

*Missing Voices About a Foreign Place:
Exploring midwifery practice with midwives who cared for
single mothers and babies for adoption in Queensland (1960-1990)*

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Abstract:

Past professional practice with Australian single mothers and their babies for adoption is conspicuous by its absence in much of the adoption, nursing and gender studies literature. In-depth interviews supported by guided questions enabled 18 Queensland midwives to tell their stories retrospectively. A thematic analysis of the data was informed by a grounded theory approach. Findings suggest that the evolution of four midwifery approaches influenced practice with single mothers over three decades in Queensland. These approaches are prescribed practice, practice under question, practice born of lived experience, and practice in transition and by negotiation. The findings showed a humanistic, historical trend in midwifery practice that reflected wider social changes regarding the increasing status of women and the challenging of patriarchal institutions. This study makes a small, original contribution to Australian and international literature regarding the past 'care' of single mothers.

Paper:

With adoption once again being revisited as a social solution to the 'problem' of single mothers, it is timely to revisit the repressive, gendered policies and practices of the twentieth century. This qualitative study explored adoption from the perspective of midwives who worked in Queensland hospitals between 1960 and 1990. Four themes emerged and these findings may provide insights into practices of that era that can potentially inform current consideration of retrogressive adoption policies.

An Australian inquiry into past adoption policies and practices (New South Wales Standing Committee on Social Issues 1998) revealed birth mothers' condemnation of the role of social workers, doctors, midwives and nurses. According to McDonald and Marshall (1999, p.88) "In a contemporary world unjust practices of the past are increasingly and properly scrutinised". Equally, Hartley's statement (cited in Marshall and McDonald 2001, 1), that "the past is a foreign country where things were done differently; it cannot be changed but at least it can be understood", urged critical inquiry. A recent Queensland study, undertaken in 2000 by one of the authors, examined the role of social workers in past adoption processes and that study identified midwives as significant actors in the process but absent from the literature.

An Historical Perspective on Adoption

By the mid-twentieth century, adoption in western society was a formal practice authorising the rearing of a child by persons other than their biological parents. A socially constructed 'supply and demand' existed; the 'supply' resulting from rigid religious and societal attitudes prohibiting extramarital conception and parenthood, and the 'demand' arising from the required

(re)production of heirs within marriage, and the social positioning of woman as mother (Gritter 2000; Inglis 1984; O'Shaughnessy 1988; 232; Summers 1975; West 1991). Single mothers, in particular teenagers, were constructed as putative social problems and consequently they were stigmatized and marginalised within the existing patriarchal, capitalist society (Fahy, 1995a, b; Arthurs, 2004). Infertile (and fertile) married women created families through adoption of illegitimate babies. And non-western cultures encouraged adoption with fertile and infertile relatives (Ban 1989).

Regarding Queensland's adoption legislation, the amended *Infant Life Protection Act (1921)* predated the Queensland *Adoption of Children Act* of 1964, the latter Act representing nationally uniform legislation. The child became "as if ... born to" the adoptive parents (Boss and Edwards 1992, 26). The 1964 Act, as with the 1935 Act, instructed the Director (Department of Family Services) to be the sole authority for adoption orders in Queensland (Healey 1999). Amendments to the *Adoption of Children Act (1964 Queensland)* were made in 1967, 1987, 1990, and 1991. Between 1968-1994, Australia-wide, 97,167 adoption orders were made. In 1971-72, there were 9,789 adoption orders. By 1979-80 the numbers had dropped to 3,337. In total, in Queensland between 1968 and 1994, almost 20,000 adoption orders were made. Children adopted under one year old by non-relatives represented the majority of all adoptions (Healey 1999, 2-3; Zabar and Angus 1995, 28; Arthurs, nd). The timeframe for this study appropriately encapsulates the highest decades of adoptions in Queensland (1960-1970s); followed quickly by a converse decade of massive social change and a rapid drop in Queensland adoption orders (1980s).

