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Pregnant Women in Crisis: The Development of a Support Service

Madelaine Gitelman, MSW, '67
Director, Nefesh Achat B'Yisrael/Just One Life, Jerusalem

This article describes the development of a professional social service organization in Israel whose mission is to assist women experiencing a pregnancy that is fraught with emotional, medical, and/or financial difficulty. It explores the conflict that women face concerning the future of an unintended or medically at-risk pregnancy. Cases are used to highlight the doubts and the complexity of these women's choices.

Mrs. Morel was alone, but she was used to it. Her son and her little girl slept upstairs: so, it seemed, her home was there behind her, fixed and stable. But she felt wretched with the coming child. The world seemed a dreary place, where nothing else would happen for her—at least until William grew up. But for herself, nothing but this dreary endurance—till the children grew up. And the children! She could not afford to have this third. She did not want it. The father was serving beer in a public-house, swilling himself drunk. She despised him and she was tied to him. This coming child was too much for her. If it were not for William and Annie, she was sick of it, the struggle with poverty and ugliness and meanness. . . .

(D. H. Lawrence, 1913, p. 12)

Thousands of different versions of this dilemma have been heard in the office of Nefesh Achat B'Yisrael over the last 19 years. The environment, cultural background, and religion differ from the illusion that D. H. Lawrence created, yet the underlying ambivalence and feeling of entrapment concerning an unintended pregnancy are recurrent themes to which the staff members of Nefesh Achat B'Yisrael have become sensitive.

THE IMPLEMENTATION OF AN IDEA

Nefesh Achat B'Yisrael/Just One Life is a social service organization that was created to address the needs of pregnant women in crisis, using an innovative and professional approach. The organization was founded in Jerusalem in 1988 and is voluntary, not-for-profit, and apolitical. Its mission is to aid Jewish women in Israel experiencing a pregnancy that was fraught with emotional, medical, and/or financial difficulty to the extent that professional intervention was sought.

The source for the name "Nefesh Achat B'Yisrael" is a verse in the Talmud Sanhedrin that states, "He who sustains one life . . . it is as if he sustained an entire world" (37a). The choice of name underscored the intent of the founders to approach the issue with genuine concern and sufficient funding to make a difference in the lives of the women turning to the organization for assistance. The organization operates within the framework of Jewish law, professional ethics, and family values.

IDENTIFYING AN UNMET NEED

A widening gap exists between the increasing social welfare needs of the population and the Israeli's government's ability to meet these needs. At this point, the voluntary sector (NGOs) has begun to step in and provide service where none previously existed.

Nefesh Achat B'Yisrael (NAB), having identified a population with unmet needs, went about creating a program to address those needs and, at the same time, locating funding sources to implement this program. A community activist in New York along with his Rabbi in Jerusalem, both affiliated with the Young Israel movement, decided to become involved with the sensitive, value-laden challenge of helping ambivalent pregnant women complete their pregnancy. The notion that there were Israeli women who were contemplating abortion based on financial stress led to the founding of Nefesh Achat B'Yisrael.

NAB began as a project of the Council of Young Israel Rabbis in Israel. Within a year and a half, it became an independent entity. Today it is one of the more than 22,000 Israeli voluntary organizations registered with the Ministry of Justice and the Interior Ministry.

In New York the founders decided to establish Just One Life for the sole purpose of raising funds to be distributed to families in Israel. Over the years, the success of the fundraising efforts has been a key factor enabling the growth and expansion of the organization in Israel.

In Jerusalem, at the inception of NAB, a committee of rabbis, physicians, and social commissioned a survey to learn in depth about the issues confronting women who had unplanned or untimely pregnancies. Social workers, nurses and physicians working in women's health clinics, and hospital abortion committees participated in this survey. The initial study found that two major factors cause a woman to consider her pregnancy to be a source of crisis: poverty and when the pregnancy is unplanned, unwanted, or untimely.

POVERTY

The survey revealed that many women who were contemplating ending their pregnancy faced severe economic stress. This stress was caused by a combination of financial factors, among them low-paying jobs, unemployment, under-employment, failed businesses, cutbacks in government allowances, and/or debts. Families living in poverty or near-poverty often describe a carefully maintained homeostasis that was challenged by the arrival of another child to raise.

