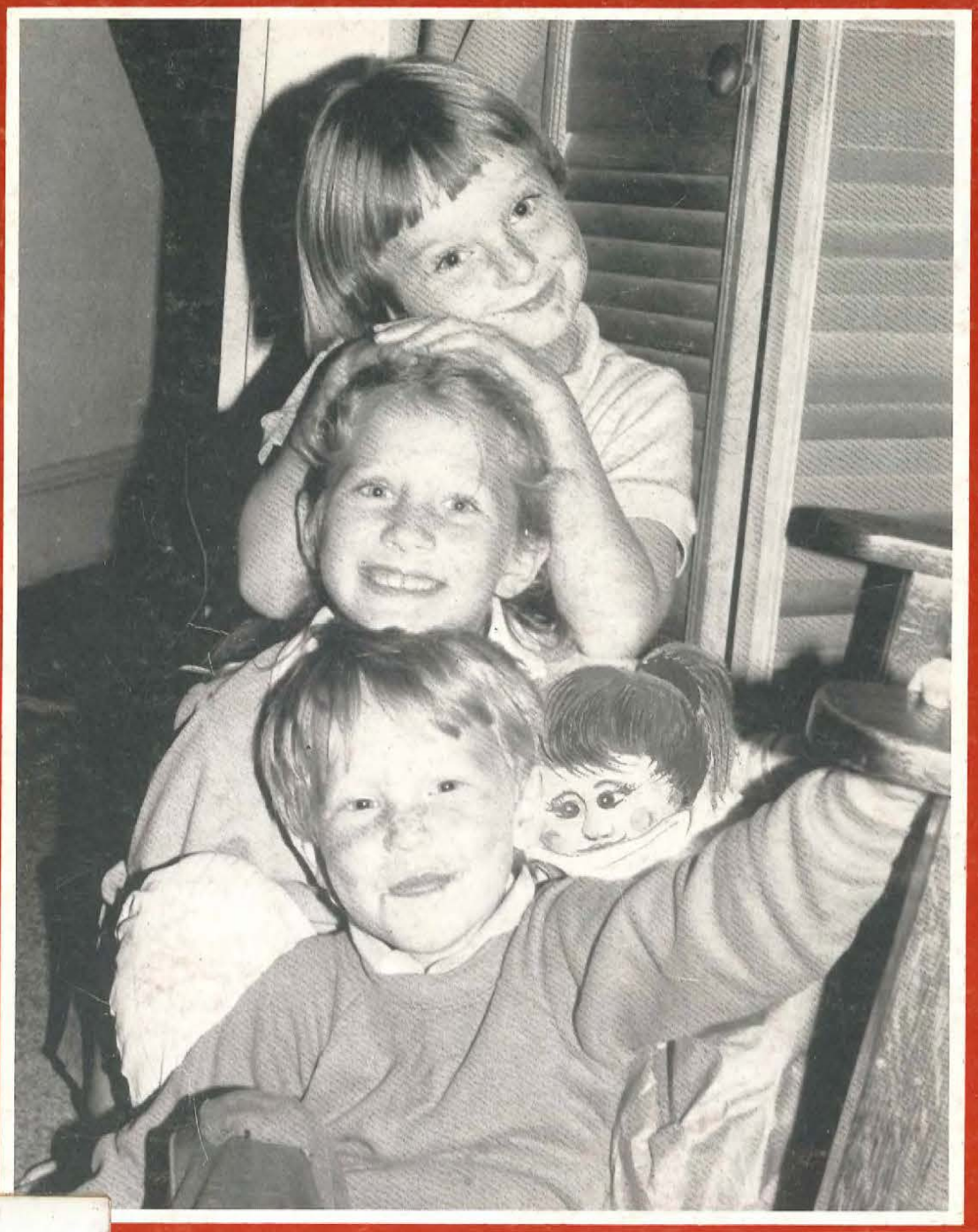
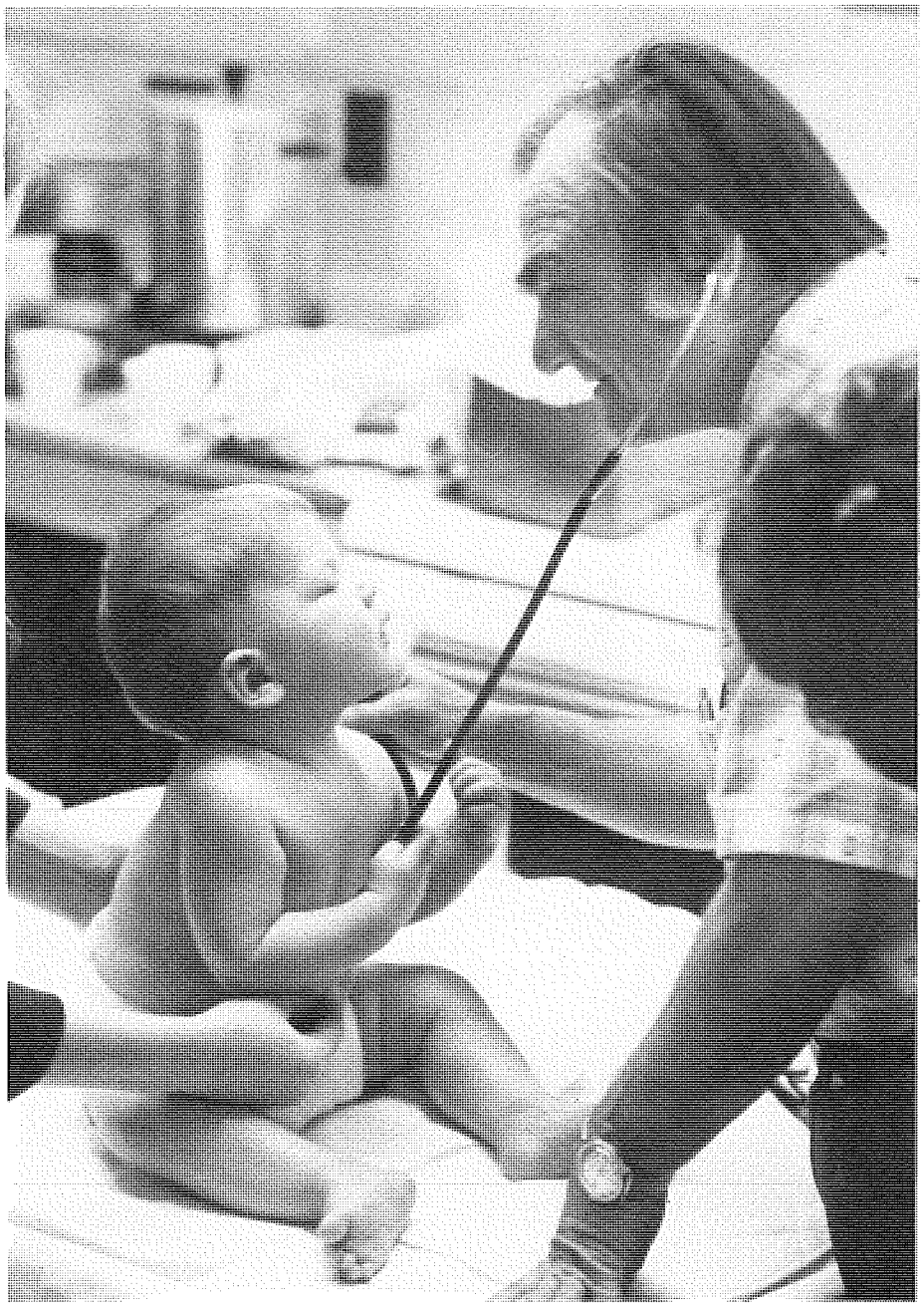


