

# HOOSIER WOMEN AT WORK

## STUDIES IN INDIANA WOMEN'S HISTORY

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### Expecting Trouble: War Production, Physicians and the Pregnant Worker

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This paper is part of a larger study on the history of American maternity policy. The broader objective is to explain why the policies and practices relating to pregnancy in the U.S. workplace differ so much from those in much of the rest of the world. One of the reasons is the long-term effect of WWII, from the baby boom it started, the war time growth and reach of federal agencies and the way women working in heavy industry caused employers, unions, government agencies and physicians to imagine pregnancy as a workplace problem.

In 1940, there were 11 million American women working for wages outside the home. In 1945, there were 19.5 million. Women's paid work had been growing since the 1890s, at first mainly among single women but during the war, more married women were employed than ever before. Women also worked on jobs and in industries that were previously all male. During the war, women came to make up over one-fifth of heavy industry workers, which was more than double their share in those jobs before the war.<sup>1</sup> Women workers emerged as a solution and sometimes a problem in crucial war industries. One of the problems was that Rosie might have a baby. Most married women workers entering the labor

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<sup>1</sup> Susan Householder van Horn, *Women, Work, and Fertility, 1900-1986* (New York: New York University Press, 1988): 142.

market were older women with grown children or school age children.<sup>2</sup> However, after years of low birth rates during the Great Depression, the Baby Boom began during the war. The young wife and mother captured the public imagination and embodied the fears of employers, government policy makers, labor unions, and doctors when they thought about women war production workers.

When Rosie was expecting, everyone else expected trouble.

Pregnancy in the workplace during World War II posed several different issues. It was a production problem, an occupational safety and health problem, an obstetric problem, and a problem for a woman who needed her job. Industry fretted about pregnancy's effects on productivity and about the risks of court action should misfortune befall a pregnant employee. One medical question was the effect of work, or different kinds of work, on maternal and fetal health. Health care professionals also differed over the care and especially over the delivery of medical care to pregnant workers. Some unions, and to some extent, the U.S. Women's Bureau, broached the right of an employee to keep her job while pregnant, but this was a minor theme during World War II. Proponents of an Equal Rights Amendment worried that workplace maternity policies would threaten women's job opportunities. Defenders of existing Protective Labor Legislation were anxious to defend hard-won protections and were more concerned with the right to mother than the right to work.

Women were drawn into war work because of the demand for high production so it's not surprising that pregnancy was a production issue. When schoolteachers Constance Bowman and Clara Marie Allen took a summer job building bombers, orientation included the woman's counselor at their plant explaining that the company pregnancy policy allowed women to work partway through their pregnancies. At the height of war production, the bomber factory didn't want to lose workers they could keep on the job.<sup>3</sup> A Bridgeport, Connecticut, plant that made casters worried that pregnancy was a problem because "[we] need all the help [we] can get" and discharge of pregnant women early in their pregnancy deprived them of experienced workers who might not return.<sup>4</sup>

Dr. Wesley Pommerenke, at the University of Rochester Medical School, observed that "war or no war, women will have babies" but that due regard must be given to maternal health, even, or especially, in wartime. Citing maternal mortality in the late 1930s, he mourned "the magnitude of this wastage to

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<sup>2</sup> Susan Householder van Horn, *Women, Work, and Fertility*, 141; See Karen Anderson, *Wartime Women: Sex Roles, Family Relations, and the Status of Women during World War II* (Westport, CT: Greenwood Press, 1981) and Susan M. Hartmann, *The Home Front and Beyond: American Women in the 1940s* (Boston: Twayne, 1982).

<sup>3</sup> Constance Bowman and Clara Marie Allen. *Slacks and Callouses* (1944; repr., Washington, D.C.: Smithsonian Institution Press, 1999), 16.