In Israel today, 1.6 million people, one of every four Israelis, live below the poverty line, which is defined as 50% of the median income. In 2004–2005 the government instituted cutbacks in child allowances and other allotments. As a result, the ranks of people living in poverty swelled. Large families who had been the beneficiaries of a profamily social policy found themselves suddenly with a 30% to 50% decrease in their monthly allotment, with no means of making up the difference while maintaining their lifestyle. Likewise the gap between high-income earners and low-income earners continues to widen annually at a pace faster than in most other countries. According to a report from the Bank of Israel, "In the period between 1990-2004, 977,000 people were added to the ranks of the poor . . . 60% of whom were from families with a wage earner. The employed poor are falling further below the poverty line, and becoming paupers." The number of working poor people grows annually.

Most of the women referred to NAB are homemakers who do not earn a salary nor have they learned skills that would make them employable at a later phase of their lives. For those who are working, their earnings are often below the minimum wage. They may work as cashiers in a local supermarket or cleaning houses, but have no better options for gainful employment.

Likewise, their husbands who often work full time in semiskilled professions do not earn a sufficient income to support their families.

According to Gal and Weiss (2006), to combat poverty, both the state and local authorities need to allocate resources to ensure income maintenance while developing additional sources of employment. Until such time as this approach is successfully implemented, the families that are referred for service will experience little or no change in their economic status. Even though the economy continues to grow and the unemployment rate continues to drop—down to 7.7% in January 2007 from 11% two years ago—the number of poor Israelis increases every year.

UNINTENDED PREGNANCY

When a woman is faced with an unintended pregnancy, whether to continue the pregnancy or to terminate it is a life-changing choice (Gilligan, 1982). If she shares this dilemma with her local social worker, the latter will make an assessment that frequently results in a referral to NAB. Helping a woman cope with this dilemma, which has been described as a choice between two painful options and arriving at a decision that is right for her, has become the focus of the NAB social workers' intervention with hundreds of women every year.

A woman who welcomes her pregnancy is more likely to guard her health, watch her diet, and get early and continuing prenatal care, thereby improving the odds that she will have a healthy child and reducing potential risk factors. The child of a reluctant mother, by contrast, faces significant risks, according to Schorr and Schorr (1989). Likewise the Institute of Medicine in Washington, D.C., conducted a survey of American women with unintended pregnancies and concluded in a book entitled *The Best Intentions* (Brown & Eisenberg, 1995) that "the extent and consequences of unintended pregnancy are poorly appreciated throughout the United States." The Institute researchers found that even though young unmarried women on welfare were singled out for criticism, all women who do not take birth control were at risk. According to a survey carried out by the Department of Health in the state of Washington (2002), "unintended pregnancies are associated with adverse maternal behaviors such as delayed entry into prenatal care, poor maternal nutrition, cigarette smoking and use of alcohol and other drugs."

Contraceptive Use

In a study done on women with unplanned pregnancies 15 years ago in Jerusalem by Avgar, Magidor, and Salzberger (1992), it was found that "women became pregnant not because of lack of contraceptive skills, but because they failed to use those skills effectively. Younger, unmarried and less educated women and those with many children were especially prone to risk taking." The women who came for pregnancy counseling were either not using contraception, or they used it inconsistently. The researchers called this phenomenon "risk-taking behavior" accompanied by an external locus of control. The women choose to believe their wish not to become pregnant was sufficient and that a pregnancy would not occur.

Many of the women referred to NAB for service have either experienced contraceptive failure, (occurring in 1–2% of women using an effective method of birth control) or they are difficult contraceptors; they are women who have tried a variety of effective contraceptive methods, but nonetheless find themselves pregnant.

Within the population of women who do not take birth control, there are two subgroups: those who find birth control objectionable, physiologically and\or emotionally, and those who chose not to use contraception because they wish to have as many children as possible. The first group tends to be passive and apathetic about exercising control in their lives. They may rely on ineffective methods of controlling repro-

duction, such as counting days or spermicides. The use of unreliable contraception seems to reflect their ambivalence concerning a future pregnancy. When they are referred for emotional and financial aid due to an unintended pregnancy, they find it necessary to substantiate their choice. They tend to point to a failed method of birth control rather than taking personal responsibility for their choice. Despite not using effective birth control, they seem surprised and disappointed when they become pregnant.

