

Obstetric and Gynecologic Problems of Employed Women

H. CLOSE HESSELTINE, M.D.

SOME TRIBES of American Indians had a sociologic pattern established in which the squaws tilled the fields and did the local work while the males were the hunters and the warriors. In this sense the breadearners (except for meat, fowl, and fish) were the Indian women. When the white settlers came to this country it was the exception when women, especially the mothers and the married women, were gainfully employed or worked in the fields. Their day was filled with the duties of cooking and managing the home. In some instances the wife would help in the store or shop with her husband. The rural women would help care for the poultry, the gardens and the orchards, and prepare foods for the winter.

The question may be asked, in view of the following data, have we "foreigners" (about 99 per cent of the U. S. population) adopted some of the customs of the American Indians? If the answer is yes, then what has effected this course of events and what are the problems therein?

For a number of years women workers were recognized but discussed in quiet tones. They were employed as teachers, saleswomen, secretaries, and domestic workers; a few were employed professionally (as nurses, doctors, and so on). During the past

two decades especially, progress has been made in the movement for laws on working conditions, union privileges, and a general public education on rights of women workers. It may be a surprise to find that in October, 1954, 31.7 per cent of the labor force of the United States was composed of women of the age 14 years and over.¹ During the last 15 years considerable attention has been focused upon the medical and physiologic aspects of employment. In World War II the Section on Obstetrics and Gynecology of the American Medical Association had an active committee whose function it was specifically to advise and counsel on obstetric and gynecologic conditions with respect to safety measures and the eliminations of hazards. After the end of the second world war it was assumed that the number of women in the labor force would decline sharply. This failed to develop. Aside from the year 1945, when approximately 36.1 per cent of all workers were women, the percentage of working women has increased almost steadily up to October, 1954.

LABOR FORCE

Table 1 shows a female population of 14 years and over of approximately 59,365,000. This excludes the institutional population. The civilian male population is 53,883,000. Of the 59 million plus women, 20,565,000 or 34.6 per cent are in the labor force. Eighteen million plus are in nonagricultural activities. The unemployment rate was 4.6 per cent, which means that 30 per cent of

Presented at the Sixth American Congress on Obstetrics and Gynecology, Chicago, Ill., December 14 to 17, 1954.

From the Department of Obstetrics and Gynecology, The University of Chicago and the Chicago Lying-In Hospital, Chicago, Ill.

HESSELTINE

these women were active workers. For the same period the unemployment in men was 4.1 per cent. Thus actually 78 per cent of the male population had employment. The remaining number represents the nonlabor force, as shown in Table 2. Thus 65 per

cent fluctuation in the birth rates. The largest total number and percentage in the labor force by age falls as expected into the 2-year span of 18-19—51.1 per cent. Even with 9 per cent unemployment, about 42 per cent were employed. The highest single

TABLE 1. STATUS OF THE CIVILIAN NONINSTITUTIONAL POPULATION IN LABOR FORCE, WEEK OF OCTOBER 3-9, 1954
Thousands of persons 14 years of age and over

	Population	Labor force					
		Total		Employed		Unemployed	
		No.	%	Agriculture	Non-agriculture	No.	%
Male	53,883	44,317	82.2	5,730	36,792	1,796	4.1
Female	59,356	20,565	34.6	1,509	18,110	945	4.6

From *Current Population Reports, Labor Force*.¹

cent or 38,791,000 women are outside the labor force. The overwhelming majority, over 33 million, are keeping house. Another 3,899,000 are in school, 967,000 are unable to work, and the remaining 700,000 constitutes all other categories. By comparison, there are 4,146,000 males in school, 1,359,-

unemployment rate occurred in the 16-17 age bracket. Except for the 10-year span of 25-34, when about 34 per cent were in the labor movement, the labor force had over 40 per cent of each age population through the age of 54. From this age, the employment percentage decreases steadily downward to

TABLE 2. STATUS OF THE CIVILIAN NONINSTITUTIONAL POPULATION NOT IN LABOR FORCE, WEEK OF OCTOBER 3-9, 1954
Thousands of persons 14 years of age and over

	Not in labor force				
	Total	Keeping house	School	Unable to work	Other
Male	9,566	80	4,146	1,359	3,980
Female	38,791	33,205	3,899	967	720

From *Current Population Reports, Labor Force*.¹

000 unable to work, and 3,980,000 in the miscellaneous groups.

