

Count to 10 quickly -- 1,2,3,4,5,6,7,8,9,10 -- and blurt out "Mother, I'm pregnant!"

Seventeen-year-old Billie Sue had threatened suicide rather than admit that--for the second time--she was going to have a baby.

But she listened carefully as Ms. Barbara Cambridge urged her to confront her problem:

"It's so much easier to face it and tell your mother than putting it off," said Ms. Cambridge, director of social work for the Greater Dallas Maternal Health and Family Planning program.

"Give her a chance, Billie Sue; you'll work it out."

The tearful unmarried senior is only one of the thousands of women of all ages who have taken advantage of the services of an agency which for the past four years has been offering total reproductive guidance and care to any woman who lives in Dallas county. To date, \$2,904,040 in Title V, Social Security Act funds has been allotted to the project, which will cover expenses through Dec. 21, 1973.

If they had come in sooner, explained Dr. Uel D. Crosby Jr., director of the program, their unwanted pregnancies could have been prevented. Other services include helping women who want more children--but want them better spaced to handle their "family planning" more effectively.

"We provide prenatal care for the pregnant woman; we provide for the woman who is not pregnant and who does not wish to be and we provide fertility counseling for the woman who has had trouble conceiving previously," said Dr. Crosby.

Dr. Crosby is also associate professor of obstetrics and gynecology at The University of Texas Southwestern Medical School.

Family Planning, as it usually is called, is a cooperative project funded by the Office of Health, Education and Welfare and operated by the UT medical school in Dallas in cooperation with the Dallas County Hospital District and the Dallas Health Department. Clinic services are provided without charge.

--more--

first add family planning

According to Dr. Crosby, the first month the clinical program was being offered there were approximately 300 patient visits. Now a month's average runs around 3,706.

Clinics are located in areas with high rate of infant mortality. Radical breakdown is pretty much determined by location. However, not all the patients come from target areas. Increasing numbers of teen-agers from the more affluent areas of Dallas are showing up at the night clinics, especially in Oak Cliff, he said.

And, as Mrs. Cambridge pointed out, "You don't have to be rich, you don't have to be poor to become pregnant. It doesn't matter who you are or where you come from."

"Teen-age pregnancy isn't something that happens across town," stressed the social worker. "It happens in your neighborhood; it happens in mine." Ms. Cambridge is an instructor in sociology in the department of obstetrics and gynecology at The University of Texas Southwestern Medical School.

Too long, continued the social worker, have too many people believed the myth that "only the poor, only the non-white, only the ignorant have children out of wedlock.

"Teen-age pregnancies exist in Highland Park High School, in Pinkston High School, in North Dallas High School, in South Oak Cliff High School.... and in every other high school in town."

And while people waste time arguing about whether the responsibility for sex education rests with the parents solely, the church, the schools, other groups, or combinations of approaches, "our young girls are becoming pregnant."

Although Ms. Cambridge counsels with women of all ages in her capacity as head of social work for Family Planning, it is to the teen-agers that her heart goes out. And she is a firm believer in the policy that all teens who come to Family Planning--for whatever reason--must have a conference with one of the social workers on the health team.

From January 1973 through April 1973 of this year Family Planning saw 1,438 girls from the ages of 12 through 19, including 38 who were 14 or under. "And the instances of girls who conceive at 11 and deliver at 12 are not so infrequent as you would expect," she said.

--more--

Physicians in the Family Planning clinics....along with most medical doctors....usually classify teen-age pregnancies as a high risk area. The reasons behind this classification include a higher rate of prematurity, higher incidence of infant deaths and the greater number of Caesarean deliveries involved with teen-age pregnancies.

"Very often their bodies are not developed enough to carry the baby full-term or pass it normally through the birth channel," Ms. Cambridge explained.

Many teen-agers--including expectant mothers--have poor dietary habits. They are susceptible to excessive weight gains, high blood pressure, and prolonged delivery, she said. All of these factors can contribute to a rough time for the mother physically, as well as affecting the baby.

Often, Ms. Cambridge pointed out, these girls come to the physician late in their pregnancy and miss the important first months of prenatal care and supervision. Generally they are reluctant to admit to their parents, friends and even themselves that they are pregnant, thereby skipping this stage in treatment.

Besides these special medical problems, there are also special psychological problems involved, Ms. Cambridge said.

The teen-age girl who is pregnant may feel rejected by friends and family alike. Too, she may have realistic fears about what's going to happen to her--and her baby. "A 13-year-old can biologically reproduce, but she can't mother her child alone," said Ms. Cambridge.

In many ways, her fears will prove right, the social worker continued. It is society that bears the cost of the baby born to the pregnant teen-ager. She quoted statistics which estimated a cost of \$100,000 to rear a child from birth to age 18.

Who comes up with the money for the child born out of wedlock? More often than not it is the community in the form of tax-supported medical care, child care, and welfare payments.

JUNE 28, 1973