Maine
Maternal & Child Health Services
1935 - 1985

TABLE OF CONTENTS



Special thanks to

Daniel and Carol Bartlett

for their combined hours of research and hard work

which made the compilation of this history possible.

The Stage Is Set

The enactment of Title V of the Social Security Act on August 14, 1935 represented a new partnership involving federal, state, and local efforts united in the goal of protecting and promoting the health and well-being of the nation's children. Many events preceeded the enactment of Title V.

The first recognition of federal government responsibility to promote child welfare came with the Act of 1912 which established the United States Children's Bureau. This agency was directed "to investigate and report . . . upon all matters pertaining to the welfare of children and child life among all classes of our people and shall especially investigate the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, legislation affecting children in the several states and territories."* The Children's Bureau concerned itself with researching such issues as maternal and infant death, child health, mental retardation and care of crippled children. The legislative intent of the Act of 1912 was clearly to study these issues and to utilize the findings to improve health care for pregnant women and children at the state and local level. These precedent-setting studies established a clear relationship between socio-economic factors and infant and maternal deaths.

As a result, the Children's Bureau proposed a continuing grants program to assist state health agencies in the establishment of services to promote maternal and infant health.

*U.S. Statutes, 62 Congress, 2nd Session (1911-1912) Pt. 1, Chapt. 73 pp. 79-80.