<sup>4</sup> "Bassick Co.-Bridgeport, Connecticut" questionnaire for Silverman, "Empl of Mothers Jan 43" file #4-7-1-1-1; CF, 1941-1944; RG 102, National Archives College Park [hereafter NACP].

society and to industry.” He asked in the “interest of war activity that pregnant women be maintained in a suitable state of health so that their productivity may be protected.”<sup>5</sup> While Pommerenke saw maternal health supporting industrial production, other doctors worried that war work might threaten reproductive health. Dr. Goodrich Schauffler, who served on the American Medical Association’s wartime committee on the Health of Women in Industry, bemoaned that “production demands every available hand for the emergency.” But he remained “convinced that any heavy employment of a pregnant woman, and especially some of the nerve-wracking pursuits to which women are put in war industries, is unwarranted.”<sup>6</sup> Ideologically opposed to the employment of pregnant women, he observed that the war required physicians to lay such principles aside. He proclaimed “Woe to him, however, who, in the face of waving flags and the din of war machinery dares to hold up a lonely hand which can be labeled even faintly obstructionist.”<sup>7</sup>

Acting on their own or as consultants to US government agencies, physicians expressed concern about conditions for pregnant workers. Before and during World War II, some of the best known specialists in industrial medicine, such as Dr. Alice Hamilton, Dr. Anna Baetjer and Dr. Clarence Olds Sappington, studied the reproductive health of women and proposed workplace standards.<sup>8</sup> Although there was widespread agreement that certain industrial processes and the exposure to some chemicals could wreak havoc on women’s reproductive health, there was disagreement over just which jobs were dangerous for women, or for pregnant women. Hamilton and Baetjer were cautious about broad assumptions of women’s special vulnerability. Baetjer, always known for sticking closely to the science, told a meeting of the American Industrial Hygiene Association that there was no scientific evidence that women were more vulnerable to hazardous chemicals such as lead, benzol, or TNT and that furthermore, pregnant women might not be more vulnerable than other women or than men.<sup>9</sup> However, she did concede that the consequences of industrial disease could be worse for pregnant women and their children, even if the actual disease was the same. Most hygienists, physicians, and government officials

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<sup>5</sup> Wesley T. Pommerenke, “Women in Industry: From the Standpoint of the Gynecologist.” *Industrial Medicine* 12, no. 8 (August 1943): 511.

<sup>6</sup> Goodrich C. Schauffler, “Women in Heavy War Work: Obstetrical and Gynecological Aspects,” *Western Journal of Surgery, Obstetrics & Gynecology* 52 (1944): 16.

<sup>7</sup> *Ibid.*, 19.

<sup>8</sup> Allison Hepler, *Women in Labor: Mothers, Medicine, and Occupational Health in the United States 1890-1980* (Columbus, OH: Ohio State University Press, 2000), 67-83.

<sup>9</sup> Jennie Mohr to Miss Miller, February 28, 1945 “Talk Given by Dr. Anna Baetjer at meeting of local branch of American Industrial Hygiene Association,” Folder “Health & Safety—1945,” Records Re: Women Workers in WWII, 1940-1945 (Re: Wm Wkrs WWII); Division of Research (Div of Rsrch); RG86, NACP.

had a more protective response.<sup>10</sup> Obstetricians, who generally had very limited training in occupational medicine, often favored excluding pregnant workers from a long list of jobs with chemical exposure.

War production brought large numbers of women into contact with chemicals known to cause reproductive harm as women began doing some jobs previously held only by men. During the war, some states relaxed protective labor legislation that had prevented the employment of women in jobs with high exposure to some industrial poisons. Laws, collective bargaining agreements, and customs about the length of the working day or the number of days at work were also modified during the war emergency and as the hours at work lengthened, so did any chemical exposure.<sup>11</sup> Finally, the pressure for high production led some manufacturers to use older techniques with cheaper, easily obtainable chemicals instead of newer processes that employed safer ingredients.<sup>12</sup> Thus, while before the war, many states had laws preventing women from working with lead and one prohibited the employment of women in jobs with high exposure to benzene, women's wartime jobs in ship building included mixing kegs of red lead with barrels of benzene, working with lead solder and lead packing and chipping red lead paint from ships.<sup>13</sup>

While older techniques could be dangerous, new methods also raised concerns. The use of pneumatic tools spread during World War II partly as a response to the increase in women workers. Government agencies encouraged manufacturers to redesign work processes with an eye towards the employment of women workers, young workers and, in some cases, handicapped workers. To government and to manufacturers, this meant reducing loads and increasing the use of power equipment. Power tools, however, had a strong connotation of masculinity, so an uneasy balance existed between the perceived needs of women workers for power equipment and the characterization of such equipment as male. One manifestation of this ambivalence is seen in the common attempts to "domesticate" women's war work. Thus, cutting out airplane parts became as easy as tracing a dress pattern while drill presses resembled electric mixers and bomb making was similar to baking a cake.<sup>14</sup>

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<sup>10</sup> Dr. Mary Meyer, of the New York State Department of Labor Division of Industrial Hygiene, acknowledged that there was "no evidence" of different susceptibility between men and women, nevertheless, she maintained that "special consideration" should be given to pregnant women. Jennie Mohr to Miss Miller, February 23, 1945, "Interview with Dr. Mary Meyer, N.Y. State Department of Labor, Division of Industrial Hygiene," Folder "Health & Safety—1945," Re: Wm Wkrs WWII; Div of Rsrch; RG86, NACP.

