#)
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- [Welfare](#)

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