The decreasing number of adoptions accompanied progressive, humanistic social changes, and has been attributed to many factors including financial support for single mothers from 1973, de-stigmatising of illegitimacy, and recognition of the rights of the child, the rights of single mothers, and the rights and responsibilities of fathers. In 1974 the Family Planning Association began providing services to single women. At that time contraception for unmarried women was prescribed by some general practitioners. Contributing legislation included the *Family Law Act (1975)*, the *Levine Judgement (1971)* permitting abortion under certain conditions (West 1991), the *Child Care Act (1972)*, the *Children Equality of Status (1976)*, the *Status of Children Act (1978)*, and Australia's ratification of the United Nations Convention on the Rights of the Child (1989). Until the introduction of the Children Equality of Status Act 1976, children of unmarried parents were illegitimate; living mistakes and in law considered to be *fillius nullius*, the child of no-one (Inglis 1984, p.1). By the 1990s the rights of children to know their heritage was acknowledged increasingly, in legislation around Australia and worldwide (Healey 1999).

The stigma and stereotype of single motherhood

"The expectation was that all girls be virtuous, all women be mothers and all mothers be wives" (Inglis 1984, x, xi; Summers 1975). This prescribed behaviour excluded unmarried mothers (Fahy, 1995a). Gritter (2000,15) speaks of six stereotypes of single mothers. These are:

- fallen woman – either promiscuous or a good girl who foolishly got into trouble
- ineffectual woman - incapable of responsible care and a burden on welfare funds
- fickle woman - a threat to the deserving, prospective adoptive parents
- denigrated woman - a low status citizen who would abuse and neglect her child

- heartless woman – who breached the cultural belief that the mother-child bond is sacred, inviting the question ‘how could she do it?’
- tormented woman who criticised the system which coerced her to give up the baby

O'Shaughnessy's (1994, 22) claim that ‘counselling’ of single girls often involved “pressuring them to make a sacrifice for their children” is supported by anecdotal accounts from Queensland women documented by Origins Inc (Arthurs, 2004). The ‘illegitimacy’ label positioned single mothers and their babies as unacceptable social problems (Swain and Howe 1995, 12-14; Fahy, 1995a, b). The disenfranchised grief experienced by women who lost their children to adoption, and their status as mothers, was not supported (Robinson 2002). Bernoth (1999) and Giese (2004) identify that the moral bullying of Australian single mothers resulted in a ‘white’ stolen generation. Such stigmatization and associated coercive practices continues today for some mothers (Fahy 1995a,b; Thorpe, Thomson and Wallace, 2003). Conversely, Arndt (1999, 20) asserts that for many people, adoption proved to be a success, and that the sacrifice made by birth mothers has been devalued by the current revisionist thinking. However, anecdotal accounts on adoption networks suggest otherwise (e.g. Rollings, 2004; Arthurs, 2004).

Birth father status was more invisible than for birth mothers (Coles 2004, Witney 2004; Giese, 2004). Gritter (2000) comments that birth fathers were despised by society for corrupting innocent women.

Midwifery Care

It appears that, historically, midwives have played a central role in birthing (Ehrenreich and English 1973, Swain and Howe 1995). Until the 1970s in Australia, many trained nurses and midwives were single women. Employment of married women was disallowed. For aspiring nurses, midwifery was a common second or third certificate. Midwifery trainees were registered nurses, but they still found themselves on the lowest rung of the institutional hierarchy; silenced and overworked (Reiger 2001). Thorley (2001) writes that postwar Queensland midwives and trainees “carried a heavy workload and experienced poor conditions through rigid rules, the hierarchical structure” and low status compounded by severe staff shortages (2001, p.105). Equally, Farrar (1997) stated that New South Wales midwives felt powerless within the hospital culture.

Powerful biomedical/technocratic discourses framed and constructed childbirth during this era (Zadoroznjy, 1999; Papps and Olssen, 1997; Barclay and Jones, 1996; Davis-Floyd, 1994). Further, informed by the “Cartesian dualism which separates not only mind from body but also mother from baby to the extent that the best interests of each are often perceived as conflicting”, these discourses contributed to the disempowerment of midwives and birthing mothers, particularly single mothers.

The contemporary philosophy of midwifery as a women-centred profession did not re-emerge until the 1980s. In the international and Australian literature reviewed on adoption in relation to nursing and midwifery, the perspective of midwives regarding their role in past adoption processes is unclear. The primary aim of this study was to contribute to available knowledge of midwives’ links to adoption processes through their care and treatment of single mothers.