<sup>11</sup> Hepler, *Women in Labor*, 70.

<sup>12</sup> Milton H. Kronenberg, "Working Conditions for Female Employees," *Journal of the American Medical Association* 124, no. 11 (March 11, 1944): 682.

<sup>13</sup> Hepler, *Women in Labor*, 76-77.

<sup>14</sup> See Leila J. Rupp, *Mobilizing Women for War: German and American Propaganda, 1939-1945* (Princeton, NJ: Princeton University Press, 1978) and Susan M. Hartmann, *The Home Front and Beyond: American Women in the 1940s* (Boston: Twayne, 1982).

In another sign of discomfort about women using masculine tools, the companies, physicians and government agencies wondered what all this activity with power equipment might be doing to women's bodies and their childbearing function. They worried about the effect of power tools on menstrual cycles and they worried that pregnant women might jiggle their fetuses severely or that the constant vibrations would interfere with normal fetal development.<sup>15</sup> Their suspicions and assumptions dramatize the contingent nature of women's wartime occupational opportunities.<sup>16</sup>

In addition to workplace conditions, the professional concerns of doctors, especially obstetricians, shaped the maternity care pregnant war workers received. In England, which faced even more acute demands for women production workers in their war industries, many factories experimented with company physicians offering on-site pre-natal care. Dr. Martha May Eliot, assistant chief of the U.S. Children's Bureau, toured British facilities and knew about these provisions for women workers but such experiments didn't happen in American factories in large part because of the structure and politics of the medical profession. (Dr. Eliot's experience with the war-time British maternity experiments did doubtless contribute to the development of the Emergency Maternity and Infant Care program the Children's Bureau developed to provide care for the pregnant wives of American servicemen, but that's for another paper.)

Obstetricians had waged a long battle to gain a respected standing within the field of medicine and to discredit midwives as birth attendants.<sup>17</sup> Probably due to these professional battles, obstetricians were well-organized and jealous of their turf. If company doctors provided a range of care to employees, then physicians in private practice might lose business.<sup>18</sup> Obstetricians also believed that industrial

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<sup>15</sup> “For inclusion in a letter from the Secretary to a ~Women's Party~Feb 45,” [sic] Folder “Health & Safety—1945,” Re: Wm Wkrs WWII; Div of Rsrch; RG86, NACP.

<sup>16</sup> U.S. Department of Labor, Women's Bureau, “The Work of Women on Pneumatic Tools,” March 1944, “Health and Safety,” Re: Wm Wkrs WWII; Div of Rsrch; RG86, NACP.

<sup>17</sup> Frances E. Kobrin, “The American Midwife Controversy: A Crisis of Professionalization,” *Bulletin of the History of Medicine* 40 (1966): 350-363, reprinted in *Sickness and Health in America: Readings in the History of Medicine and Public Health* 2<sup>nd</sup> rev. ed. by Judith Walzer Leavitt and Ronald L. Numbers (Madison: University of Wisconsin Press, 1985), 197-205; Leslie Reagan, *When Abortion Was a Crime: Women, Medicine and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997), 90-112; Richard W. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America* (New York: The Free Press, 1977); Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750 to 1950* (New York: Oxford University Press, 1986). Maternity mortality review committees set up during the 1920s and 1930s began in order to reduce maternal mortality and also further coalesced obstetrical identity. On the heels of professional improvement, they applied lessons learned from inquiry into the deaths of mothers to the care of expectant mothers. Joyce Antler and Daniel M. Fox, “The Movement Toward a Safe Maternity: Physician Accountability in NYC, 1915-1940,” *Bulletin of the History of Medicine* 50 (1976): 569-595, reprinted in *Sickness and Health in America*, 490-506.