Ages

The study of "age" requires more careful deliberation and consideration (Table 3). The Bureau of the Census has used various age periods for direct appraisal. The numbers under the heading of population explain themselves. The peaks may well repre-

the age of 70, when about 6 per cent were still workers. Deducting for unemployment, there remains over 14 per cent of women 65-69 years still active workers. More striking is the point that 289,000 over the age of 70 belonged in the labor force.

If one turns back to 1940, about 59 per cent of employed women were 34 years or younger.⁴ Since then a steady shift to the older group has occurred. In October, 1954,

EMPLOYED WOMEN

only 42 per cent were under 35 years. This represents a spectacular shift of 17 per cent in 14 years.

If one accepts 45 as an arbitrary division between the childbearing age and the meno-

plete the over-all picture (Table 4). In this category the distribution is somewhat in reverse. The totals are indicated for the corresponding ages. The largest single age group is 25 to 34, which is 8 million plus. Of this

TABLE 3. STATUS OF THE LABOR FORCE BY AGES, WEEK OF OCTOBER 3-9, 1954
Thousands of women 14 years of age and over

Age	Population	Labor force					
		Total		Employed		Unemployed	
		No.	%	Agric.	Nonagric.	No.	%
14-15	2,248	232	10.3	89	135	8	3.4
16-17	2,178	616	28.3	84	471	62	10.1
18-19	2,118	1,083	51.1	71	912	100	9.2
20-24	5,358	2,551	47.6	136	2,280	135	5.3
25-34	12,231	4,141	33.9	235	3,673	234	5.7
35-44	11,453	4,917	42.9	333	4,383	200	4.1
45-54	9,341	3,991	42.7	319	3,553	119	3.0
55-59	3,916	1,305	33.3	100	1,156	48	3.7
60-64	3,336	969	29.0	79	866	23	2.4
65-69	2,682	471	17.6	33	424	14	3.0
70 +	4,494	289	6.4	29	259	1	0.3

From *Current Population Reports, Labor Force*.¹

TABLE 4. STATUS OF THE NONLABOR FORCE BY AGES, WEEK OF OCTOBER 3-9, 1954
Thousands of women 14 years of age and over

Age	Not in labor force				
	Total	Keeping house	School	Unable to work	Other
14-15	2,016	55	1,925	2	33
16-17	1,562	243	1,284	5	30
18-19	1,035	550	420	16	49
20-24	2,806	2,485	232	37	52
25-34	8,090	7,968	23	37	62
35-44	6,537	6,441	9	48	38
45-54	5,350	5,241	5	60	45
55-59	2,612	2,542	...	42	28
60-64	2,368	2,289	...	35	43
65-69	2,211	2,085	1	59	66
70 +	4,205	3,307	...	624	273

From *Current Population Reports, Labor Force*.¹

pause about 33.6 per cent are in or past the menopause.

NONLABOR FORCE

For the sake of comparison a quick review of the nonlabor force group will com-

number, over 7,900,000 are keeping house. The largest number in school, as would be expected, is for the ages 14 to 17.

TYPES OF EMPLOYMENT

Obviously the type of employment must

be reviewed for discussion of work suitable to women.⁶ Table 5 lists by frequency, the percentages of employment in the major occupation groups. It will be noted that the largest number is of clerical and kindred

TABLE 5. MAJOR OCCUPATIONS OF EMPLOYED FEMALES, WEEK OF OCTOBER 3-9, 1954

Thousands of women 14 years of age and over

Occupation group	No.	%
Clerical and kindred workers	5,497	28.0
Operatives and kindred workers	3,414	17.4
Service workers	2,350	12.0
Professional, technical, etc.	2,200	11.2
Private household workers	1,862	9.5
Sales workers	1,476	7.5
Farm laborers and foremen	1,400	7.1
Managers, officials, etc.	1,001	5.1
Others	421	2.1
TOTAL	19,620	

From *Current Population Reports, Labor Force*.¹

workers. Private household workers make up only 9.5 per cent. Just 14 years ago in 1940 this number was over 25 per cent. These shifts in numbers favored the operative and kindred workers and there has been an increase in clerical workers.