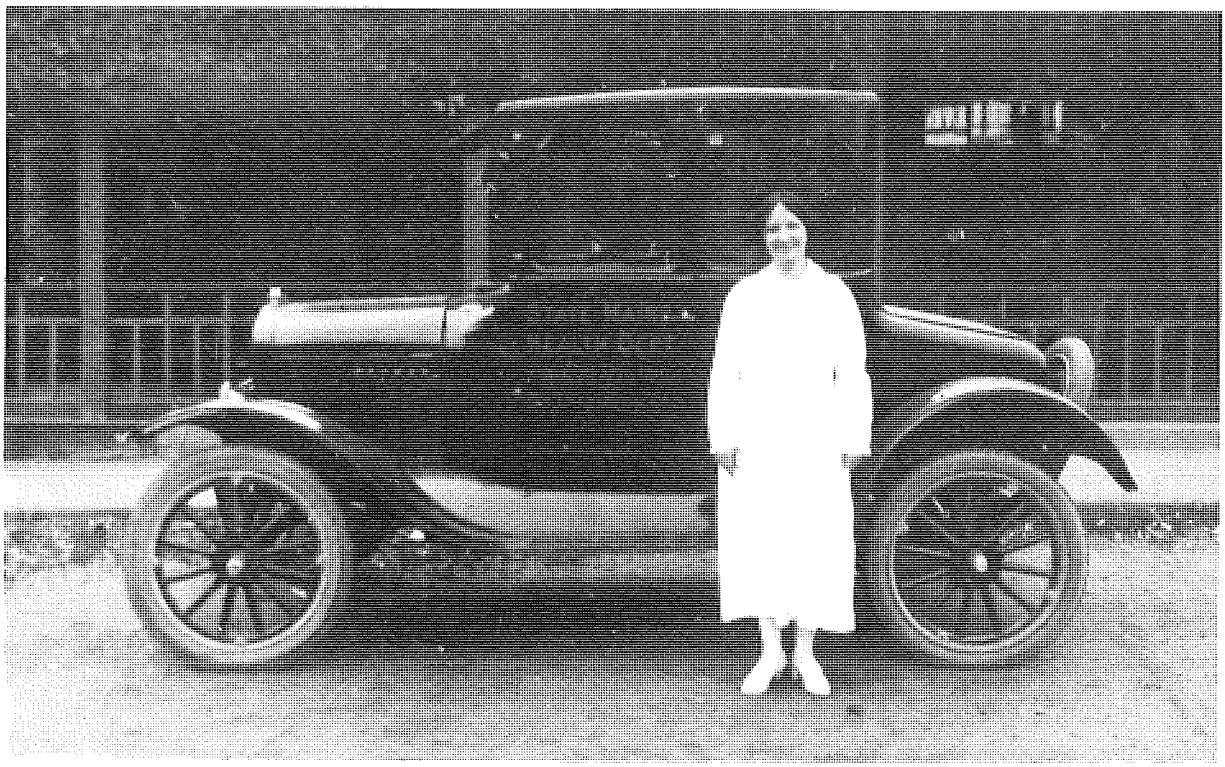
The Sheppard Towner Act, also known as the Maternity and Infancy Act, in force from 1921 to 1929, established the first public health grants-in-aid program of its kind in U.S. history. During that period, many improvements in health services for mothers and children evolved and the groundwork for further development of programs to improve maternal and child health was firmly established.

Additional public support for maternal and child health and crippled childrens services was gained as a result of the 1930 White House Conference on Child Health and Protection. Conference recommendations emphasized the importance of prevention-oriented activities and declared that every state should administer a program for crippled children. The Conference offered an array of factual information illustrating the benefits of intervention in promoting the health of the nation's mothers and infants and gave special focus to the needs of crippled children. The importance of continued federal support for the extension of public health services was further underscored in a report from the President's Committee on Economic Security issued in the wake of the Great Depression. The creation of Title V of the Social Security Act in 1935 was enthusiastically applauded and it remains a recognized landmark in the social history of the nation.

Title V of the Social Security Act provided funds
"for the purpose of enabling each state to extend
and improve (especially in rural areas and in
areas suffering from severe economic distress),
as far as practicable under the conditions in such state
1) services for reducing infant mortality and
otherwise promoting the health of mothers and children; and
2) services for locating, and for medical, surgical,
corrective, and other services and care for facilities
for diagnosis, hospitalization, and aftercare for,
children who are crippled or who are suffering from
conditions leading to crippling, . . . "

Maine History

The Maine Division of Public Health Nursing and Child Hygiene was created in 1920. Federal grant monies provided through the Maternity and Infancy Act of 1922 resulted in the expansion in the late 1920's of the Division of Public Health Nursing and Child Hygiene, whose charge was to provide crippled children's clinics and child health conferences around the state. When federal funds terminated in 1929, the Division was maintained through State appropriated funding. The State Department of Health and Welfare was reorganized in 1933 creating the Bureau of Health to oversee these services.



Edith L. Soule, R.N., first Director of Division of Public Health Nursing.

Getting Started — 1935 to 1945

Responding to the federal guidelines of 1935, the Maine Legislature quickly moved to approve funds and authorize the establishment of the Division of Crippled Children in 1936 and the Division of Maternal and Child Hygiene in 1937. Initially, the two Divisions operated as one under the direction of Dr. Herbert Kobes. The Division of Public Health Nursing and Child Hygiene became the Division of Public Health Nursing at this time.