<sup>18</sup> See, for instance, Dr. Johnstone, “Industrial Medicine's Responsibility During and After the War,” paper to the Meeting of the Western Association of Industrial Physicians and Surgeons, May 3, 1942, also paper by Dr. Legge at

physicians lacked specialized medical expertise about the health of pregnant women because prior to the war gynecology was not an industrial concern.<sup>19</sup> Dr. Pommerenke, an obstetrician and professor at the University of Rochester, urged industrial physicians to take “refresher courses” in gynecology when their companies began to employ large numbers of women.<sup>20</sup> Other obstetricians did not think refresher courses sufficient training.<sup>21</sup> Dr. Schauffler, an Oregon obstetrician, observed that industrial physicians frequently had the interests of employers at heart which resulted in “a great deal of harm . . . being done” “upon the sex organs and sex life of women employees.”<sup>22</sup>

Industrial physicians themselves deferred to doctors in private practice as the primary medical authority in the case of pregnancy. Dr. Max R. Burnell, industrial physician at the General Motor’s AC Spark Plug Company in Flint, Michigan, believed that plant medical officers could devise better service for a female employees, but should be careful to remember that the women had private physicians, or should. He advised that “The ethical relationship between the private practitioner and the industrial physician . . . should be reemphasized.”<sup>23</sup> Other company medical officers were equally careful to emphasize the role of private practice doctors, especially in cases of pregnancy.<sup>24</sup>

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same conference, Memo from Dr. [Edith] Sappington to Miss Bloodgood, May 6, 1942, subject “Meeting of the Western Association of Industrial Physicians and Surgeons, May 3, 1942,” 4; “Empl of Mothers Sept-Dec 1942” file #4-7-1-1-1; CF 1941-44; RG 102, NACP. See also Goodrich Schaffer, “Women in Heavy War Work,” *Western Journal of Surgery, Obstetrics and Gynecology* 52 (1944): 13.

<sup>19</sup> H. Close Hesselstine, “Specific Problems of Women in Industry,” *Journal of the American Medical Association* 124, no. 11 (March 11, 1944): 693.

<sup>20</sup> Pommerenke, “Women in Industry,” 510; See also Max R. Burnell, MD, “Health Maintenance Program for Women in Industry,” *Journal of the American Medical Association* 124, no.11 (March 11, 1944): 684, 685.

<sup>21</sup> Silverman, “Maternity-Leave and Maternity-Care, Practices in Industry” *Western Journal of Surgery, Obstetrics and Gynecology* 52 (1944): 164.

<sup>22</sup> Schauffler, “Women in Heavy War Work,” 15-17. The Committee on the Health of Women in Industry of the Section on Obstetrics and Gynecology of the AMA recommended that industrial physicians should consult with obstetricians in plants where women worked. H. Close Hesselstine, et al, “Women in Industry: Preliminary Report of the Committee on the Health of Women in Industry of the Section on Obstetrics and Gynecology, Recommendation to the Council on Industrial Health,” *Journal of the American Medical Association* 121, no. 11 (March 13, 1943): 799.

<sup>23</sup> Max R. Burnell, “Health Maintenance Program for Women in Industry,” *Journal of the American Medical Association* 124, no. 11 (March 11, 1944): 686.

<sup>24</sup> Dr. H.A. Vonachen, an industrial physician in Peoria, had any pregnant employee bring him a letter from her own doctor every month until she began a leave at the fifth month. Dr. H.A. Vonachen, comments following Max R. Burnell, “Health Maintenance Program,” 687; Pregnant workers at the Wheeling Stamping Company in Wheeling, West Virginia also had to bring letters from private physicians to the nurse on duty. “Leave of Absence for Maternity Cases (Wheeling Stamping Company, Wheeling, West Virginia)” “Health and Safety-1944,” Re: Wm Wkrs WWII; Div of Rsrch; RG86, NACP; Pregnant women who worked at the Consolidated Vultee Aircraft Corporation in San Diego had to provide proof that they were under the care of a private physician or “be subject to immediate termination.” Memo from Jas. L. Kelly, division manager, Consolidated Vultee Aircraft Corporation, San Diego, CA, to All Department Heads, Superintendents, General Foreman, Foreman, and Assistant Foremen, October 12, 1943, “Empl of Mothers” file # 4-7-1-1-1; CF 1941-44; RG 102, NACP. In another example, when a woman worker at the American Viscose Corporation revealed a pregnancy, the plant physician recommended that she visit a private

Doctors may have agreed that they should have the final voice in determining whether or not Rosie should work while pregnant, what kinds of jobs she might perform and how late she could work into her pregnancy, but the wartime reality was very different. Management, not medicine, drove maternity practices. Company policy usually dictated rapid separation of pregnant workers and this inexorable job loss inspired many workers to delay seeking medical care when they wanted to keep their jobs for at least a little while longer.

