

## **Further Reflections on the Report of the Mother and Baby Homes Commission**

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I was very moved by your reflections (IMJ Volume 114 January 2021) on the Commission Report<sup>1,2</sup> which was published in early January 2021 and wish to add some reflections of my own in terms of its contents. This Report is not for the faint-hearted as it spans some 2,865 pages and covers a period of 76 years (1922 to 1998) where some 56,000 infants were born to unmarried mothers and were accommodated in Mother and Baby or County Homes<sup>1</sup>. This is exactly the number of infants currently born annually in the Republic of Ireland. The Report, apart from its longevity is far from an easy read and reflects a dark period in Irish history. In my reading of the Report I tried to understand the prevailing culture, why no one questioned the practice and why there was so little national discourse concerning pregnancy outside marriage. Many lives were utterly blighted by pregnancy outside marriage, many infant lives were lost, and very little support was evident for these unfortunate young mothers. By and large, fathers of the children took no responsibility and, in many cases, utterly denied any involvement. The girl in question was often shunned by both her family and community and essentially sent to a far distant Mother and Baby Home or County Home (generally former workhouses) to deliver her infant and often spent a considerable period in 'rehabilitation' thereafter.

### **Prevailing attitudes**

Firstly, I was interested in prevailing attitudes at the time. From my reading, the prevailing public attitude was not one of compassion but rather one of both disappointment and contempt. These emotions applied equally to the 'fallen' mother and her illegitimate (what an awful word!) child. In some cases, the spectre of intrafamilial child sexual abuse and rape loomed large but was not addressed in the vast majority of cases. There were Homes for 'first offenders' and separate homes for those who were having a second or third child and efforts were made to ensure that the former were kept apart from the latter.

Some frightened girls emigrated to England to protect their privacy but found conditions there to be equally tough. Quotes such as 'you are here for your sins' and 'you need to shift her out of here' do sadly reflect the prevailing attitude over many years. Unmarried mothers were not welcome in county hospital maternity units and thus had to deliver their infants in either a Mother and Baby Home or, if poor, a County Home. At least unmarried mothers in Dublin could deliver their infant in a properly resourced maternity hospital with trained midwives and obstetricians and thereby had much lower mortality rates. The main focus while in the Home, was to reform the girl first and thereby prevent subsequent pregnancies out of wedlock. Those who could afford to pay for their confinement, were able to leave earlier after the delivery of their infant but those who were 'public patients' often stayed for over a year before leaving the Home.

### **International comparisons**

The Commission Report provides some interesting reflections of experiences in both Scotland and the Netherlands during the same period of time. There were many similarities in terms of living conditions and overcrowding but breastfeeding was very much encouraged in the Netherlands and thereby greatly improved infant survival. Scotland is very interesting in that the prevailing attitude in the Mother and Baby Homes was not punitive and, after delivery, mothers were free to leave at any time. Mothers tended to stay for usually 6 weeks pre-delivery and about 3 months post-delivery. The societal attitude in Scotland was more traditional along the East Coast but, in most parts of Scotland, illegitimate children were absorbed into the extended family without prejudice. This striking difference is highly noteworthy and is reflective of an infinitely more negative view of pregnancy outside marriage in Ireland over an extended period of time.

### **Infant mortality**

Without question, the most striking and disturbing element of the whole report is the appallingly high infant mortality rates. The overall infant mortality rate approached 15%. Of course, the years in question were years where infant mortality in the community at large was very high especially in poorer families but the mortality rates of infants dying in Homes were off the scale. In Bessborough, for instance, in 1943, 75% of infants born that year died and the high infant mortality was way in excess of what it should have been at the time. As a paediatrician, I explored the likely reasons for these appalling figures and was not at all surprised that the high mortality related to a number of factors. Firstly, a number of the staff were unqualified and medical back up was patchy to say the least. Childbirth is a very risky journey for the infant and lack of skilled attendance at birth will significantly worsen outcomes.

Interestingly, infants of mothers delivered in maternity hospitals in Dublin had significantly lower infant mortality rates supporting the view that expert attendance at delivery was a factor. Poor hygiene and overcrowding, poor sanitation and the absence of wash basins were other factors leading to higher rates of infectious illness especially gastroenteritis. There were intermittent outbreaks of diphtheria and typhoid fever in the Homes. Another key factor was that breastfeeding was discouraged and thus infants were dependent on formula milk and this posed significant additional risks.

