According to Kathryn Kish Sklar, “Women’s political culture was not a natural outcome of . . . gender identity, but a consequence of particular social, political, and economic structures and values.” This study has sought to reveal and compare these particulars through the careers of four middle-class and elite white women who worked to aid mothers in the early decades of the twentieth century. Their careers help to explain how general concerns over motherhood and infancy became situated specifically in the political sphere in the pre- and postsuffrage eras, and how individual activists configured reproductive health and rights during a time of contested conceptions of reproduction, female sexuality, motherhood, public hygiene, and state responsibility.

Each woman in this study was part of a larger reproductive reform impulse that captured the energy of a wide variety of activists in the interwar years. However, their efforts never congealed into a comprehensive social welfare program to ameliorate the harsh conditions surrounding maternity and infancy. I have tried to show that this circumstance was neither inevitable, nor unproblematic. Clearly, there were individual reproductive reformers who envisioned a movement that would address the myriad concerns of mothers—including prenatal care, clean milk, financial security, and fertility control. However, political circumstances, both within the female reform community and externally, tended to obviate the realization of such goals.

The development of a unified political agenda and movement was undermined by a complex political climate in these decades. As this study has shown, individual women reformers not only held different ideas on
the problems mothers faced and what needed to be done to solve these problems, but also on the strategies that should be employed. While women in the Children’s Bureau who struggled for Sheppard-Towner were dedicated to education and a social-scientific approach to reproductive health, others felt sure that all the visiting nurses, free pamphlets, and baby shows in the world could not get to the root of the problem, which was woman’s lack of control over her fertility. For birth controllers like Ames, unbridled childbearing was at the root of women’s physical, economic, and civic debasement. Dennett would argue, more specifically, that the machinery of a repressive state apparatus hindered women in their ability to fully care for themselves and their families. Still others, like Putnam, argued that only improvements in and access to medical care—preferably accomplished on a private basis—could begin to put a dent in the high maternal and infant mortality rates. For her part, Dummer focused on the importance of economic justice and a revised moral and legal code in the fight for women’s health and welfare. Despite the Children’s Bureau’s claim to have designed a holistic child welfare agenda, it omitted, overlooked, and/or rejected several strategies to aid the mothers of these children.

The agenda of the Bureau in the interwar years comes into sharper focus once we know of the existence of Ethel Dummer, who asked her friend Julia Lathrop if she would publicly support a progressive, European-inspired illegitimacy law. Alternately, she wondered if this was “too radical a stance” for someone in the Bureau to take? Dummer reminds us of roads not taken by the women who created a female dominion in child welfare, accentuating the differences between a child-centered and a woman-centered agenda. And studying one-time Bureau supporter Elizabeth Putnam, who liked to say of it, “the more statistics they pile up, the more we can see how absolutely nothing they have done,” highlights the aggressiveness with which critics attacked the Bureau in the postwar period and makes the Bureau’s proclivity toward compromise appear more sensible. Putnam’s elitism also contextualizes the class politics of the Bureau, pointing to its sensitivity to the vulnerable and needy and its innovative approach to public health.

Similarly, the Sanger-led birth control movement takes on a new cast when examined from vantage points other than Sanger’s. The careers of Dennett and Ames illustrate the difficulties of formulating an effective approach to securing reproductive rights. Dennett’s attempt to claim for birth control the status of a “Constitutionally guaranteed old-fashioned American liberty” fell upon deaf ears on Capitol Hill. Rejecting the tradition and rhetoric of maternalism and formally lobbying for legislative
reform, Dennett presaged the difficulties women would face once they moved into the formal political sphere. In contrast, Ames was thwarted in similar ways in her attempts to promote a decidedly modern reform agenda as part of a larger maternalist effort on behalf of mothers and children. Ames stood firm in her belief that birth control needed to become an integral part of the health care delivery system and classed it with other maternal health initiatives, despite continued rejection by policy makers. Together, the political challenges these activists faced serve to illustrate that, while the heyday of maternalism may have waned by the interwar years, another effective strategy had yet to emerge to take its place.

Debates among women reformers dedicated to reproductive health and rights need to be understood in their proper political context. Analyzing rhetoric and discourse about motherhood or sexuality may unveil assumptions regarding the shifting perceptions of womanhood, but widening one's gaze to examine political strategies and tactics reveals the ways in which women's reform culture intersected with the arenas of partisan or formal politics. My examination of individual political activists convinces me that what separated women reformers from one another in this period was more than their ideological positions on the proper role of women, the differences between men and women, and the nature of the nuclear family. Political affiliations and circumstances were as important in explaining their views on reproductive reform as was the level of their commitment to women's equality.

The failure to develop a comprehensive reproductive reform agenda has left a significant legacy on American society. Mothers and children still make up the overwhelming majority of those living in poverty, infant mortality is on the rise, antiabortion forces have moved from the margins to the center of power in the Republican Party, adolescent mothers have lost their rights to live independently and still be supported by the state, and, more generally, federal entitlements have lost credibility with a majority of the American public. The health and the rights of mothers and children are threatened by this constellation of cultural and political trends and policy decisions. Clearly, however, these trends cannot be blamed on reformers of the past. As this study has shown, even great insights and political astuteness have led nowhere in U.S. politics and policy. Although internal problems such as egos, temperaments, misjudgements, and insensitivities clearly existed, external obstacles are just as, if not more, significant in explaining the inability to develop and sustain a movement dedicated to a broad agenda of reproductive rights and health. Above all, popular resistance to changes in family structure, to programs that would increase women's autonomy and power and undermine the
traditional family, kept reproductive reformers divided and on the defensive. In the face of such hostility, reformers carefully chose strategies designed to protect and promote defensive and, therefore, weakened agendas. These choices evolved out of deeply held personal beliefs as well as political considerations.

Throughout this study I have sought to round out our knowledge of the white women who shaped public policy and public attitudes in the arena of reproductive health and rights by examining the Sanger-dominated birth control movement and the policies emanating from the Children's Bureau's in the context of dialogue and dissent. Whether looking at outspoken rivalries, as in the cases of Putnam and Dennett, or the gentle prodding of constructive critics, like Dummer and Ames, we get insight into the political culture of white women in the decades after suffrage. These portraits provide a new perspective on the leaders of the reproductive rights and reproductive health movements in this country. They were not only battling bravely for the welfare of women and children, but striving to maintain their authority and to assert their vision in a complex and lively political climate rife with debate and dissent.

Reformers offered a variety of solutions to “the whole problem of motherhood” (in the words of Ethel Dummer) because they interpreted the problems of motherhood in different ways. The simple, yet profound, question that animated them still needs answering today: What can be done to help mothers? Answers ranged (and still range) from offers of solace and exhortations to behave responsibly to demands for social justice and equality. In between these two poles were campaigns to protect women’s health, promote women’s power, enhance the image of motherhood, get mothers more money and more control over their money, and alter family structure both culturally and legally. It is important to be mindful of the creativity, vitality, and variability of past efforts to improve the lives of mothers and children in light of the fact that these two groups have become the poorest, most vulnerable citizens not only in this country, but around the world.