The Study Methods

According to O'Shaughnessy (1994, p.8) "adoption needs to be approached in an historically respectful ...and discourse critical way." Further, Leedy and Ormrod (2001) state that historical researchers seek meaningful accounts of the effects that events had on individuals within their environment. This study is underpinned by a qualitative, interpretive approach that sought to be historically respectful and discourse critical regarding past practices and experiences.

The sample consisted of 18 midwives (women) involved in care of single mothers between 1960 and 1990 in Queensland. Purposive, convenience and snowball sampling techniques were employed and participants were recruited through personal networks, midwifery newsletters and the media. To ensure that data collection reflected a diversity of experiences, participants were recruited from a range of maternity settings including rural, urban, private, public, and charitable institutions. Participants represented levels of the hospital hierarchy from student to director of nursing (DON). In-depth interviews supported by guided questions enabled participants to tell their stories in their own words. An interpretive approach to data analysis was informed by grounded theory (Glaser 1992; Minichiello, Aroni, Timewell and Alexander 1998; Sim and Wright 2000). Pseudonyms are used in the presentation of the voices of midwives.

Emerging Practices

Four key themes emerged from the analysis process. These were prescribed practice, practice under question, practice born of lived experience, and practice in transition and by negotiation. These themes, and illustrative quotes, are presented below.

1. Prescribed Practice –

The hierarchy

Mander (1999) identified hierarchy as a key theme in her unique research study with midwives and birth mothers in the United Kingdom. In this Queensland study midwives, recalling their experiences as trainees, described their seniors as *single, conservative, old maids, nasties, and the labour ward constabulary* who followed *traditional old-fashioned ways* (mostly unchallenged at the time) and, who *sometimes overdid it*. Illustrating the hierarchy of midwifery, Linda asserts that: "You were really regimented in those years ... it was really like being in the army." Mary confirmed that training midwives

went back to being first year nurses and the hierarchy started all over again... and we wore our little caps, and our little starched uniforms ... and we knew our place. We put our hands behind our backs ... but it was the fact we were treated like slaves you know. You had ... skeleton staff levels and there'd be just the student midwives who literally did all the work.

Betty argued that midwifery practice was

very much in the old [way] ... you know veiled ... it wasn't too different from the way they treated nuns... If you fell pregnant or were getting married you have to immediately resign and in those days you didn't come back and finish your training ... that was the end of your nursing career.

Care pathways for single mothers and BFAs

According to Farrar (1997) coding systems identified unmarried mothers and prescribed the care pathway for these mothers and babies. Coloured dots or 'BFA' (baby for adoption) were codes known to Queensland midwives. Mary recalled that "They had a big stamp on their chart "baby for adoption' ... a proper big stamp."

Linda described how mothers and babies at a major maternity hospital were managed in 1960s. 'BFAs' were separated at birth and sent to the 'adoption' nursery. Birth mothers and those with stillborn infants were separated from mothers with babies.

It was a very sad ward... a whole floor of maybe 30 beds or more, women with no babies ... Apart from them being depressed, tearful, withdrawn, it didn't matter what their situation was...they sort of wandered around silently, they didn't stay in terribly long... they were discharged back into their own life.

Bonny commented about the 1980s: "There was always a social worker involved with those sorts of women. And there would be some dot ... some colour code and she would get counselling."

Invisible birth mothers

While separating all mothers and babies was routine practice in maternity wards in 1960s and 70s, for unmarried mothers this separation appeared to be permanent and unquestioned as one midwife illustrated:

You would never see the mother that belonged to that baby, so you had no feelings one way or the other about where the mother fitted in because she just didn't (Betty).

To prevent maternal bonding, babies were covered at birth. Linda described how:

... when the babies were born some of the sisters overdid it, they held up the sheet as the baby was born and covered it so that the mother didn't know the sex, [she had] absolutely no information about what she was giving birth to.

Jill remembered: "They couldn't have their babies on their terms, it was secret, they whisked away these babies." Similarly, June recollected the whisking away of babies:

The girls that were giving up their babies...the baby would be just wrapped, and someone would be there to whisk the baby straight away... out of the room, nothing about what sex it is and never weighed in the room ...