The second group actively chooses not to use effective birth control. Their religious or cultural values encourage them to have as many children as possible. The vast majority of women who choose this lifestyle are coping and thriving. The women who are referred to NAB, in contrast, are generally physically weak, overwhelmed by their daily lives, and coping with poverty. This client population voices ambivalence about their current pregnancy. They choose to cope with an additional pregnancy, rather than to take action or to use birth control. The NAB social worker may help these women formulate their ideas and help them speak to their husbands and the family rabbi about the future. In some cases, the difficulty may stem from the woman's inability to assert herself as an active participant in the family dialogue. In general, they feel ambivalent and trapped.

An additional category of women are immigrants from the former Soviet Union (FSU). About 45% of the immigrants referred to NAB are from the FSU; one-quarter are from Ethiopia, and the remainder come from 16 countries around the world, including Iran, United States, Yemen, and France. In the FSU, abortion was the most frequently used method of birth control since modern methods of birth control were not available. Many women had yearly abortions. In Israel two variables changed. The women were taught about effective birth control by Russian-speaking health educators and their attitude toward having one or two children changed. The pronatal attitude they were exposed to in their new homeland has led them to consider larger families.

PREGNANCY TERMINATION

For women in Israel who are confronted with an unwanted pregnancy and choose to terminate their pregnancy, this option is protected by law. Abortion is legal and accessible. In 1977 legislation was passed to ensure that women could request an abortion in one of 33 hospitals or clinics that were approved by the Ministry of Health. Requests are made to an Abortion Committee composed of two physicians and a social worker, one of whom must be a woman. The law makes no restrictions as to age of the fetus, but second-trimester abortions require approval by a special review committee.

The law defines four broad categories of women entitled to a legal abortion.

1. Woman's age: under 17 or over 40
2. Marital status: single; or a pregnancy resulting from rape or incest
3. Fetal health, threat of fetal abnormality
4. Maternal health, including mental health

Abortion Statistics

Abortion statistics began to be recorded in the late 1980s. At that point there were approximately 16,000 legal abortions performed annually. Throughout the 1990s the number of women who had legal abortions annually remained relatively stable, ranging from 15,509–16,800. In 2005 there were 19,622 legal abortions and 148,000 births. From the 1990s and until 2005 there was an increase in the number of women in their reproductive years, ages 15–49, due to the influx of one million immigrants from the former Soviet Union. The number of legal abortions has increased over the years, while the rate of abortion has decreased in that time span from 13.6 to 11.7 per 1,000 women in their reproductive years (between the ages of 15–49), according to the latest statistics published by the Ministry of

Health in March 2007. As a point of comparison, this rate is among the lowest in the European Union.

NEFESH ACHAT AS A SUPPORT SYSTEM

With these critical issues in mind, the process of creating a service that had not previously existed for a diverse population was set in motion. The idea of offering emotional support and concrete assistance to women who were coping with an unplanned pregnancy seemed to have merit. Many women had said that their personal wish to continue the pregnancy met with resistance from their spouses, partners, or parents. When other voices in their lives are encouraging them to solve "the problem" by terminating the pregnancy, encouragement to listen to their inner voice helps women reach the decision that is right for them. Social workers and nurses throughout Israel who work with this population have come to rely on NAB to address the needs of these women in a professional and timely manner. The safety net that NAB provides for the ambivalent pregnant women is designed to deal with these issues.

For women who opt to continue their pregnancy, making this decision does not eliminate their ambivalence. They require a support system to assist them through the pregnancy and until several months following the birth: NAB provides such support.

Eligibility

A pregnant woman in crisis is defined as follows:

1. A married or single woman, who is uncertain about the future of her pregnancy due to financial stress or who is considering or had considered terminating her current pregnancy
2. A woman whose pregnancy is medically at risk due to existing medical conditions, a history of premature delivery, malnutrition, or general weakness, rendering her unable to maintain her household
3. A woman for whom abortion is not an option because of religious reasons or a personal value system that will not permit her to end a pregnancy, yet she is unable to cope with the current pregnancy

After eligibility is established, the woman is assigned a staff social worker, who provides both supportive counseling and a monthly subsidy during the time of her pregnancy and until several months following the birth.

