

The Mother and Baby Homes Commission of Investigation Final Report

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The Mother and Baby Homes Commission of Investigation Final Report¹ was launched on January 12th, 2021. The authors of the Report were Judge Yvonne Murphy, Dr. William Duncan – international legal expert on child protection and adoption, and Professor Mary E. Daly – historian.

The Taoiseach, Micheál Martin, made a formal apology in the Dáil to the survivors on behalf of the State. He said that they were blameless and had done nothing wrong. They should not have been there. He added that ‘you were in an institution because of the wrongs of others, each of you deserved so much better. It was a completely warped attitude to sexuality and intimacy’.

The Report is 2,865 pages in length. It covers a 76-year period from 1922 to 1998. It included 14 Mother and Baby homes, and a representative sample of State operated County Homes. It describes a very dark aspect of the State’s history which continued throughout most of the 20th century. It is probable that the proportion of Irish unmarried mothers who were in Mother and Baby Homes was the highest in the world.

The Commission had been established on foot of the 2012 Catherine Corless discovery that a large number of children had died in the Tuam Mother and Baby Home between 1925 and 1961. The Irish Mail published the findings in 2014. The then Taoiseach Enda Kenny stated that the babies of single mothers had been treated like some kind of sub-species. The Commission found that 9,000 children died in the 18 institutions that were investigated. This represents as many as 15% of the children who were resident these Homes. At Tuam, a child died every 2 weeks between 1925 and 1961.

The national infant mortality (number of infant deaths aged under 1 year per 1,000 live births) in Ireland decade-on-decade was: 1930 – 70/1000, 1940 – 65/1000, 1950 – 44/1000, 1960 – 30/1000, 1970 – 20/1000, 1980 – 12/1000, 1990 – 7/1000, 2000 – 6/1000, 2010 – 3.5/1000, 2020 – 2.8/1000.

The corresponding infant mortality rates at Bessborough were 1930 – 300/1000, 1940 – 750/1000, 1950 – 100/1000, 1960 – 100/1000, 1970 – 20/1000, 1980 – 20/1000, 1990 – 20/1000. From 1930 to 1970 the mortality rates were markedly higher in the institution compared with the national rates. After 1970 the gap narrowed but remained higher than expected. Similar patterns are encountered in the other Homes. In Roscrea, 1090 out of 6079 infants died.

The infant mortality rate is a critical measurement for any country, region or institution. It is a robust benchmark of the standard of care being provided to young infants. High rates are indicative of unmet human healthcare needs in sanitation, nutrition, education, and medical care.

The common causes of death described in the Report were malabsorption, respiratory infections, and gastroenteritis. This indicates that infection played a central part in many cases. Gastroenteritis was a major factor. Repeated episodes are known to cause intestinal villous atrophy and malabsorption. Growth failure in infants in institutions is not only due to insufficient food. It is often due to too few staff to feed the children correctly. In addition, poor appetite in these infants is common due to depression and the adverse neuroendocrine changes due to the lack of tactile stimulation and consoling. Continuity of a relationship to a parent figure is critically important for infants and children. This does not happen in an institution because of the number of attendants, none with a special responsibility for the child.

There are many scientific reports that confirm that infants placed in orphanages universally have progressive developmental deterioration. They are significantly delayed by the second year of life. 'Bottle propping' and unsupervised feeding in toddlers increases the risk of aspiration and poor milk and food intake. In addition, allowing a recumbent infant to drink alone increases the risk of otitis media. Aspiration pneumonia has been frequently found at post-mortem in infants dying in orphanages.

The 'orphanage literature' confirms that infants' health and well-being is uniquely vulnerable to the adverse effects of institutional care². Infants are not designed to be in such places. They are physically, immunologically and psychologically programmed to be cared for in the tight circle of their parents, siblings and grandparents.

There is a notable observation in the Report that the infant mortality rate was higher among infants of mothers who entered the home in a private capacity. These mothers tended to discharge themselves shortly after the birth, leaving the infant behind to be cared for in the institution.

The Report describes the discovery of an undocumented grave of over 800 infants in Tuam. It is a harrowing description of significant quantities of human remains of children ranging in age from preterm infants to 3-year-old toddlers. They had been interred in an underground structure divided into chambers.

Taoiseach Enda Kenny described it as ‘the chamber of horrors’. The original purpose of the building is unknown but there is speculation that it may have been part of a sewage or water system. The finding represents a deep lack of respect and dignity for all these infants and young children.

Unmarried mothers commonly had no choice but to go into a Mother and Baby Home. They were frequently shunned by the baby’s father and their own family. Financial support for pregnant women was very limited or non-existent. The Children’s Allowance was first introduced in 1944 but only if the mother had three or more children. Most of women who entered the homes were first-time mothers and not eligible for allowance. Society, for the most part, seemed to have averted its gaze when it came to caring for these young women.

The quashing of the proposed Mother and Child Scheme 1951 was a missed opportunity to improve the care of mothers and children at a critical moment³. It was introduced by Dr. Noel Browne, Minister for Health. He proposed free medical care for pregnant women and children up to 16 years of age. It would have brought about important improvements in their obstetric care, their medical care, professional support, and their health education. The blocking of the Scheme was spearheaded by Archbishop McQuaid because it would permit the discussion about family planning which he maintained was the remit of the Church. Secondly, he stated that it would increase the role of the State in the life of the individual and would lead to totalitarianism. There was also opposition among members of the medical profession because of remuneration concerns⁴. Throughout the narrative and debate there is no mention of the plight of infants and their high mortality rate.

The recommendations in the Commission’s Report include the right to personal information, the right to information about burials and death registrations, redress, memorialisation, and archives. The Taoiseach has promised to act on all these recommendations. We need to reflect on how best to move forwards from the terrible events documented by the Commission. It should strengthen our resolve to enable every child to have a safe, healthy, happy and productive childhood irrespective of their background.

While mortality among children is now thankfully very low, there are still substantial numbers who suffer from deprivation and poverty. The RCPI report found that 230,000 children are living in poverty, with 110,000 children being severely deprived. In July 2020, there were 2,650 homeless children⁵.

TUSLA, the child and family agency, is the key organisation responsible for improving wellbeing and outcomes for children. It has over 4,000 staff and its services include child protection and welfare, family support, educational support, services for those in care and adoption.

The DEIS (delivering equality of opportunity in schools) schools is a programme aimed at improving the educational needs and nutrition of children from disadvantaged communities. There are 890 schools and 180,000 children in the DEIS programme.

There are 2,000 children in direct provision centres. This was a temporary measure put in place for asylum seekers 20 years ago. It needs to be reviewed as a matter of urgency.

We are now clear about the interventions and supports that mothers and their infants require. Antenatal psychosocial assessments allow the early identification of needs and risks. Home visiting is important particularly for mothers with any level of vulnerability. Other important measures are the promotion of parenting skills, identification and support for mothers, health education around infant nutrition, injury prevention, oral health, and early literacy, and immunisation.

Finally, we must constantly remind ourselves, that despite modern technology advances, the basic needs of infants and children remain unchanged.

References:

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