Illegitimate children for adoption were considered *fillius nullius*; the child of no one (Inglis, 1984). Prior to adoption, babies were named and claimed by midwives, who enjoyed working with them. Bonny recalled it was the midwives who named the babies, but by the 1980s "the mother could name them before she left".

They were really cared for babies, lots of cuddles ... it was never baby A or baby B ... it was some little nice name and ... they had little nice pouches so we could carry them around ... lots of body contact. The BFAs were looked after really well.

Linda described the baby selection process:

...the adoptive parents would come. You would take the baby outside ... and show the baby off ... we would have the baby just looking gorgeous. Sometimes babies were rejected. 'They would shake their heads and say Nah! And then the sister would be encouraging them ... they were our babies and it was very hurtful that they weren't snapped up.

Tess recalled the invisibility of the birth mothers and the accepted reality of such practice:

They were way down the wing end, where you couldn't actually see the mothers ... They weren't visible... I guess in retrospect, they were almost outcast. I can understand that in some ways we didn't want to upset them, [but] nobody ever questioned this practice.

Equally, several midwives discussed how birth mothers fulfilled a social expectation to 'disappear' to the city or interstate until after the birth. Sara and Gay described how unmarried girls noticeably were absent in their small rural town.

Stereotypes

According to Gritter one question hounds all birth mothers: "What kind of woman could give her baby away?" (2000, p.27). This question, and the stigma of Gritter's six stereotypes outlined previously are evident here:

...I think they're admirable, I couldn't do that, I think they are very brave. There's no way I could give my baby away... even if I'd been in a different country and in danger of having my head chopped off, I would have kept my baby. So yeah I can't understand how someone can make that decision and the fact that they can, they must have had many sleepless nights thinking on it (Nola).

Above, Nola expressed her view of the kind of woman who placed her child for adoption. Inherent in her statement is a positioning of the fallen woman as brave but heartless. Similar sentiments are evident below:

I guess (it was) an attitude about what kind of people would get pregnant out of marriage, cause it was, you know, a sin, not accepted, frowned upon and that's why so many girls were sent away... My sister in law was unable to have children and she got two adopted children and the girl ... she says 'how could any mother ever give up her baby... and I've tried to talk to her about how it was then, that the mother probably had no option (Connie).

Most participants recognized, retrospectively, the deeply 'judgmental' eras of the 1960s and 70s, and the stigma young single mothers faced. Mary's comment echoes the words of several participants regarding a moral judgment within prescribed practice:

Some (staff) were judgmental '... don't feel sorry for her, she's here because she's a slut', and it would be that blatant.

Overall, in many interviews words describing single mothers ranged from *low calibre, brazen, timid, unassertive, silent and withdrawn* to *brave, tough, gutsy and strong*.

Illustrative of the endurance of negative stereotypes including the 'unwanted baby' and the ineffectual woman, Linda lamented:

...it's been sad to note that from the early 70s when the unmarried mothers' pension came in, to see the unmarried mothers take the children home ... they might have three or four children [who] go into decline with the mother's care and neglect ... because the mother has lots of partners or no support.

Not all single mothers appeared to fit the unassertive, fickle stereotype. One midwife remembers a birth mother who seized control over her baby in the 1960s:

She was tough looking and would have been well into her 30s. She just took her baby and left. Even though it had been arranged that she wasn't to have it and there was a great hooah about that.

Carol recollected that:

All of them were addressed as Mrs, so there was no distinctions made, but of course the other patients knew there was a distinction because ...they didn't have any babies ... it was in the 1980s that change happened ... we would say Mrs Jones and she'd say 'I'm not! I'm Miss Jones', and they began to be quite assertive.

