Mary c. breckinridge and the frontier nursing service



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Abstract

This paper explores the life and legacy of Mary C. Breckinridge, the creative force behind the Frontier Nursing Service. Despite great hardship and heartache, Mary never faltered in her desire to improve the health care of every child. Instead of seeing the daunting task as an insurmountable obstacle, Mary continually looked for ways to make positive change. Statistics show the incredible contribution that Mary and the Frontier Nursing Service made to the health and well-being of the children and families of eastern Kentucky. In addition, Breckinridge was instrumental in bringing nurse midwifery to the United States. This paper provides a snapshot of the contributions that Mary C. Breckinridge made to the profession of nursing and health care for rural women and children.

Building A Legacy: Mary C. Breckinridge and the Frontier Nursing Service

While no one will live forever, a person can continue to exist through the legacy they leave and the impact that it has made and will continue to make in the world. Mary C. Breckinridge, the founder of The Frontier Nursing Service, left a legacy that is still influencing lives and nursing practice almost 50 years beyond her death.

Events Leading To Development of the Frontier Nursing Service

Born into a famous family, the Breckinridge name provided many opportunities and open-doors for Mary. However, Clifton and Katherine,

Mary's parents, were not as monetarily affluent as the rest of the

Breckinridges. They taught their children that " personal qualities such as honesty, integrity, and service to others, rather than a large financial fortune, determined their worth" (Goan, 2008, p. 22). In addition, southern culture encouraged young females to be " demure and self-sacrificing, focusing on the needs of others" (Goan, 2008, p. 23). Mary's adventurous and ambitious personality, combined with the influence of her family and society left her determined to use her giftedness to help others.

After the untimely death of her first husband, Mary spent the summer of 1907 at the Elisabeth McRae Institute, a home for girls in North Carolina. Experiences there prompted Mary to enter nursing school at St. Luke Hospital in New York City. She graduated with honors and passed her state boards in 1910.

Mary married her second husband in October of 1911. She became a traveling lecturer with the United States Children's Bureau which allowed her to see the predicament of rural mother's first hand. At the end of her term with the bureau, Mary went to France to help with reconstruction after the end of World War I. With the financial backing of her mother, Mary helped improve the health of malnourished children. During this time, Mary developed the administrative skills that would assist her with successfully running the Frontier Nursing Service. She developed a visiting service in France that provided healthcare to men, women, and children in her territory. In one year, she increased her area of responsibility from one village to 72.

Mary returned to the United States, divorced her second husband, and one month later, her mother died. Once again she was faced with the decision of what to do with her life. Her experience in France and her contact with British nurse-midwives, prompted her to think of the possibilities of a similar need in the United States, especially with rural mothers and children. Access to physicians in rural areas was virtually nonexistent. Typically the closest doctor could be 100 miles away. Pregnant women were assisted by untrained family members or neighbors when they were ready to deliver or gave birth alone. These conditions greatly concerned Mary, inspiring her to develop a plan to offer low-cost care to rural mothers and babies. She submitted a proposal to the American Child Health Association, which included free health care for every child within her organization's territory. Mothers would also receive health care. Central to her plan was a new direction for nursing, the professional nurse-midwife. These caregivers were trained in both nursing practice and specialized obstetric care. They could handle normal deliveries but would have access to a physician for difficult births (Hostutler, Kennedy, Mason, & Schorr, 2000).

The Frontier Nursing Service

When making the decision of where to locate her proposed health service, she was drawn to the plight of the people of Appalachia, specifically eastern Kentucky. After training and receiving certification through the British Central Midwives, Mary returned to Kentucky in 1925. She hired her first two employees, promising them \$150 per month plus living expenses. The first clinic opened in Hyden, Kentucky in September 1925, followed by six

additional outpost-nursing centers. The nurse-midwives that staffed these https://assignbuster.com/mary-c-breckinridge-and-the-frontier-nursing-service/

centers held clinics and made house calls via horseback to provide home care. Each center served an average of 250 families. Besides tending to the administration of the organization and seeing patients, much of Mary's time in the early years was spent raising funds. In 1927, Breckinridge changed the name of her organization to the Frontier Nursing Service (FNS). Breckinridge raised money for a twelve-bed hospital that was dedicated on June 26, 1928. It became the center of the FNS medical system. In November 1939, Mary established the Frontier Graduate School of Midwifery to supply the need for trained midwifes. The school has been open since that time and has continued to add additional degrees including a nurse practitioner program.

Despite drought, famine, the great depression and wars, Breckinridge championed the cause of the Appalachian people and through effort and patience she developed a deeper understanding of the region's problems. By her death in May of 1965, Mary raised almost ten million dollars for the FNS and left an endowment of more than two million dollars. During her time of leadership, the FNS provided service to almost 58, 000 patients, provided 248, 000 inoculations, delivered 14, 500 babies, and lowered the maternal death rate in eastern Kentucky, from the highest in the country to well below the national average (Frontier Nursing Service, 2014). When a mid-wife in Nashville, Tennessee was asked if she knew of Mary Breckinridge and if Mary's work had affected her in any way, she said, " Mary was an eternal optimist operating within the accepted social norms of her time, but determined to make her world a better place. She paved the way for all of us that would follow her example. Thanks to her leadership, I have had the opportunity to pursue a very rewarding career in midwifery" (T. Bruce, personal communication, October 4, 2014). Mary Breckinridge created a legacy whose ripple effects will continue to affect eastern Kentucky, the United States and the world for a long time to come.

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