The Division of Crippled Children sponsored numerous clinics staffed by a variety of doctors, nurses, and specialists (cleft palate surgeons, orthopedic surgeons, physical therapists, social workers, among others). The Division of Maternal and Child Hygiene administered Child Health Conferences in cooperation with the Division of Public Health Nursing, often providing pediatric care and maternal health education in rural areas that had limited access to health facilities. Visits to expectant mothers by public health nurses were organized and funded by Maternal and Child Hygiene, and a demonstration maternal program was created to provide free care and health education in the Waterville area.

In 1939, the two Divisions were split apart to afford each more individual attention. Dr. Kobes continued to improve the services of the Division of Crippled Children, including improved care of tuberculosis patients. Dr. Roscoe Mitchell, director of the Bureau of Health, served as acting director of Maternal and Child Hygiene briefly until Dr. Robert Jewett was hired. Dr. Jewett laid the groundwork for a number of programs. Many were aimed at decreasing the high infant mortality rate, including a rheumatic fever center, establishing rural pediatric clinics, and increasing the number of Child Health Conferences.

M. Eleanor Blish became director of Maternal and Child Health during 1942 and continued to develop the Division's programs. World War II brought the federally funded Emergency Maternity and Infant Care Program. This program, begun in 1943, was noted by some to be "the fastest growing program in the Department's history..." Most of the Division's energy was directed towards operating this program which provided medical, nursing, and hospital services to wives and infants of men in the armed forces. The program would remain a top priority until the end of the war and was maintained on a smaller scale until 1949.

During World War II, the Bureau of Health lost many personnel and experienced difficulty in finding replacements. Consequently, a number of medically oriented programs, including the Division of Crippled Children, were merged forming the Division of Medical Services in 1943, under the direction of Dr. Kobes. When the director of Maternal and Child Health resigned in late 1943, this Division was also merged with the Division of Medical Services. Throughout this period, Dr. Kobes worked hard to maintain a constant level of service.

Reorganization again occurred following Dr. Kobes' resignation in 1945. The Division of Medical Services was broken up, and its parts distributed around the Bureau. Maternal and Child Health and Crippled Children's Services were placed within one Division under Dr. Ella Langer.

Rapid Increase in Children's Services — 1945 to 1964

ELLA LANGER, M.D., DIRECTOR

From 1945 to 1964, Dr. Ella Langer directed the newly combined Divisions of Maternal and Child Health and Crippled Children's Services. Langer, a Jewish immigrant fleeing Hitler and the Nazi threat in Vienna, instituted major programs that bolstered public health throughout the State of Maine.

Dr. Langer and her staff initially instituted more orthopedic clinics and speech clinics. Child Health Conferences were delivered on a more regular basis and innoculations for smallpox, whooping cough, diphtheria, polio and tetanus were made available. However, in the biennium ending on June 30, 1950, limited funds and lack of trained personel prevented further expansion of these clinic services. In 1948, a hard of hearing program was established for Waterville and the surrounding areas. This clinic closed and in 1953 was replaced by the otological out-patient service at Thayer Hospital.

A five year federal grant partially sponsored the Down East School Health and Maine School Health Demonstration Programs from 1947 to 1953. These school-based programs helped meet the needs of mothers and children in the remote Aroostook, Washington and Hancock counties.

A polio epidemic in 1949 prompted Langer to chair a committee that dealt solely with this crippling disease. A physical therapist was hired and more nurses were trained to staff orthopedic clinics. In 1953, a program for treatment of cleft palate was established.

Programs for equal education of the blind and aid to neglected children were instituted in 1954. A cystic fibrosis program created in 1957 provided diagnosis and treatment services. Also in 1957, a pilot program for mentally retarded preschool children began operating in Waterville. In 1959, special monthly clinics for adolescents with crippling conditions became available in the City of Portland. In 1962, funds were made available for the purchase of oral polio vaccine to be provided at child health conferences. Chromosome research in mental retardation was conducted at Thayer Hospital in Waterville in 1962 also, while a new dental program for handicapped and mentally retarded children was made available at Maine Medical Center in Portland through the Crippled Children's Program.

Dr. Langer not only directed programs within the Division, but also participated in numerous committees and conferences relating to child health. In June 1952 a Pediatric Section of the Maine Medical Association was formed. Dr. Langer was elected as secretary for that section. In July 1959, Dr. Langer organized the first International Medical Conference on Mental Retardation. A permanent committee was organized to ensure continued research in the field of mental deficiency. In 1961, she participated as a committee member in a second conference which took place in Vienna, Austria.

While Dr. Langer was director, numerous training programs covering public health topics such as nutrition and health screening procedures were provided to physicians, nurses, MCH/CCS staff and other service providers. The final years under Dr. Langer's leadership saw the development of two new programs — the Phenylketonuria (P.K.U.) testing program and a visual screening program to prevent amblyopia.

