From: [redacted]
To: Environment and Public Affairs Committee
Subject: [redacted] submission
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Submission from [redacted] (Retired Nurse and Midwife)

As a former RN and Midwife I would like to present my historical perspective of:
1.Personall experience living in a country town in the 1960's
2. Memories as a student midwife at King Edward Maternity Hospital (KEMH)in the 1970's
3. Record keeping in the 1970's at RPH , 1980's at Fremantle Hospital and on my retirement in 2019.
4. Partnering with Consumers

Personal Experience

I grew up in the 1960's, in a small mining town 550 km from Perth .The road was not entirely sealed and the trip to Perth was rare and far between . The town had one Doctor who was a strict Catholic, would not prescribe the contraceptive pill and there was no pharmacy that sold condoms . Birth control, periods and sex were not mentioned in schools or the home. Modess pads were kept below the counter and wrapped in brown paper. Sexuality and periods were considered as almost shameful and secretive .
At the time it was rare for teenage girls to go past Y10 (years 8-10 were by correspondence) unless you had wealthy parents or were awarded a district scholarship

It was also not unusual for teenagers to get pregnant, sent to Perth to stay at Ngala or extended family ,have their babies adopted or to get married because they were pregnant.The teenagers who went to Perth went when they 'began to show ' signs of pregnancy. I had 3 sisters. As teenagers one went to KEMH at 16yrs and her baby adopted, one went to Ngala at 17yrs (worked in the kitchen there, had a payment plan with Ngala and reunited with the father in Qld) and one married at 18 and was pregnant and has had a long and happy marriage . All had different experiences . The stigma attached to girls who went to Perth and had babies was largely one of shame embarrassment and often cruel gossip with jibes such as "not good enough to get married' ". Or if the couple got married it was a shot gun wedding "he only married her because he had to." It was a time that teenage women were the ones to blame

My sister who had her child adopted met up with her child many yrs later through Jigsaw. At first the reunion went well and then fractures appeared despite counselling. The adopted child is a strong , articulate and professional woman who voiced to me that she feels betrayed and abandoned by her family and missed out on maternal love and not being part of the sibling group. My sister has never discussed her time at KEMH . Both still live with a legacy of unresolved complex trauma. I can never pass value judgements on either and yet I feel their grief is profound and real

Professional Experience

I got a district scholarship to attend high school in Perth and later a teacher's bursary to become a teacher At the time if you became pregnant you had to repay the bursary.and had to quit teaching My father would not allow me to go to teachers college as all my sisters had teenage pregnancies .Thus I became a RN through RPH and Midwife at KEMH (1977-1978)

KEMH at the time was a difficult work place. There appeared to be no policies, procedures or guidelines and it was a profession dominated by a Male Obstetrician's personal preferences and we did as we were told. As student midwives we were often terrified of the Obstetrician. A friend recalls shaking so much she lubricated the handles of forceps and the Obstetrician threw the forceps at her .We all wanted to have the kind and compassionate Doctor [redacted] . There were some good eggs . We wanted to be on night shift or late shifts when midwives had more autonomy and we saw more uncomplicated spontaneous vaginal deliveries

I have strong memories of a night shift when a 16 yr old gave birth . It was silent during the birth and a large green screen(similar to the ones to the ones used at Caesarians) was placed so the mother could not see the child. I delivered a healthy baby who cried lustily , was quickly examined on the Resuscitation trolley and taken to the next cubicle . The mother was not allowed to see her baby and the baby girl was not placed her mum's abdomen . The midwife told me I could name the baby. I called her [redacted] . I can still recall the sound of the mother weeping. I never saw the mother's face. I did not question anything . I simply did as I was told knowing in my 23 yr old heart this must be wrong.I have since learned that there was no norm or policy on babies for adoption

By 1977 there were less adoptions and teenagers could get the pill from many doctors . Some still would not prescribe the pill to unmarried women
On the wards I don't recall looking after mums who had their babies adopted. I remember giving medications to mothers to dry up their milk and my first shift when I had to care for and teach 6 women how to breast feed , bottle feed and care for their babies . I had never seen a baby being breast fed. Babies went to the nursery at night to be bottle fed .
I did two weeks night shift at Kensington Annexe and babies were still being adopted .From recollection there were 12 babies for adoption, one Midwife and one student on the shift. It was a poignant place and I often think of the mothers and babies. I remember a baby boy, [redacted], who had a birthmark on his face. The Midwife told me it would be difficult getting him adopted because of the birth mark . He was a restless baby and I would hold him and cuddle him whenever I could between feeding other babies.