Dr. Charlotte Silverman, a researcher with the U.S. Children’s Bureau, studied seventy firms that collectively employed 250,000 women in sixteen different war production industries. Of the seventy plants, sixty-two of them had some sort of policy regarding pregnancy, including termination of employment due to pregnancy. Nineteen of these companies discharged pregnant women, usually “on notification or discovery of pregnancy” or very early in the pregnancy.<sup>25</sup> Forty-three firms laid-off pregnant women, sixteen “on notification or discovery” and a few more in the first trimester. Only a handful of firms allowed pregnant women to continue to work into their seventh or eighth month. Thirty-six companies had policies on reinstatement of workers after childbirth. Some, but not all of these, had some limited protection of seniority.<sup>26</sup>

Many employers were concerned with the ““esthetic and moral”” issues raised by pregnancy, namely, that a visibly pregnant woman was proof of female sexuality. They “stated it was ‘not nice’ for obviously pregnant women to be working in a factory” because of the “bad effect on the male employees.”<sup>27</sup> In situations where women worked in proximity to men, employers feared that a pregnant worker’s condition would distract male workers from their own duties, through solicitude or voyeuristic observation and comments.<sup>28</sup> Dr. Fred Adair, who chaired the department of obstetrics and gynecology at the University of Chicago, had written to Dr. Ethel Dunham, of the Children’s Bureau, in 1939 that the length of time a woman could work through her pregnancy would depend in part on social considerations of her appearance. One young woman, who had been a riveter before resigning to follow her husband, later left a department store position at six months of pregnancy because she was “starting to show.” As

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physician or a prenatal clinic. Memo from William M. Schmidt, M.D., September 5, 1942, subject: “Information from Dr. J.A. Calhoun, Medical Director, American Viscose Corporation, on policy for employment of pregnant women of the corporation.” “Empl of Mothers Sept-Dec 1942,” file #4-7-1-1-1; CF 1941-1944; RG 102, NACP.

<sup>24</sup> Silverman, “Maternity-Leave and Maternity Care Practices,” 157.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid. 157-158 and 162-164.

<sup>27</sup> Ibid, 159-160.

<sup>28</sup> “Touchy Problem,” *Business Week*, Sept, 25, 1943, 80 and document, probably by Silverman, “On the Question of Terminating the Employment of Women when they become Pregnant,” “Empl of Mothers Jan 1-Aug 31, 1942 file #4-7-1-1-1; CF, 1941-1944; RG 102, NACP.

she recalled, "People just did not like to see a pregnant woman behind a counter. It was considered gauche, not well taken."<sup>29</sup>

However, most firms defended their policies of pregnancy dismissal matter-of-factly. Some believed that the practice of early dismissal or leave safeguarded the health and well-being of the worker and her child. Others claimed that pregnant women could not do their jobs or could not do them efficiently. One aircraft factory on the West Coast claimed that pregnant women might be especially vulnerable during an air raid.

Employers and insurers often cited the fear of an industrially caused miscarriage as a primary reason for policies of immediate dismissal upon the discovery of a pregnancy.<sup>30</sup> State Workers' Compensation laws constrained workers from bringing civil actions relating to workplace injuries, but those laws might not cover the unborn babies of women workers. Some companies feared a lawsuit from women workers who might claim that their jobs had caused a miscarriage or harm to their babies in utero. One industrial physician observed that bleeding outside of a regular menstrual period might be a miscarriage and he advised sending the employee home immediately so that the miscarriage "not be allowed to take place in the hospital of the plant, because of possible legal complications."<sup>31</sup> Dr. Robert DeNormandie, a Boston obstetrician, explained to Bain that many companies did not want to employ pregnant women largely because "so many unscrupulous women might sue them if anything happened while they were pregnant and a miscarriage followed."<sup>32</sup>

Silverman, who uncovered a great deal of *fear* about miscarriage, found only one actual case that could be linked to work.<sup>33</sup> Such was the case in other investigations as well.<sup>34</sup> Yet immediate dismissal was even the case when company medical directors admitted that the first trimester was the most dangerous and that a policy of immediate leave or dismissal was likely to result in successful attempts at concealment during this most vulnerable period. This would, therefore, put the company at the same or

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<sup>29</sup> Rose Truckey, in *Women Remember the War 1941-1945*, ed. Michael E. Stevens (Madison: State Historical Society of Wisconsin, 1993), 87.

