

# History of Midwifery at King George V & RPA

## 1909

Obstetrics and Gynaecology were the second specialty after neurosurgery to seek accommodation away from general surgery. As early as 1909 the Board of Directors had given approval for one of the wards in the recently erected Queen Victoria Pavilion to be set aside for midwifery cases needing surgical intervention. Nothing it seems was done to implement this decision until 1935.

One of the problems facing the Board was that it was believed that Sydney was already well served with Crown Street and the Royal Women's Hospitals. Chairman of the RPA Board Sir Herbert H Schlink would not accept this and continued to point out the: *"anomaly of having a University Teaching Hospital with a Professor of Obstetrics but no wards in which practical obstetrics could be taught to medical students."*

## 1936

Announcement at RPA Annual General Meeting that a new antenatal clinic and midwifery hospital was under consideration. Architects Stephenson and Turner prepared sketches and estimates for proposed hospital.

## 1937

Chairman of the RPA Board Herbert Schlink left for overseas prior to the construction of new maternity block. In his inaugural address to the RPA Medical Officers Association one year earlier, he described at length a trip from Australia via the Suez Canal, Greece and Naples by ship. From there he travelled overland throughout Europe, visiting countries from the Russian border to France, Scandinavia and England.

Whilst in Paris Schlink attended the Paris Exhibition and the Hall of Medical Science. Of particular interest to him was the use of glass bricks in the building of many of the pavilions. He also visited an experimental operating theatre where a new lighting system was displayed.

The principle of this lighting system was a parabolic ceiling of metal with the reflecting power of a looking glass. A powerful light source mounted outside the operation area was movable so that any part of the reflecting surface of the ceiling could be lit up and beam onto the operation site. The medical and nursing observers were able to view the operation from outside the theatre by means of transverse slits of plain glass in the dome.

In 1937 a proposal was put forward 'that the King's Jubilee Fund for Maternal and Infant Welfare, with help from Federal and State Governments be used to build a modern maternity hospital with ante and post natal facilities.' On Schlink's return he obtained King George V Jubilee Fund of £27,750.

The use of the Jubilee Fund for this purpose was opposed by members of the medical profession and many members of the government were persuaded to back away from the scheme. However Schlink and his supporters used their considerable influence with the Governor and Board of the Commonwealth Bank to secure a State guaranteed loan to build the hospital.

### 1938

Commonwealth Savings Bank loaned £200,000 to build a midwifery hospital. Otto Steen was commissioned to prepare mural plaques for King George V walls inspired by Della Robbia Bambino murals on Foundling Hospital in Florence. Andor Meszaros was commissioned to prepare three stone statues to be erected in grounds of hospital.



Both operating theatres were copied from designs prepared by Andre Walter of France. An order was placed in 1938 for the lighting system and voice reproduction equipment. The latter enabled to surgeon to speak to observers outside the theatre. The light focus was controlled by pressing a sequence of switches which then moved the 1000 watt projection lamp.

### 1939

King George V accommodated 284 mothers and babies as finance had already been arranged prior to outbreak of WWII.

Prior to 1940 midwifery training was undertaken by nurses after general training. RPA nurses usually took a course in Obstetric Nursing at one of the women's hospitals in NSW and interstate. Nurses who wanted to work in country hospitals needed to have a midwifery certificate. Most maternity hospitals did not pay pupil midwives.

### 1940

King George V Memorial Hospital for Mothers and Babies (the Maternity, Perinatal and Gynaecology Unit of its parent the Royal Prince Alfred Hospital) has its Foundation plaque unveiled by Lady Wakehurst.

### 1941

Sister Ellen Matilda Parry Evans, Assistant Matron KGV is transferred from RPA to KGV to prepare wards for occupancy. Sisters Jessie Ayles and Joan Milliken join her in the first week of May, one week before opening.

8 May – Governor Lord Wakehurst unveils a plaque commemorating the official opening of KGV.

Matron Helen Budd Hetherington recalled in 1941:

*“I was concerned that no move had been made to obtain obstetrical trained staff. I approached Dr AB Lilley, the General Superintendent, and asked if an advertisement could be inserted in The Sydney Morning Herald. This brought a very satisfactory result and double certificated sisters with excellent qualifications were appointed. General trained nurses wishing to train in obstetrics had been ‘putting their name down’ for months; these had to be rostered and medically examined and uniforms made for all trained and untrained staff.”*

July – Training was only offered to registered nurses and the first intake of 76 Australian nurses began nine months of midwifery training. Formal teaching for nurses was haphazard due to staff shortages and heavy workload. Many staff had left for war service and tutors changed several times. Two early teachers were Ida Love and Dorothy Nixon. At this time no midwifery tutors had formal teaching qualifications and the syllabus was implemented by the NSW Nurses Registration Board who ran the state finals. These entailed two three hour papers undertaken in the Great Hall at the University of Sydney.



During the 1940s many midwifery nurses left to join the armed forces which created shortages in maternity hospitals. Many nurses who returned from the war after nursing men did not want to nurse mothers and their babies again. General trainee nurses often found themselves rostered onto KGV wards and this continued into the 1950s.

All maternity deliveries of ‘public’ women with uncomplicated pregnancies were carried out by nurses. Midwives looked after women who had a private obstetrician during labour, and only contacted a medical officer if necessary. Private patients were considered quite demanding.

