Catherine Mary Edwards

Western Australia
29th July 2011

In 1975 my son was stolen from me, I have made a personal submission covering this event.
This supplementary submission is to detail adoption practices I personally witnessed as a nurse working in Maternity units.

In June of 1977 aged 17, I commenced my Nursing training at the Western Australian School of Nursing (WASON).
After nine weeks in the classroom as part of our initial training we were seconded to Regional hospitals to learn the basics of nursing care, this included a rotation to a Maternity ward.

I was sent to Hospital (Government) and the first ward I worked on was the Maternity ward (August-October 1977). I found the hospital policies re the care and handling of the babies difficult to comprehend and conform to, this was at a time when all hospitals ran along almost military lines, with the Hospital Boards, Doctors, Matrons and Ward Charge Sisters ruling the wards and patient care.

This was the era of all babies staying in the nurseries except for feed times, the idea of babes rooming in with their mothers had not even been considered. Babies were taken to their mothers 4 hourly feeds only. As a nurse I was not permitted to pick up or hold any baby, all comp feeding or changing of the babe had to be performed in the cot, If you were caught cuddling a babe to attempt to get it to settle you were quickly informed "that is not your baby nurse please return it to its cot"

As a silently grieving mother this practice alone seemed barbaric, however the treatment that I witnessed given to an unmarried 16-year-old mother was nothing short of inhuman.

Upon commencing a shift all Nurses have to attend a patient handover, during which details of patients conditions and care are discussed and reviewed. During handover on the day in question we were informed that amongst our patients we had a 16-year-old patient with Babe for Adoption, two days old.
The Charge Sister and her group of condescending midwifes made no secret of their views re teenage pregnancy and illegitimacy, and please remember that as 1st year student nurses we had no say on the running of the ward, we did not even speak unless spoken to, we were as low in the hierarchy as it was possible to go.
The mother was sharing a four-bed ward with other patients both antenatal and postnatal, so she had no privacy and had to witness the other mother's babies being brought to them for feeds.

Her daughter was placed into the isolation nursery (situated next to the Sisters office) not in the normal nursery with the other babes. The isolation nursery was kept locked with the Charge Sister or Senior Midwife on duty carrying the keys.

We (the nurses) were informed that it was policy that Mothers who were having their babies adopted were not allowed to see their child at all, and that only "trained staff" would be looking after the babe. Thereby stopping all the student nurses who were of similar age to the mother and thereby more sympathetic towards her from gaining access. These "trained staff" treated the baby almost like their own personal living doll, giving her a "pet" name on her cot. All babies had either a pink or blue cot card that normally had the baby's name i.e. "Jane" Baby Smith of Mary. Adoption babies just had Baby Smith no mention of mother. The staff seemed almost happy to have an adoption baby to play with, and enjoyed discussing her care almost as if she was theirs!

I do not know how the mother was denied her daughter at birth as I was not on duty that shift, I do know that access was denied during the post natal period.

Due to having been though the experience of having my child taken, I was far more sympathetic than even my classmates were, it is amazing how people just believe because they are told by someone in authority that this is how it happens and that a complete break is in the best interest for all.

This was the era when nurses especially students were not encouraged to talk to their patients other than in the performance of their duties, to be caught chatting meant that either you weren't doing your work or you require extra work as you obviously were not busy.

But due to my own personal experience, the pain of watching this Mother withdraw into herself as the pain of separation started to hit home was too much for me and against all that I had been brainwashed regarding maintaining silence and getting on with my life I found the courage to speak to her and explain my story and listened to her grief.

She did not wish to give her child up for adoption; once again it was the same scenario of no support from the Father or the Mothers parents and no help being offered by the Social workers. Not that either of us knew that help was available from the Government at the time, that was a very well kept secret. It was a no other choice provided Adoption.

I could not help her keep her child as much as I wanted to, but I did promise to try and let her see her daughter even if just through the glass window in the isolation nursery door.

The following day I was on an early shift I put my plan into action, while the cleaner had access to the isolation nursery I went into the room "to have a quick look at the pretty baby that the staff had been talking about" and carefully moved the cot as closed as possible to the window with the best view of her face as possible. I then just had to wait until the Charge Sister left the ward.

At morning teatime left the ward, the lift was just next to the Sisters office, and I went to get the Mother. We had just turned into the short corridor that lead to the isolation nursery when returned to the ward, she had forgotten something and had come back for it, and we were both spotted by her.

The young mother was verbally abused by and sent back to her bed "How dare she try and see **the** baby" not her baby. " Its against the rules for you to see **the** baby" whose rules? " You young girls are all the same, nothing but trouble, you sleep around and then you expect us to fix up your mistakes" the tirade went on for quite a long time while the mother dissolved into tears and pleaded for her child.
I meanwhile had been sent to the office to await Sister, from the office I could still hear exactly what was said to the Mother, so could every other patient on the ward.

I was threatened with dismissal as I had gone against Hospital policy – Mothers with babies for adoption were not allowed any access to their children. "Who did I think I was to go behind her back – did I think I knew better than her" I am ashamed today to say that at the time I just stood there silently and said nothing. Now as an adult I would have shouted back YES I do know better!
I was then sent off duty without pay for the remainder of the shift.
I think the only reason I was not dismissed was the fact that student nurses were employed by WASON not the hospital they were seconded to.

I then had my rostered two days off and upon return to work discovered that the Mother had been discharged from the hospital, after signing the papers. The baby however remained with us till 10 days old when collected by someone from welfare to go to a foster home. However a couple of days prior to being collected I observed a Woman who I was informed was the babes Grandmother visit the baby for approximately half an hour, she was allowed by the Charge Sister to sit and hold her grandchild "to say her goodbyes", a complete double standard when compared to the treatment of the mother who could not even see her child.
Where was that Mother when Her child needed her!

My other experience of the Adoption process as a Nurse was in approximately 1984 when I was employed at Hospital (non Government)
By this time the "rules" had obviously changed and the Mother a professional businesswoman in her early 30's had organised an open adoption, had chosen and met the prospective parents. Both she and the Adoptive mother cared for the child whilst in Hospital. The Mother personally handed the babe to adoptive mother upon discharge.
The difference not only in the mother's care and mental attitude was worlds apart from my previous experiences with adoption ….no secrets, no lies

I am not advocating adoption be it open or closed, yet sometimes it is the Mother's choice and in that case her choice must be respected and supported.
The important thing is that at all times it must be Her choice not the only choice because no other option was offered.

I have often wondered how both of these cases turned out, has the young mother had a reunion with her daughter? Was open adoption better?

Regarding the rules and policies that govern hospitals, every hospital I have worked during my 34 years as a nurse have had written policies and procedures that cover every aspect of patient care and treatment, somewhere in the archives there must be a directive that encouraged Hospitals to override our rights as mothers. There must be, because nothing happens in a Hospital without a paper chase.

For the policy of removal of our children at birth to become so widespread throughout Australia, someone must have issued a directive or a set of guidelines.

Catherine Edwards

Thank you