3. **Record Keeping RPH, KEMH and Fremantle Hospital**

I worked at RPH as a student from 1972-1975 and then as a RN until I did my Midwifery. The only nursing documentation I can recall on the wards at RPH were Fluid Balance charts , Temperature charts and the Kardex system . This was a small grey metal flat box containing all patients nursing notes that the RN updated. The 'Nursing Care' plan was a cardboard sheet and the RN had a pencil and eraser and updated /rubbed out the previous day care plan at afternoon shift.

At KEMH I can only recall Fluid balance charts , I think Octograms in Labor Ward , Ante natal records with palpation, weight and observation and boiling urine for protein (we had many burnt fingers) .From memory, documentation must have been done largely by the Registered Midwife. I have since learnt from a Medical Records Advisor that Octograms were difficult to scan and keep on microfiche and many may have been destroyed . I have also been told at times records were not raised for young single mums who had no complications and who had been seen by GPs in the community.GPs notes

were used and sent back to the GP. It appears to have been ad hoc system at KEMH

I first started working at Fremantle Hospital ED in 1987. At Card counter/ triage we wrote observations on a slip of paper and did no formal A-E assessment . From my memory we did not write nursing notes. Things changed to such an extent there is now a 4 page assessment sheet, risk assessments and ongoing progress notes .

Fremantle Hospital was the first place I encountered policies , procedures and Guidelines .(I worked in the UK , RFDS , Rural and remote before starting at Fremantle). Firstly there were manuals, nursing practice committees , evidence based research and then we went digital . I remember TOPAS , HRIS and later digitalised nursing notes.
The transition from written to digitalised data was a huge process and disposal and storage of records must have been chaotic and at times difficult to manage and supervise . I recall going to Charlies ED about 10 yrs ago and they had my old ED presentation to RPH ED some 40 yrs ago on the computer at ED .

I can also recall Accreditation and the Accreditation when it was first introduced . Clinical governance , the importance of record keeping, Freedom of Information and NSQHS 2 (partnering with consumers) transformed approached health care and information sharing in WA. We started giving handovers at the bedside and actually including patients in their care . We signed and recorded that the patient was included in information sharing

4. **Partnering with Consumers**
From a 47yr old nursing career the most valuable lesson I have learnt for best patient and family outcomes is to listen and form partnership of trust with consumers. We are after all paid to give the best possible care and help others in need. A lesson I learnt early in my career was from a wise nurse when answering a call bell was to say: “How can I help you” , not “What do you want?”

From my experience talking to children and mothers who were part of what can only be described as “forced adoption” is they feel angry (angry people are often frightened because they have no control over a situation) and betrayed by a brutal system . They are now searching for answers. They do want to know about the birthing , the time they were cared for by HCW in facilities and want to see their records. It is important to them Transparency, building trust and listening compassionately to those with complex trauma is vital to healing processes. The worst possible thing we can do is deny this trauma and not make every possible effort to locate records on or off site . Were KEMH records combined with other hospital records and are they stored elsewhere ?

Having the time to locate any existing records would surely need a dedicated HCW on possibly a part time secondment to scrutinise every request for records . Go back through archived written records, scanned digital records systematically and methodically . A data

base with birth dates , names , presentations to KEMH or other hospitals to see if somehow old KEMH records have been filed with RPH or other hospital records. And are old records actually offsite?

We need compassion and need to give a helping hand to the mothers or the children and listen to their pain. It is never up to us to judge or measure grief . I want to say sorry to [redacted]'s mother and all the other mums and to all the other little [redacted] out there.
Although I was not responsible for the processes (or lack of process and accountability at the time)I am sorry this happened to patients in my care.
Saying sorry is so important and a first step to building trust and confidence in health care.

Finally I would be happy to speak at the Inquiry