Referral Sources: Building a Network

NAB is not an outreach service, but rather a referral service, designed to work in concert with the local welfare system. Therefore, to reach the target population, the cooperation of professionals in the field was essential. A basic operating principle was that the organization would work with professionals who were familiar with the women they were referring. The challenge came in helping social workers recognize that some of the ambivalent women they were seeing might want the option of continuing their pregnancy, rather than have an abortion, if the proper help was available to them. The role of the local social worker is to enable the client to reach a decision that is correct for her, a basic tenet in our profession; it is that social worker who determines the suitability of a client for the NAB service. In most situations the decision about the future of the pregnancy is reached before the referral is made to NAB.

Enlarging the network of referral sources required that NAB staff visit the social service departments in hospitals throughout the country. Hospital social workers, who are members of the committee deciding on a woman's request for an abortion, were cautious about offering an alternative to a woman who had already decided to request a termination of her pregnancy. These social workers felt that it was in the best in-

terest of the woman **not** to "reopen" the issue. The role of the hospital social worker was to assist her in negotiating the hospital bureaucracy with the least amount of pain. Social workers from hospital abortion committees, except under rare circumstances, chose not to use our service.

However, the notion that there may be another course of action for ambivalent pregnant women was slowly adopted by social workers in public welfare offices dealing with this population. Over the next few years, the idea gained popularity with social workers who were willing to add this service to their repertoire.

This network of social workers referring to NAB has developed over the past 19 years to include more than 275 social workers and public health nurses throughout the country. The vast majority of cases are referred by social workers in public welfare offices. More than anyone, they understand the troubled women and the issues they are facing. For NAB to succeed and to gain favor in the eyes of the professional community, it had to be available, credible, and make timely decisions about the provision of assistance. More than 8,550 women were referred to NAB from June 1988 to May 2007.

PREGNANT WOMEN IN CRISIS

A few cases have been chosen to illustrate the pregnant women in crisis helped by NAB. However, each woman is unique and has her own story. They range in age from 15–46; may be a first-time mother or an experienced mother; Ashkenazi or Sephardi; new immigrant or veteran Israeli; or secular, traditional, religious, or ultra-religious: NAB clients span the full gamut of Israeli society.

In spite of the individual differences among the clients, several prototypes have emerged. The most prevalent referral is a married woman in her late twenties who has two or three children, is in a stable marriage to a husband who is the sole low-income wage earner, and is currently faced with an unwanted or untimely pregnancy.

Miri, 25, is in the eighth week of a third pregnancy and considering abortion due in part to the couple's current financial stress. The couple has two children, ages five and two. Until five months ago, both Miri and Shimon were employed, each earning minimum salaries. They managed to support their family and did not need to turn to anyone for assistance.

Miri was fired from her job due to cutbacks. Shortly thereafter, she learned that she was pregnant. Even though the couple had planned to have another child, the timing of this pregnancy was a cause of distress. The thought of managing on one small salary for the next year was daunting. These thoughts led them to consider ending the pregnancy. They were confronted with an overwhelming decision. An abortion was inconsistent with their traditional values, yet they felt they had no other choice.

The social worker in the women's health clinic was aware of their dilemma and referred them to NAB. With the offer of ongoing support both emotional and financial, the couple was able to reframe the issue and to make a decision to continue the pregnancy.

Tova is 27 years old, married, and in the beginning of a third pregnancy. The couple has a four-year-old daughter and twin daughters who are nine months old. Tova was using contraception when she learned that she was pregnant. Her first thought was to have an abortion. Two factors had interrupted the upward mobility of this ambitious young family. Tova's husband had opened his own business, and after several months of hard work, he was diagnosed with a kidney ailment requiring a transplant. The business quickly failed and they were forced to declare bankruptcy. For the past two years he has been recovering from surgery. The daily stress of bill collectors knocking on their door with demands and threats just didn't fit with bringing another child into their world. They are currently subsisting on a government disability allowance. Only two years ago they lived a middle-class lifestyle.