Future Direction Set — 1964 to 1970

HELEN PROVOST, M.D., DIRECTOR

In 1964, Dr. Langer retired and her assistant, Dr. Helen Provost, became Director. She was instrumental in the development of new projects to provide family planning, prenatal, and post-partum services to low income families, plus hospital care for high risk mothers of babies in Washington and Hancock Counties. Despite local opposition, Dr. Provost insisted that there were low-income families that needed public health services, especially in these two downeast counties.

In 1964, two clinics offering follow-up care, treatment, and diagnostic services for epileptics were created. The cleft palate and cystic fibrosis programs grew rapidly under Dr. Provost's direction. Hospitals began expanding their out-patient programs when the Division contracted with them to run clinics with their own personnel. In 1965, a Hemophilia clinic began at Maine Medical Center. Fresh frozen plasma became available to any physician in the state as a result of this clinic. Family planning clinics in Portland and Bangor were started. Genetic counseling and infertility studies were included in these early family planning clinics of 1966.

A small but abrupt rise in the infant mortality rate occurred in 1967. Dr. Provost realized that programs to date had prioritized treatment oriented services rather than preventive services. Because medical costs were increasing faster than public funds were made available for treatment services, Dr. Provost emphasized the importance of preventive health care, research, public information, education and training. Her insight set the future direction of the Division.

Increased Gains in Health Promotion — 1970 to 1980

MARGUERITE DUNHAM, M.D., DIRECTOR

Dr. Helen Provost retired in 1970 leaving the direction of the Maternal and Child Health and Crippled Children's Services to her former assistant, Dr. Marguerite Dunham. The Division's name was changed to the Division of Child Health to, in her words, "signify more clearly the purpose of the program" which she felt was to reduce health problems of the children of Maine. Receipt of Title V monies required that each state fund a "Program of Projects" including a Maternal and Infant Care Project, Children and Youth Project, Neonatal Intensive Care Project, Medical and Dental Services Project, and Family Planning Project. In addition to sponsoring these projects, the Division also conceived and provided program services of special concern in Maine. Dr. Dunham established a technical advisory panel to identify prevalent maternal and child health problems most amenable to intervention. The Division was reorganized as the scope of its activities expanded, resulting in assignment of specific program reponsibilities to management staff. The three major program areas established included the Perinatal Disease Program, the Genetic Disease Program, and the Medical/Dental Services Program.

The Perinatal Disease Program encompassed a variety of services for mothers, infants, and children. A portion of the funds allocated to this program helped support public health nursing services through the Division of Public Health Nursing as well as developing comprehensive public health nursing services (home visits and well child conferences) in York and Cumberland Counties.

A Children and Youth Project was initiated in Hancock County and another was developed at Mid-Maine Medical Center in Waterville. Each was introduced to improve the health status of young children. While the focus of these projects was on prevention, limited funds were also made available for treatment services. A Maternal and Infant Care Project was placed in Washington and Hancock Counties due to the high infant mortality rate in that area of the state.

Another major focus of the Division revolved around a project intended to reduce the infant mortality rate in the State. Development of a neonatal intensive care unit at Maine Medical Center in Portland in 1973 was partially funded with Division monies. Dr. John Serrage, as chief of that unit, developed a comprehensive treatment program and led a statewide outreach campaign which provided training for physicians and neonatal nurses to promote better identification and treatment of infants-at-risk. An emergency transport system for infants in need of intensive care services was also developed. An exemplary system of intensive care services for infants throughout the state evolved from this project.

The Division, inspired by Human Servies Commissioner Fisher, pioneered an innovative Genetic Disease Program in 1977 which identified individuals with genetically transmitted conditions such as Downs Syndrome, Neural Tube Defects, and Retinitis Pigmentosa. This program offered genetic disease information and counseling to families of children with these conditions, as well as documenting family histories to aid in identifying other family members at risk of developing these conditions.

The Medical/Dental Services Program provided treatment oriented services, including Crippled Childrens, Medical Eye Care, and Dental Services. In keeping with the Division's tradition of promoting prevention, funds were provided to the office of Dental Health for school-based prevention programs.

Further gains in health promotion for Maine's maternal and child population evolved from several special programs established or expanded under Dr. Dunham. In 1972, Congress created the Women, Infants and Children's (W.I.C.) Program within the U.S. Department of Agriculture. The W.I.C. Program was mandated to provide nutrition education and supplemental foods to low-income pregnant women, mothers, and infants and young children in order to prevent health problems and promote health to this at-risk group.

The first Maine W.I.C. programs were established in York County and in Bangor in 1974. Increased Federal funding in 1976 resulted in a new W.I.C. Program that year in Waterville, programs in Ellsworth, Augusta, Rockland, and Wilton in 1977, and in Aroostook County, Brunswick and Portland in 1979.