When we look back on this period, there are very few shining lights, but one is Dr Noel Browne who did appoint a sub-committee to look at conditions in the Homes. The remit of this group was to look at the quality of infant milk being offered, to stress the absolute importance of breastfeeding and to investigate why so many of the infants were significantly underweight and some even marasmic. Inspection reports over many years were very critical of conditions in the Homes. After the review, the Department of Health insisted on the appointment of qualified midwives and nursing staff.

In truth, however, the real change in infant mortality followed the Adoption Act (introduced in 1953) and there is no doubt that this Act did more to reduce mortality rates amongst infants born in Homes than any other factor. After the Act was passed, infant mortality dropped dramatically and mirrored the infant mortality in the community. From 1967, over 97% of illegitimate infants were adopted. As Minister for Health, Dr Noel Browne tried unsuccessfully to introduce the *Mother and Child Scheme* which was aimed at supporting mothers with young children but this was blocked by the combined forces of the Catholic Hierarchy and the medical establishment who feared a loss of remuneration. Both should hang their heads in shame that they successfully blocked this very progressive and far-sighted legislation.

### **Vaccine trials**

We know that vaccination of young infants is one of the great advances of the last 50 years (if not the greatest) that has greatly improved survival. Infections such as diphtheria, polio, whooping cough, measles and many different forms of meningitis have all but disappeared<sup>5</sup>. This has led to marked improvements infant and under 5 survival and has ensured that we have never had healthier children. Vaccines (including newly launched vaccines against COVID 19) can only be introduced following properly conducted and appropriately consented clinical trials. Back in Ireland of the 60's and 70's, these principles were not adhered to in terms of vaccine trials involving infants resident in Homes where a group of senior investigators conducted vaccine trials over many years.

In total seven vaccine trials were conducted, mainly in the 1960's and 1970's and led by senior academics from University College Dublin. No import licenses for the vaccines were evident, no consent from mothers sought and some of the results were not even published. These practices were far removed from accepted ethical principles now or at any time and the trials did generate public disquiet but again no sanction. Again, not one of our proudest moments as a medical profession. Some unconsented milk formula trials also took place in one of the Homes and again this practice is to be remembered with shame.

One of the great risks of writing such a long Commission Report is that most will just look at the executive summary and draw a number of bottom line conclusions. Without question these are both the overall negative and intolerant attitude at the time in relation to pregnancy outside marriage and the striking infant mortality relating to the poor conditions in the Homes.

Although harrowing at times, I am glad I read through the document in total. It reflects a dark period in Irish recent history where the equivalent of the current annual birth rate were consigned to being born in very adverse conditions which greatly increased their chances of dying in infancy and consigned both the mothers and infants to a lifetime of additional challenges. As a nation we must all share in the responsibility for this period. It truly reflected the myopic Ireland of that time where the greatest shame was being pregnant out of wedlock and society shunned both the mothers and their innocent infants leading to a very different future for both.

Sadly, the prevailing attitude of our society was of both contempt and disappointment towards pregnancy outside of marriage regardless of how it happened. The women were regarded as 'fallen' and their children carried additional burdens throughout their lives. Early on some were coerced into having their infant adopted and some were boarded out or placed into foster care. Foster care placements were at times problematic. Having been born myself in the late 1950's, I cannot truly imagine my fate if my mother happened to be unmarried at the time.

### **Current relevance of this report**

During the past 40 years there have been many great success stories in paediatrics and child health with a very significant drop in under 5 mortality rates in developed countries across the world<sup>3</sup>. Those countries who invest heavily in reducing social inequities and supporting families (in particular the Nordic countries and Japan) have the lowest under 5 mortality rates<sup>4</sup>. Conversely the United States for a variety of reasons (not least unequal access to healthcare) has a relatively high under 5 mortality rate despite being one of the wealthiest countries in the world.

Therefore, in Sweden and Norway, of a thousand infants born, 997 would be expected to reach their fifth birthday – a stunning achievement. Ireland is right up there with now 996 of 1,000 births reaching their fifth birthday. In Ireland, however, we still have poverty and deprivation, social inequity, homelessness and refugee children enduring lives in sub-standard accommodation in direct provision centres. We again have a choice to ignore the plight of the less fortunate or rather choose to end homelessness affecting children and integrate refugee families into our communities.

Ireland today is a modern open democracy not without failings. This Report points in forensic detail to a dark past and we need to look to an inclusive and supportive society for the less strong and vulnerable. I do believe we are on the road in that direction but still have some distance to travel. Let this be the lasting legacy of those less fortunate portrayed so vividly in this Report.

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