An unplanned pregnancy has forced them to look carefully at themselves and their future. In the final analysis, they viewed the pregnancy as a gift, one that should not be thrown away. Their recent past had been full of obstacles and mistakes. It seemed to them that an abortion would be another mistake. The offer of help from Nefesh Achat was timely and genuine, enabling them to make the choice to continue the pregnancy.

Tova's husband is a caring father to his

daughters. It is one of the few endeavors that give him pleasure and satisfaction. They are happily anticipating the birth of their new baby and with the help of our counseling, feel confident that they can make changes in their lives and build a better future.

Pregnant Women Who Are Medically at Risk

Typical women in the "medically at risk" category have 12 or more years of education, an intact family, and an ultra-religious lifestyle. Their husbands who attend a *yeshiva* receive a small monthly stipend along with supplemental income provided by a government allowance. The stipend is often one-third of the median income. These women speak of general weakness and being overwhelmed. The pregnancy is at risk either due to medical problems, history of multiple miscarriages or of postpartum depression, ambivalence concerning an unwanted pregnancy, and/or dire poverty. Some women report that the current pregnancy is unplanned, as were all of their previous pregnancies, yet they are experiencing anxiety or sad feelings about this pregnancy. Other women feel that they have reached what they thought was the "ideal number of children." Some are 42 years old or older and thought they were no longer fertile.

Most of the ultra-religious clients are referred because of medical problems of varying levels of seriousness. It is more comfortable and acceptable to have medical issues as the initial focus. Many are then able to talk about the unwanted nature of the pregnancy and their wish for an alternative.

A subgroup within this population is women who are 32–36 years old; have five, six, seven, or even eight children; and must cope with raising this large family on a very small income. As mentioned above, many women in this group begin to understand the need to be a healthy mother to their children. The fact that each pregnancy takes its toll is validated. Helping them formulate the issue to their husbands often results in rabbinic approval for taking a rest between pregnancies (i.e., using effective birth control).

Within this ultra-religious population is a subgroup of families who have "returned to religion" (*hozrim b'teshuva*). These couples have taken on a religious lifestyle, often severing their relationships with their nuclear families. Many of these clients live in social isolation, away from their families, both geographically and emotionally. These women tend not to have friends or confidants. Their attempts to accept in full the rigors of their new lifestyle may lead them to react passively. They are fearful of talking about their feelings with friends or neighbors, most of whom are in a similar situation.

The relationships that these women develop with NAB social workers enable them to unburden themselves and share their innermost thoughts and concerns. The needs expressed by this population were one of the motivating factors in developing the "Mother and Infant Center" in our office. Being given parenting information, gaining mothering skills, and talking to other women in a similar situation all give strength and support to an overwhelmed mother.

The remaining one-third of women in the medically at risk category exhibit the more classical risk factors as described in a comprehensive list compiled by the University of Virginia Health Service (2006); a mother younger than 18 or older than 35; a history of smoking, or alcohol or drug abuse; a mother who has anemia and poor nutrition status; previous preterm birth or pregnancy loss; a family history of genetic disease or a previous baby with a birth defect; preexisting medical conditions including diabetes, high blood pressure, and heart disease; infertility medications or treatments; women carrying sexually transmitted diseases, including HIV, and women with less than 12 years of education. An additional risk factor, described by Fraiberg, Adelson, and Shapiro (1980), relates to women who "find renewal and healing of childhood pain in the experience of bringing a child into the

world. The parent says. 'I want something better for my child than I have had.'" These feelings are expressed by some of the women and put the social worker on alert. It is safe to say that the NAB staff has seen and been able to assist women coping with each of these risk factors.

Described here are two cases of medically at-risk pregnant women helped by NAB:

Ilana is 32 and the mother of four. Her husband is a teacher, and the family maintains itself on his salary along with the National Insurance Institute child allowance. She was referred in the fourth month of a medically at-risk pregnancy with a history of premature delivery. She had already experienced several days of preterm bleeding. She needed babysitting help, which they could not afford. Nefesh Achat provided a monthly subsidy, and Ilana was able to take better care of herself. In July she gave birth to a full-term baby boy who weighed 3.2 kilos (7 lb). There was great joy in the household. It was the first time that Ilana had completed nine months of pregnancy and given birth to such a big baby,