<sup>30</sup> A.B. Martin, Hartford Accident and Indemnity Company, San Francisco, CA to [Gentlemen], Women's bureau, January 29, 1943, "Employment of Mothers Jan 1943" file # 4-7-1-1-1; CF 1941-44; RG 102, NACP.

<sup>31</sup> Eleanor Percival, M.D., "Menstrual Disturbances as they may affect Women in Industry," *Canadian Nurse* 39, no. 5 (May 1943): 336-7.

<sup>32</sup> Katherine Bain, Children's Bureau, to Robert L. DeNormandie, Boston, August 5, 1943 and Robert L. DeNormandie to Katherine Bain, August 30, 1943. "Employment of Mothers Jan 1943," file # 4-7-1-1-1; CF 1941-44; RG 102, NACP.

<sup>33</sup> Silverman, "Maternity Policies in Industry," *The Child* 8 (August 1943) and Charlotte Silverman, Division of Research in Child Development, to Marie Schurmacher, New York, NY, July 5, 1943, "Employment of Mothers" Jan 1943" file# 4-7-1-1-1; CF 1941-44; RG 102, NACP.

<sup>34</sup> C. O. Sappington, *Health Problems of Women in Industry* (Pittsburgh: Industrial Hygiene Foundation, 1944), 8; Anna M. Baetjer, *Women in Industry, Their Health and Efficiency* (Philadelphia: W.B. Saunders Company, 1946; reprint, New York: Arno Press, 1977), 174.

even increased risk of inciting miscarriages, since workers might persist in clearly unsuitable jobs until their pregnancies became visible during the relatively safe second trimester. The best way to reduce the risk of work-related miscarriage was to transfer women to safe jobs early in their first trimester. To do this, companies needed to encourage women to report their pregnancies to supervisors or plant medical personnel. This meant having policies that safeguarded, instead of threatened, women’s jobs. One obstetrician agreed that only “removing the penalties which have formerly been attached to this condition in industry” would bring a pregnant woman to voluntarily disclose a pregnancy.<sup>35</sup> Other doctors offered their expert opinion that miscarriages “result perhaps more often from abnormal or diseased ova and not because of work activity.”<sup>36</sup> Policies of immediate dismissal or lay-off may have provided some protection for the company against tort actions by employees but they did not provide any protection against miscarriage.

Caroline Olsen, an industrial nurse, found that in some plants, foreman determined pregnancy by their personal observations of women workers. Olsen pointed out that this procedure lent itself to embarrassing mistakes as some women thus identified “were getting fat instead of getting babies.” Such mistakes, Olsen observed, did little for labor harmony. When pregnant women did not “notify,” they were discharged or laid-off upon discovery, which involved “rumors,” “policing” and “suspicious symptoms.”<sup>37</sup> Because most women who wanted to conceal an early pregnancy could do so, such policies were counterproductive, potentially interfering with proper job placement and adequate medical supervision. Silverman relayed the story of one “well built” shipyard worker who managed to conceal her pregnancy until the day before her baby was born. Although most women could not successfully disguise a pregnancy for nine months, many could easily avoid detection for several months. That they did exactly that was widely acknowledged. Mildred Gilman, of Planned Parenthood, wrote to Silverman about plants she knew “where the women prefer hiding their condition to the risk of being fired summarily.”<sup>38</sup>

Silverman could not obtain figures on induced abortions, but she thought that the threat of immediate dismissal from needed employment might be a “motivating factor” in a woman’s choice to

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<sup>35</sup> Goodrich C. Schauffler, “Women in Heavy War Work: Obstetrical and Gynecological Aspects,” *Western Journal of Surgery, Obstetrics & Gynecology* 52 (1944): 18.

<sup>36</sup> H. Close Hesseltine, et al, “Women in Industry: Preliminary Report of the Committee on the Health of Women in Industry of the Section on Obstetrics and Gynecology, Recommendation to the Council on Industrial Health,” *Journal of the American Medical Association* 121, no. 11 (March 13, 1943): 801.

<sup>37</sup> Silverman, “Maternity-Leave and Maternity Care Practices,” 160. Caroline G. Olsen, “Suggested Pregnancy Adjustment Plan for Women in Industry,” 2. reprint, “Empl of Mothers” file # 4-7-1-1-1; CF, 1941-1944; RG 102, NACP.