In 1974 Division funds helped establish a new administrative agency to coordinate the expanding network of Family Planning Programs throughout the state. The Division would not actively participate in the coordination and management of the Family Planning Program network again until 1982. In 1977, responsibility for coordination of the School Health Education Project, S.H.E.P., was placed within the Division. This project sought to establish improved health practices among children in order to reduce health risks to them in adulthood. Through S.H.E.P. school districts were assisted in implementing health education curricula and greater utilization of the state's health education resources occurred. The Division lent its support to the development of the Poison Control Project housed at Maine Medical Center which provided public education in the prevention of poisoning and emergency information in cases of poisoning.

New Child Safety Program Developed — 1980-1981

BARBARA FERGUSON, M.D., ACTING DIRECTOR

Dr. Marguerite Dunham retired in 1980. In addition to maintaining the many existing programs funded by the Division, Dr. Barbara Ferguson, Acting Division Director for one year, implemented an important new program for the eighties. The Children's Auto Safety Seat Program was developed to provide infant car seats at low or no cost to parents through hospital-based loaner programs. Dr. Ferguson resumed her previously held position of Assistant Director when Dr. Serrage became Division Director in 1981.

Healthier Mothers — Healthier Children 1981-

JOHN C. SERRAGE, M.D., DIRECTOR

Dr. Serrage became director during a time of substantial federal funding cutbacks. Congressional legislation culminated in the creation of the Omnibus Budget Reconciliation Act of 1981. This Act consolidated eight separate programs (Maternal and Child Health, Crippled Children's Program, SSI Disabled Children, Hemophilia, Sudden Infant Death Syndrome, Lead-based Paint Poisoning Prevention, Genetic Disease, Adolescent Pregnancy) into the Maternal and Child Health Block Grant. The federal legislation was designed to allow the individual states increased authority to establish local priorities and therefore to tailor programs to meet the special needs of their population. All of the Division's established programs continued, with block grant funding supplemented by Federal Jobs Bill legislation in 1983 and by annual state appropriations.

Out of a firm belief that improved health status for children begins with healthy, informed mothers, Dr. Serrage changed the name of the Division when he became director. Under Dr. Serrage's leadership, the Division of Maternal and Child Health has prioritized the provision of primary preventive health services to Maine's women, infants and children. To this end, a number of new initiatives have been pursued. The Division has supported the development of parent education and support organizations in a variety of ways. Development of several parent resource centers has been sponsored with Division funds. Training programs for parent educators have been developed and provided by the Division, resulting in an increased number of classes available statewide. Several demonstration projects to improve accessibility of parent classes for low income families are underway in 1985.

A Department of Human Services study on child death in Maine conducted from 1976 to 1980 revealed that the death rate for children from low income families was substantially higher than the corresponding rate for other children of all ages (for all causes except suicide). Released in 1983, this report found that the major cause of death for children of all ages was disease related, with accidents as the second major cause. While Maine's overall children's death rate was lower than the National average, this study has proved a useful guide to the Division in planning prevention strategies.

A number of educational activities have been developed and implemented by Division staff. A nutrition education component was reintroduced within the Division in 1981, resulting in targeted public and professional nutrition education activities specific to the needs of Maine's population. In response to legislation passed in Maine requiring screening of public school children for spinal abnormalities, an ongoing training program in screening techniques was implemented through the Division for school health officials. The Division has also developed and continues to provide professional education programs in such areas as parent education, childbirth education, early intervention strategies, child safety, preschool screening and related maternal/child health topics.

In addition to offering increased opportunities for professional education, the Division has embarked upon a coordinated campaign to increase public awareness of these important issues as well. Information about W.I.C. and Prenatal Care Program services has been publicized through regularly broadcast television and radio announcements. Two large scale media-based campaigns, one promoting parent education and one promoting early, comprehensive prenatal care, are also underway. New educational print materials have been developed and distributed to service providers to further augment public education activities.

Prenatal care has been identified as the single most effective factor in early detection of risks to mothers and infants during pregnancy as well as in preventing the incidence of low birth weight infants. Maine's Prenatal Care Program, originated with Jobs Bill funds in 1983, was developed to assure access to prenatal care and childbirth and parenting education to lower-income, pregnant women who are not eligible for medicaid. This program was subsequently extended by the Maine Legislature and continues to assure comprehensive prenatal care services to women who could not otherwise afford these services. State legislated funding was allocated in 1984 to further develop and strengthen the Genetic Disease Program. Through this program, Maine has become a recognized leader in the provision of comprehensive genetics services in New England.