ATTITUDES TOWARD FEMALE EMPLOYEES

One unfavorable criticism of women employees is that they have a disproportionately high rate of absenteeism. Some disagreement has arisen over this question. The study by Velz indicated that there was a definitely increased frequency for women over men, especially under the age of 50. He showed that the absences for men over the age of 50 increased appreciably and that the rate for women over 50 increased only slightly. He also pointed out that the average duration of sickness for women was slightly greater than that of men.

A factor with which to deal is the realism that length of life has been extended from slightly over 48 years in 1900 to about 70

years in 1950. If this extension of life continues it will present more geriatric and other problems which do not belong in this discussion. It means that there will be an effort on the part of many older women to work longer. Whether the labor demands and labor force can absorb these individuals is a many-sided question.

EXPENDITURE OF ENERGY

Outside the Home

Before a physician can advise women workers intelligently he should be adequately informed about employment, industrial demands, and the regulations pertinent to these. Most states have specific laws covering various details, including hours permitted per day and per week, limits on weights to be lifted, and numerous specifications. Employers have found that pleasant and favorable environments are productive of regular attendance and more efficiency. The private physician would do well to visit a few industrial plants under the tutelage of the industrial physician. The plant nurse can point out many things of interest. The industrial physician and personnel staff are eager to cooperate with a private physician.

In the Home

To focus more sharply, one needs only to determine how much actual physical effort and stress and strain is expended by the woman in her household. Cardiologists lately have found it most desirable to advise cardiac patients specifically about the nature and amount of work. It is important to know whether ironing is more laborious than pushing a vacuum sweeper; whether cooking is more of a demand than ordinary household cleaning and dusting; and whether shopping and carrying groceries is more laborious than doing laundry. Little or no stress measurements have been obtained concerning supervising young children at home and at

play and caring for their needs in the after-school hours or before school age has been reached.

The points above were mentioned to emphasize the amount of physical labor concerned in home and house care. It has been stated that men relax at home after work. In the last few years a major departure from this practice has taken place. Pride in the home has increased and the hobby style of "do it yourself" has been born. Many men spend a great deal of time working around their homes and lawns. Often this type of work is more of a hobby and recreation. Unmarried men do little or no home work as a rule. Most women, single or married, do their own cooking, laundry, and housework in addition to a full-time job. The married woman in the labor force has the added duty of the household work for herself and her husband. The mother has still greater chores and duties. Thus the married woman has the day shift on the job and then a part- or full-time shift at home.

Accordingly, the advice to a patient to take it easy is sincere but not definitive. Such advice should be as specific and detailed as the directions of a diet. As implied above, frequently physicians have insufficient concepts about the stress and strain of laboring and working people.

ADVISABILITY OF EMPLOYMENT

A number of specific points may be raised about women. One is, should women work outside the home? By necessity many women are forced into the labor market by our society. Economic pressures have developed in recent years whose impact on our society is the urge to have more income, to buy better houses, drive better cars, have larger television sets, and so on. Aside from home ownership, there is no good evidence that 2 breadearners are active in arranging a large savings or obtaining a better annuity. The insecurities and apprehensions resulting from the second world conflict, the

Korean "war" and now the "cold war" have manifested themselves in various ways. The unrest, apparent frustration, motivation for money, and the upheavals in home life may be an aftermath. Regardless of the cause, women have entered the labor force in enormous numbers and it appears that they will be there for an undetermined time.

The impracticality of going through a large number of jobs to present limitations for pregnant women or women with gynecologic conditions is evident. The approach should be on principles and policies. There are an enormous list of jobs and types of work which women have done safely for many years. Where special hazards are possible every safeguard should be provided.

Infertility

Women who have had infertility problems (sterility or habitual abortions) should avoid if possible all employment during pregnancy.⁵ The preconceptional therapy and prenatal care do not need discussion here. The advice about working should come from the physician after careful consideration and evaluation.