2. Practice under question

According to Reiger (2001, p.187) the late 1960s and 1970s were a time of social ferment, a season of 'protest' in which social attitudes and practices were being challenged (as illustrated above). Women's social position was challenged and consumer and worker awareness increased, contributing to a "groundswell of critique of the power of professions in society" as illustrated in this comment:

They used to say [to private patients], 'don't push, wait 'til the doctor gets here', with a fierce look on their face ... [but] I used to whisper to the mums, if you want to push, bloody push! (Mary)

Specifically referring to her practice with birth mothers, Mary continued:

I was very supportive of them. I actually encouraged them to write little notes and things so the baby could open them later. And that process wasn't done until many years later, where they used to be able to leave a little letter for their baby. I used to ask them to name their baby. But this was against hospital policy at the time.

Bonny described how, by the mid 1980s there was small group of young 'radical', 'militant' midwives challenging practice:

I never got a promotion. I would never have been in charge ... I was one of those people who questioned things. And out of that came a lot of personal growth, ... and a lot of people didn't like you but that was ok. ... some midwives would clarify before the delivery: 'Are you going to see your baby? Do you want to hold your baby?' ... going beyond that, like caring for it while it was in hospital was not positively supported. ... I never delivered a baby that was whisked from the room.

Opportunities to practise emerging midwifery approaches varied across settings from the busy private, Catholic hospital to the small number of births in a Salvation Army home. The smaller hospitals allowed for more autonomous roles and added to the attraction of working for them.

Generally the midwives that worked there... their approach was different ... you wouldn't want to work there if you couldn't do something another way.

Similarly, in some small rural settings, a more autonomous role enabled midwives to practise holistically and subvert patriarchal policies (Gay and Sarah). As societal values gradually changed, further opportunities arose for midwives to question or resist practices.

I know we didn't bend the rules. Well you might question it, but you know it would be natted out at a meeting, but if they still said no, then no it was. I mean nowadays, you would nut it out a bit more. ... [Then] you got what you thought was reasonable ... but honestly I didn't question the fact that we didn't let any of the mums have their babies if they were going to adopt them out (Tammy).

3. Practice born of lived experience

According to Gritter (2000, 11) we know women in other capacities – teachers and nurses, aunts and cousins - seldom do we know about their life-altering connection to adoption (p12). This subjective reality is revealed in some of the participants' stories. June revealed that when she was a single mother at 15, she was told:

...it's the best thing. If you see the baby you will regret it and you know having been on both sides, in hindsight it wasn't the right thing to do' (midwife and birth mother).

Bonny recollected calling out "When am I getting my baby back. I don't want to be separated" and adds "Obviously because it was a BFA they assumed that I was going to have no contact with the baby" (Midwife and birth mother who breastfed her baby while in hospital). Although heavily sedated for pre-eclampsia, as a 16 year old, Mary protested:

It was assumed right from the very first time I went to see the doctor [that] of course I would give up the baby for adoption. I had visits from social workers and the Department of Social Services. I was... woken and taken ... to a little side office somewhere ... and they actually tried to coerce me into signing then for the baby to be adopted out ... six weeks before [the birth] (midwife and single mother)

These two women were amongst four midwives who spoke of their practice with single mothers being influenced by their own experiences, including spending time with the women, encouraging choice, but also encouraging thoughts of the possibility of a life after adopting, if that was their decision. Bonny commented

One of the girls I do remember having a BFA. She was one of my student nurses ... I remember having a really long chat with her. I don't know if I put a 'me' story into it... how important it was to finish her general [certificate], because she was fairly certain she wanted ... adoption.

June commented:

I guess that personal experience... gave you insight... I thought they (midwives) were hard... I wonder if I hadn't been there if I would have felt the same.

Mary recalled:

I found ... time to sit and talk to them. I was able to tell them the pros and cons.

Similarly, Sarah and others related their empathetic practice to their personal experiences with pregnancy out of wedlock.

4. Practice in transition and by negotiation

Many comments speak to the excitement of evolving practice including this midwife who describes general practice in the 1980s:

It was an exciting time back then in the workforce because you could be a part of humanising a lot of our things (Rose)

These comments equally describe practice in transition during the 1970s and 1980s:

That was my first real working with midwives who fully supported squatting... it was the beginning of that (Bonny)

It was just starting to loosen up at that stage, people who did and didn't believe in adoption, circumcision or breast-feeding, bottle feeding ... (Liz)

To me one of the biggest things that made a difference was when nurses stopped living in ... a lot of them started to buy their own house, unit, whatever, ... (Rose)