The child passenger safety program has also continued to expand. The number of loaner programs has grown steadily through the combined efforts of the Division and the Department of Public Safety, increasing access of child safety restraints to Maine families. A 1980 public awareness campaign resulted in an "Act to Encourage Motorists to Protect Children in Motor Vehicles by Use of Approved Child Safety Seats in Maine" in 1981. Legislation mandating the use of approved child auto safety restraints for children under age four years became effective in late 1983. Professional and public education activities emphasizing the importance of correct use of child auto safety restraints have been conducted by the Division. In fall of 1985, auto safety restraints for handicapped children will become available through Division sponsored loaner programs.

Dr. Serrage's belief that early intervention is basic to medical practice has resulted in an expansion of the base of services traditionally provided to handicapped children through the Division. By 1984 State funding had been secured to assure statewide

availability of comprehensive diagnostic services through an increased number of child development clinics for preschool developmentally delayed children. To complement this system, a program to provide therapeutic intervention for infants 0-3 years of age at risk for developmental problems was conceived and implemented by the Division in 1985.

A multilevel approach to provision of adolescent health services has been adopted by the Division. While Maine's adolescent pregnancy rate is below the national average, it is much higher than several countries in western Europe and Canada. Division staff, in cooperation with the Statewide Service Providers' Coalition on Adolescent Pregnancy, have worked to assure a variety of supportive services to pregnant and parenting adolescents. Realizing that the stress of the pregnancy/parenting experience for adolescents can contribute to adverse effects to the health of both mothers and children, the Division has elected to place increased emphasis on pregnancy prevention strategies. With the Family Planning Association of Maine, the Division has continued to support and develop the family planning program network in provision of preventive education and counseling in addition to clinic services. Further, the Division, through combined efforts with the Department of Educational and Cultural Services, has worked to improve and expand health education opportunities in the school setting.

Up-to-date information on health education technqiues has been utilized in Division sponsored well child clinics. The Lay Home Advisor Project, an innovative program to provide accessible preventive health information to hard-to-reach families, was introduced in 1985. Through this project, Bureau of Medical Services (E.P.S.D.T.) outreach workers who were already making home visits to medicaid families are being trained in the provision of preventive health counseling and information.

During Dr. Serrage's tenure, provision of preventive health services to Maine families has increased substantially in communities throughout the state.

Conclusion

In this booklet, we have attempted to provide a sketch of the Division of Maternal and Child Health activities and achievements in Maine over the past 50 years. Maine has lead the nation in its efforts to reduce the infant mortality rate and has been a recognized pioneer in the development of genetic screening services. Clear gains in health promotion for Maine's families can be attributed to the efforts and accomplishments of the Division in partnership with grantee agencies and countless other public and private health professionals. It is to these individuals and organizations and the staff of the Division, past and present, that this history is respectfully dedicated.

APPENDIX

American Public Health Landmarks

Omnibus Budget Reconciliation Act of 1981

Acknowledgements

Division of Maternal & Child Health Staff Directory

AMERICAN PUBLIC HEALTH LANDMARKS

1888 American Pediatric Society Established.

1890 Established State and local health departments.

1893 Infant Milk stations established in New York to eliminate contaminated milk.

1894 1st Medical services in schools. New York—Lillian Wald—Henry Street Settlement established 1st full time school nurse—Linna Rogers.

1897 Minnesota—1st state to appropriate monies for care of handicapped children.

1904 National Child Labor Committee—opposed child labor practices, proposed standards to improve general health and social reforms.

1909 White House Conference on Children Concerned with High Infant Mortality Rates—examined causes and preventive aspects. Recommended establishment of Federal Children's Bureau.

1912 Children's Bureau established; sponsored studies of economic and social factors related to infant mortality. Studies of maternal deaths, MCH care in rural areas—1st research efforts—infant and maternal mortality—birth registration, child accidents, child employment practices.

1915 Birth Registration established.

1919 Second White House Conference on Children—Children's Bureau published standards for MCH Programs—infant mortality showed remarkable decrease.

1921 American Birth Control League established.

1921-
1929 Sheppard Towner Act—established first Maternity and Infancy Program—provided grants to states to develop health services for mothers and children. Division of MCH established in State Health Departments—public responsibility for child health programs. AMA and Sheppard-Towner Act opposed as "socialistic".

1928 Children's Bureau conducted studies on maternal mortality—developed recommendations for medicaid professionals. Improved maternity care.

1930 NY Academy of Medicine—Maternal deaths investigated. By 1937—Maternal mortality rates began to decline—more improvements in the practice of maternity care.

1930 American Academy of Pediatrics established studies on delivery of pediatric care.

1935 Title V of Social Security Act enacted.

1935 Children's Bureau prepared plan for Children's Health and Welfare Program
3 major proposals:
1. Aid to dependent children.
2. MCH services; services for Crippled Children.
3. Child Welfare services for children needing special care.

Expand MCH programs through State Health Departments, federal appropriations increased; state matching funds required. Special demonstration projects—innovative project grants initiated. Federal grants for Crippled Children's services—provided medical, surgical, related therapy, occupational therapy, physical therapy, appliances, social services and special education. Special grants enabled States to organize new and better programs of care. Expand, extend and improve services for Crippled Children's Services.