<sup>38</sup> Mildred Gilman, Planned Parenthood Federation, to Charlotte Silverman, March 31, 1943, “Empl of Mothers Jan 1-Aug 31, 1942” file #4-7-1-1-1; CF, 1941-1944; RG 102, NACP.

end a pregnancy through an illegal abortion.<sup>39</sup> Dr. Wesley T. Pommerenke also believed that policies of discharge upon the discovery of pregnancy could “even drive the woman to an abortionist.” “Industry pays dearly for the scourge of abortion,” he bemoaned and added, “Only the medical profession is fully aware of the potential dangers of abortions.”<sup>40</sup> Dr. Morris Fishbein, the editor of the *Journal of the American Medical Association*, told one journalist that elective abortions had increased dramatically during the war. An industrial physician told this same reporter that one fourth of the women workers who became pregnant while working at his company ended their pregnancies by abortion. Another told her that some women workers reported to the company hospital with incomplete abortions, but many, many more went undetected. This journalist cited midwives as abortionists, drawing on decades of associations nurtured by the AMA.<sup>41</sup> She also, however, identified war industry employment as a cause for women wanting to end their pregnancies and suggested that factories served as distribution points for information about how and where to find an abortionist. Explicitly linking women’s war work with a campaign to stigmatize and eradicate abortion, she observed, “in many cities today, the slang name for an abortion is ‘three-day absence.’”<sup>42</sup>

## Conclusion

Wartime decisions by influential groups and the accommodations that they made or rejected for pregnant war workers shaped Rosie’s life, her job, her pregnancy and the resources she had as a new mother. They also set the tone for the postwar pregnancies of other working women. The concern for pregnant Rosies during World War II resulted in a flurry of debates and pronouncements and some changes in workplace and medical practice. With the close of the war, women workers became far less prominent, their problems less pressing. Tension appeared between wartime expectations of maternal employment and postwar domesticity. In 1947, Dr. Nicholson Eastman revised his popular pregnancy guidebook *Expectant Motherhood*. The wartime experience of women’s employment had left some mark upon the practice of obstetrics. Though the book’s section on employment was very short, Eastman commented that pregnant clerical workers could work as long as they wished, while women whose jobs required lots of standing or heavier work should begin a leave by the seventh month. “Although

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<sup>39</sup> Silverman, “Maternity Policy in Industry” *The Child* 8 (August 1943), 25.

<sup>40</sup> Wesley T. Pommerenke, “Women in Industry: From the Standpoint of the Gynecologist,” *Industrial Medicine* 12,, No. 8 (August 1943), 511; See also Reagan, *When Abortion Was a Crime*, 320, note 66 and H. Close Hesselstine, Chicago, to Charlotte Silverman, Washington, D.C. May 27, 1943, “Empl of Mothers Jan 1-Aug 31, 1942” file #4-7-1-1-1; CF, 1941-1944; RG 102, NACP.

<sup>41</sup> Reagan, *When Abortion Was a Crime*, 90-112.

<sup>42</sup> Palmer, “Your Baby or Your Job,” 137-138.

employers nowadays are very liberal-minded about such matters,” Eastman admitted that there were those who, for aesthetic reasons, wished pregnant women to stop work before they began to show, which Eastman advised was by the fifth month.<sup>43</sup> Most pregnancy guidebooks and obstetrics texts slighted employment concerns until the 1970s when women’s actions and advocacy over obstetric practice (especially in the delivery room) forced doctors to become more responsive to their concerns and wishes and, at the same time, lawsuits over pregnancy discrimination made pregnancy at work impossible to ignore once again.

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<sup>43</sup> Nicholson J. Eastman, *Expectant Motherhood*, 2<sup>nd</sup> rev. ed. (Boston: Little, Brown and Company, 1947), 77; *The Baby Manual*, a guidebook written by Dr. Herman N. Bundesen’s *The Baby Manual* also reflected the influence of the WWII experiences of pregnant women and their doctors. If the “mother-to-be” must work, Dr. Bundesen observed, she should advise her employer of her condition because many companies could find a pregnant woman suitable work and would “make allowances for any temporary setbacks, without interfering with her employment.” Herman N. Bundesen, M.D. *The Baby Manual: A Practical Guide from Early Pregnancy through the Second Year of Life* (New York: Simon and Schuster, 1944), 35.