Pregnancy

Pregnant women should avoid toxic or injurious substances as safeguards against potential injury to the fetus. Most authorities agree that normal gravid women may work until the twenty-fourth to twenty-eighth week of pregnancy. There are both advantages and disadvantages. Beyond this time the pregnancy becomes obvious to others. If the individual is in the public there is a certain esthetic objection to conspicuously pregnant individuals serving the public. If the individuals are not exposed to the public, doing work such as secretarial work without too much stress, they may work somewhat longer with safety. This is, of course, on the assumption that the patient's medical condition remains satisfactory, that her weight gain, blood pressure and urine

are normal and that there are no medical contraindications to this procedure. In the event of complications, heart disease or diabetes for example, the medical state and the pregnancy will determine the length of employment. After delivery the mother should wait at least 6 weeks before returning to work. However, this is not always followed. From the welfare of the baby it would be ideal for the mother to remain at home.

Menopause

During the menopause a different picture develops.³ Some women will find that noises, environment, and even formerly agreeable work partners may be disturbing. As emotional factors arise, they must be met and managed. There is no reason why a woman in the menopause should discontinue working purely because she has reached this biologic state. Some women are better off when occupied, provided that they are not occupied to the point of exhaustion. The private physician can give adequate relief for the menopausal symptoms.^{2, 5} The use of estrogens to relieve hot flashes should be limited or deferred until the individual has stopped menstruating; otherwise it is likely to upset the menstrual pattern and may predispose to the need for diagnostic procedures. Mild sedation with phenobarbital may be very beneficial until the cessation of menstruation.

When the menses have stopped one may judiciously give the estrogens by mouth either daily or every other day, ultimately reducing administration to 2-3 times a week. Some doctors prefer to give estrogens by injection, feeling that the patient is under better control. In any event, the patient should be followed by a doctor at adequate intervals as long as she is on any medication. It is becoming a common practice of some physicians to give a half-milligram of stilbestrol once or twice a week over a period of years in the belief that it keeps the

vagina healthier and that the patient is better for the treatment. Some women find their physical well-being improved under this management.

CONCLUSIONS

The employed woman will face the same obstetric and gynecologic problems as if she were not employed. However, additional problems may arise requiring that her occupation may be changed. The employed woman at the menopause may be better off by being fully occupied, and her job may contribute to a sense of security.

This does not mean that women should be induced to seek employment. If the wife or mother must work, there is little choice. She should have a job in accordance with her abilities, skills, and interests. She should have a job that is in accordance with her physical competence. Women who avoid pregnancy in order to work may be denying themselves a great experience and honor. Complications may arise in later years, and the hazards of fibroids and endometriosis must not be forgotten. Women with children who have grown up and are on their own will sometimes find that time is heavy on their hands and might like to return to work. They may be satisfied, after working for a year or so to retire to their routine home life.

At the present time women are not taking jobs from men; there are certain jobs that women can do better than men. Our culture, our customs, our economics, and our whole civilization have undergone an upheaval that will alter home and family living for years. The obstetrician and gynecologist, the hospital administrator, the nurse, and various others will have to look upon the employed woman with an open mind and with understanding. The proper placement of the employee is the responsibility of industry but can be aided by the private physician. The obstetrician and gynecologist should have a more active role with women workers.

EMPLOYED WOMEN

The presence of 20,000,000 women in the labor force may have an unsound effect upon home and family life. Physicians have a responsibility to protect the mental and physical health of our patients. This can be done by intelligent and sound thinking and cooperation with industrial physicians.

According to numerous observations, employment has not produced gynecologic disease nor caused obstetric complications. Such observations might be predicated on reasonable and proper working conditions and adequate safeguards for particular jobs. Diagnostic and therapeutic procedures should remain the same for both employed women and those in the nonlabor force.

REFERENCES

1. *Current Population Reports, Labor Force*. Washington, D. C., Bureau of Census, P. 57, p. 148, November, 1954.
2. DAVIS, M. E. The therapeutic role of the estrogens. *Surg. Clin. North America* 23:113, February 1943.
3. HESSELTINE, H. C. Specific problems of women in industry. *J.A.M.A.* 124:692, 1944.
4. HESSELTINE, H. C. The menopause and the employee. *Indust. Med.* 12:20, 1951.
5. HESSELTINE, H. C., *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. *J.A.M.A.* 121:799, 1943.
6. NOVAK, E. The menopause and its management. *J.A.M.A.* 110:619, 1938.
7. VELZ, C. J. Manpower prospects within the population structure. *J.A.M.A.* 147:1319, 1951.