1935-1937 MCH Programs provided Pre and Post Natal Clinics, Child health clinics—training of professional personnel. Added medical care during labor and delivery.

1951 American College of OB & GYN established—Advance standards of practice, promoted educational opportunities to improve care of women during the reproductive period.

1960 Comprehensive neighborhood health centers established under Office of Economic Opportunity—150 centers funded.

1961 Established National Institute of Child Health and Human Development—national center for basic research in child development.

1965 Headstart—OEO—Planned to promote learning, social development, health care.

1967 Reorganization of DHEW—dissolved Children's Bureau as separate organization. Split functions: Child health/Child welfare/Youth services.

1970 White House Conference on Children and Youth proposed national program for MCH population, including Handicapped Children—Proposed early childhood education and day care.

1970 Family Planning Services and Population Research Act passed—Provides funds and authority for voluntary FP services.

1981 Omnibus Budget Reconciliation Act (P.L. 97-35)—Amends Title V Social Security Act—established MCH Block Grant Program.

OMNIBUS BUDGET RECONCILIATION ACT OF 1981

Maternal and Child Health Block Grant

"AUTHORIZATION OF APPROPRIATIONS"

"Sec. 501. (a) For the purpose of enabling each State—

"(1) to assure mothers and children (in particular those with low income or with limited availability of health services) access to quality maternal and child health services.

"(2) to reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children, to reduce the need for inpatient and long-term care services, to increase the number of children (especially preschool children) appropriately immunized against disease and the number of low income children receiving health assessments and follow-up diagnostic and treatment services, and otherwise to promote the health of mothers and children (especially by providing preventive and primary care services for low income children, and prenatal, delivery, and postpartum care for low income mothers),

"(3) provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI of this Act, and

"(4) provide services for locating, and for medical, surgical, corrective, and other services, and care for, and facilities for diagnosis, hospitalization, and aftercare for, children who are crippled or who are suffering from conditions leading to crippling."

ACKNOWLEDGEMENTS

This history has been compiled with information from a number of sources:

1) Annual Report(s) of MCH Activities in Maine

2) **Maine State Government Biennial Reports,** Department of Health and Welfare (1944-1972)

3) Documents from the files of Maternal and Child Health and Crippled Children's Services

4) Documents from the files of Public Health Nursing

5) **Maine State Government Annual Reports,** Department of Human Services (1973-1984)

6) A tape recording by Richard Moore (1973) of "Twenty Years of Maternal and Child Health: A Conversation with Dr. Ella Langer"

7) The Department of Human Services newspaper clipping scrapbook

8) **Many** interviews with helpful people, including Dr. Helen Provost, DeEtte Hall, Peg Emerson, Dr. Marguerite Dunham, Dr. John Serrage, and other Division staff.

9) Help from librarians at the UMO Library, the Maine State Library, the Maine State Archives, the State Law Library, and especially the Department of Human Services Library.

Division of Maternal and Child Health Staff Directory

John C. Serrage, M.D., Division Director

Barbara S. Ferguson, M.D., Assistant Director

N. Warren Bartlett, Director, Adolescent Health Services Program

Meredith Tipton, Director, Children's Prevention and Perinatal Program

Mollie Jenckes, Director, Prenatal Care, Genetic Disease, and Injury Control Programs

Kathleen Burden, Director, Handicapped Children's Program

Jacqueline Alpert, Medical Social Work Consultant, Handicapped Children's Program

Louise Alley, Medical Social Work Consultant, Handicapped Children's Program

Sharyn Tukey, Speech and Hearing Consultant, Handicapped Children's Program

Abe Parvanta, Nutritionist; Director, Newborn Screening Program

Cheryl DiCara, Health Educator

Elaine MacFarland, Coordinator, Medical Eye Care Program

Linda Schumacher, Director, W.I.C. (Women, Infants & Children's) Program

Mark Byron, Assistant Director, W.I.C. Program

Shelley Rowley, Accountant, W.I.C. Program

Ron Bansmer, Vendor Relations Coordinator, W.I.C. Program

Clerical support staff: Christina Armstrong, Brenda Bailey, Elaine Bilodeau, Sue Curtis, Cecile Lovechenko, Katrina Luce, Lucille McGuire, Jackie McKee, Karolyn Marston, Barbara Michaud, Kathy Peaslee, Peggy Perkins

DATE DUE			
FEB 24 '87			

To obtain copies of this document, please contact:

Div. of Maternal & Child Health
State House, Station #11
Augusta, Maine 04333
Tel: 289-3311

Produced By
Department of Human Services
Bureau of Health
Division of Maternal & Child Health
State House, Station #11
Augusta, Maine 04333

Appropriation #9317-6001
October 1985