Marina is 36 years old, a new immigrant from the former Soviet Union. She has been married for four years and has a two-year-old son. Shortly after his birth Marina developed a severe cardiac problem, which required open heart surgery. Her recovery enabled her to contemplate another pregnancy. In the fifth month of her second pregnancy, she was diagnosed with *placenta previa* requiring total bed rest. Her husband, the sole wage earner, is a teacher, and his salary covers the family's minimum needs. Marina and her husband have no family support system. For a few weeks her husband stayed home to watch their two-year-old. The neighborhood public health nurse made a home visit. It was her recommendation that the husband return to his job and that babysitting help be found. She referred Marina to NAB for assistance. The financial aid was used to hire a babysitter. The extra help also allowed Maria to lower her stress level. Marina managed to carry her pregnancy until the 37th week and give birth to a healthy, 2.7 kilo girl.

Single-Parent Mothers

The number of single, divorced, and widowed women who are referred to NAB is on the rise, increasing from 20% of the caseload several years ago to 29% in 2006. While immigrants number 20% of total referrals, they represent 36% of the single women referred. A government allowance for single-parent families along with a rent subsidy provided by the Ministry of Housing provides a safety net and minimal standard of living. Over the past decade this lifestyle has become more accepted, as community supports are in place to assist single mothers.

The typical single woman referred to NAB is 23–27 years old, has had an abortion in the past, is in an unstable relationship with her boyfriend, and earns a minimal income. The past abortion seems to be the major factor in the woman's choice to continue the current pregnancy. Feelings of remorse and wanting to "fix" those feelings lead this young woman to seek assistance to continue her pregnancy. When these women decide to continue their pregnancy despite the boyfriend's threats to leave, they are truly on her own and frightened. However, their conviction that they are doing the right thing this time serves to strengthen their resolve.

EXPANDING THE SERVICE

While the ongoing work of NAB focuses on the pregnant woman, the staff has observed that the postnatal period is fraught with many obstacles and challenges for the clients. It cannot be taken for granted that a mother intuitively knows how to develop a relationship with her baby, that she understands normal child development, or that she can handle the impact that a new baby will have on her life. Many of the women did not have the advantage of proper mothering themselves. Their role models gave mixed messages about being loved and valued.

It became clear from the beginning that NAB was in an advantageous position to provide workshops and support groups to both new and veteran mothers. Many mothers were uncertain and somewhat frightened by caring for their babies, but at the

same time they were eager to acquire information and skills that would set them on the path to a satisfying and fulfilling experience as mothers. The issue of early attachment and bonding was a key focus in NAB intervention. To address this issue, small groups were set up from within the various subgroups in the client population. Participants included mothers with many children, single parents, and women who were experiencing a medically at-risk pregnancy. Interest as indicated by regular attendance and positive feedback sparked NAB's motivation to further develop this service. All of the activities are designed to strengthen the mother and to encourage, stimulate, and enhance the mother-child relationship.

With an allocation from the Legacy Fund of the Ministry of Social Affairs, the NAB Mother and Infant Center opened its doors in January 2006 and has developed into an integral part of the service that we offer to the clients living in Jerusalem and the surrounding area. A range of classes on such topics as nutrition for mother and baby, the art of nursing, and baby massage have been given. In addition, there are plans for an educational series for mothers and their infants focusing on normal child development. Helping mothers play with and enjoy their infants is the theme of many of the activities. For many it is a new experience. They are eager to learn how to create an environment for their baby that gives them the message that the world is a welcoming and secure place.

CONCLUSION

Over the past 19 years, Nefesh Achat B'Yisrael has taken up the challenge of providing service to thousands of pregnant women in crisis. Understanding the complexity of choice facing an ambivalent pregnant woman while offering emotional support and concrete assistance enables her to make a difficult decision about her relationship to her pregnancy. The core service combines emotional support and a monthly financial subsidy. Though poverty issues abound, NAB clients are helped to cope with their reality, to become aware of their own personal strengths, and to learn about relevant community resources. The cultural diversity that marks the client population has spurred the development of additional services. Innovation, accompanied by the necessary financial support, has enabled the agency to grow and to develop. A genuine concern for this population based on Jewish values and social work ethics has guided and will guide the continued evolution of this service.

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