This further remark from Liz speaks more specifically about a transformation from the moral pressure in a previous era, to taking the baby home as a legitimate (even encouraged) option:

...the parents were pushing her for adoption ... A lot of pressure and a lot of unhappiness there, and I'm not quite sure ... whether it finally went through, you know, that last paper work ever got done or not. Several lots of paperwork got brought up to the ward ... when it come to the crunch they wouldn't adopt, at that stage anyway ... there were a few queries about it, and social workers would come up and start it, well you know talk to them ... I think the general feeling was that they shouldn't adopt, oh you know, there must be a way you can take the baby home, even from staff, would have been a pressure ...the general trend was that people should take their babies home... adopting was a bit out of fashion.

Continuing on from the above theme, this comment illustrates an evolution of professional practice through education and training that now offered options and choice for single mothers. This is reflective of midwifery practice with all Queensland mothers:

we didn't ever take the baby and put them in the nursery, they still looked after them while they were in hospital which is why they took them home. It was entirely their choice, for all of them to make it ... it was still pretty well what people wanted. It was just at the start of rooming in and being sort of very customer focused, having the baby overnight if they wanted. At that stage we were collecting all the babies at night and putting them in the nursery so the mum could have a sleep ... they could have them in the room if they wanted to ... It's completely sort of changed (Lucy)

Discussion

Making value judgments concerning midwives' practice in the identified social era from 1960 to 1990 was not the desired outcome of this project. Such condemnation merely would mirror the judgmental values imposed by society upon single mothers. What seemed useful was

historical inquiry that could document past practice and inform future reflective practice. The changing face of the midwifery role with single mothers is evident in the above themes. The 'whisking away' of babies from invisible mothers no longer occurs (many participants used the term 'whisk' as a common practice term). One surprise finding was that four participants (n=18) revealed life experiences that blurred the boundaries of the two groups that formed the topic focus of this research project; that is, midwives and single mothers. These midwives were personally subjected to, and positioned within, the severe moral codes and practices of the era. However, unlike some single mothers, their nursing careers had been salvaged. This dual-membership aspect of the study sample could be considered by some readers to render it a biased sample. Notwithstanding such a view, we consider that the wisdom of lived experience appears to have contributed to the development of empowering, reflective practice; these changes paralleling broader societal change (Phillips, Fawns, Hayes 2002).

Revelations from this study highlight some examples of harsh judgment and treatment of birth mothers by midwives, these findings confirming past research (McDonald and Marshall 1999; New South Wales Standing Committee on Social Issues 1998; Inglis 1984; Shawyer 1979). The findings also reveal individual overt and covert social activism within midwifery practice with birthing mothers. Findings suggest that some 'radical' midwives resisted their positioning as mute within the powerful, rigid, prescribed practice reality of the 1960s and 1970s. This activism seems worthy of further research. By 1990 professional midwifery practice appears to have transformed. The pioneering of a negotiated, empowering, humanising practice for midwives and for birthing women was an exciting time for some participants. While these findings map an emancipatory trend in the midwifery care of unwed mothers, we acknowledge that other Queensland accounts may suggest otherwise (Fahy, 1995a, b).

Conclusion

These findings make a unique contribution to documented historical adoption and midwifery practice in Australia, regarding the care of single mothers and their babies for adoption. An abundance of literature discusses many aspects of adoption internationally and in Australia, however nursing and midwifery practice, particularly in Queensland between 1960 and 1990, with single women facing the loss of their child to adoption, was a dynamic practice era that was uncharted in the literature. Our interpretations of the findings of the research reported in this paper identify four evolving approaches influencing midwifery practice with single mothers in Queensland. Whilst prescribed ways of working (and even thinking) may have dominated early practice, negotiated ways of working, informed by personal and radical influences, were emerging. The needs and wants of all Queensland birthing mothers drove practice by the late 1980s. This study contributes significantly to adoption, midwifery and gender studies literature concerning maternity practices with single mothers in an era of motherhood framed by the moral and religious doctrine and biomedical, capitalist, patriarchal discourses. The findings from this study can inform future policy and practice in the light of recent retrogressive thinking regarding past adoption policies and practice.

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