There were many innovations in the new KGV Hospital including a unique signalling system enabling women patients personal access to nurses via a bedside communication button. A red light showed over the patient’s door with a similar coloured light on the panel at the sister’s station. A two-way speaker system was also at the bedside so a patient could communicate her needs to the sister. A sister could reply without having to move from her desk. Working facilities at KGV were considered very modern compared with RPA, and many believed they were working

in the best midwifery hospital in Sydney as it was attached to a major teaching hospital.

At the time it was normal for mothers to stay in bed eight to ten days after delivery and nurses attended to bowels, bladders, backs and daily spongings. They cleaned lockers and beds with Lysol after patients were sent home.

### **1942**

30 June – after one full year of operation: 1550 gynaecological patients treated with only 23 deaths, 2779 obstetric patients treated with 2377 births.

The first group of midwifery candidates all passed their State NRB examination.

Gross salary for an experienced registered nurse was £8/15/0 per fortnight. Board and lodging was £2/14/2 with 12 shillings deducted for State and Federal Tax. This left a nurse with a salary of £5/10/10 per fortnight.

### **1943**

During WWII and risky periods when bombing may have occurred mothers in KGV were sent home when their babies were only two days old. During the following week mother were visited at home by nurses who brought equipment and had their transport provided by the Red Cross.

Obstetrical staff, midwifery trainees and some doctors were temporarily accommodated on floors five and six of KGV. When patients needed to be moved to these floors, land was rented from St John's College nearby to house obstetric staff. Accommodation consisted of very basic prefabricated hutments with individual cubicles with curtains instead of doors. Walls between each room were only six to seven feet high, the back of the wardrobe formed the wall on the corridor, and rooms were very small, noisy and lacking in privacy. The huts were hot in summer and freezing in winter.



Meals in KGV were taken in a more luxurious dining room with food considered superior to that served across the road at RPA. Doctors and patients were given a different menu to nurses. Matrons and Sisters had their own seats in the dining room and student nurses did not sit to eat with anyone considered more senior.

### **1946**

Insufficient obstetrical beds in Sydney with KGV waiting lists continuing to grow.

### **1947**

A 40 hour working week for nurses begins.

## 1951

A statue of a young woman nursing her child (Maternal Affection) purchased with a donation from the late Stirling Henry and the Auxiliary. The statue was placed in the front entrance hall. At the time nurses from RPA and KGV were expected to take a break when on night duty and spent this time on the ground floor of KGV where they passed the statue. Over time the statue's curves became shiny and were considered a token of good luck, with passing nurses patting the boy's bottom for luck.



## 1950s

Nurses recall cases of self-induced abortion amongst women admitted and the great pressure on many women to gain some relief from the constant pregnancy cycle. Many women were admitted only to die from complications related to illegal or self-induced abortions. Women were treated for anuria, sepsis, subacute bacterial endocarditis, chlostridial infection, pelvic abscesses, and peritonitis. Women with polio delivered babies in an iron lung in the Isolation Ward. The Ground Floor was the septic floor and here women were delivered who were suffering from measles, mumps and hepatitis.

Nursing staff in training led greatly restricted lives. They were expected to speak only when spoken to whilst on the wards. They were not allowed to marry and lived onsite where a visual check was made to see they were in bed with lights out by 10.30pm. This check was made twice each night. Two late passes to midnight were allowed each week and one a month until 1.30am. When doors were locked, any nurse who was late became adept at scaling walls and avoiding the night sister. Supportive networks existed amongst nurses, as well as study programmes and case discussions established. Lifelong friendships were made.

Most obstetricians admit they learned a lot of their labour ward management from midwives at this time.

Professor of Obstetrics and Gynaecology Rodney Shearman noted:

*“Way back, as a student and resident, I learnt an enormous amount from the labour ward midwives. They have always been extremely good teachers if you were prepared to listen.”*

Another doctor recalled of the 1960s period:

*"I guess the most vivid memories are of the labour nursing staff...as students we were very much at their beck and call and under their command. If they said jump we jumped."*

Professor Bruce Mayes, Head of the Department of Obstetrics, developed a series of 24 weekly 'KGV Bulletins' for pupil midwives. These practical Bulletins humorously described routines to be implemented when looking after pregnant women prior to and after delivery. He also created coloured 16mm films to help brighten up lectures and these were filmed by the official cameraman in residence at RPA. Skills such as forceps and breech delivery were presented.

### **1960s**

Increasing numbers of babies were admitted to the nurseries with the nurse in charge working with two pupil midwives looking after 58 babies.



### **1970**

By 1970 it had become impossible to obtain supplies of the 1000 watt lamps for the original 1938 KGV operating theatres, and the male operations assistants who were responsible for polishing the metal dome were being replaced by theatre trained registered nurses.

Other changes included converting an anaesthetic room and instrument room into a preparation and sterilising area, the doctors' dining room converted to female change and tea room, and an eight-bedded recovery room was established.

### **1971**

A new Neonatal Intensive Care Nursery opened and was named the John Spence Nursery accommodating 17 isolettes and 48 cots.

### 1973

Six nurses graduated from the first four months Neonatal Intensive Care Course.



Colin is  
our first  
midhusband

### 1976

RPA's first male midwife Colin Benstead graduated, his enrolment marking a major change in hospital policy at KGV.

### 1977

Preparation for Parenthood Classes at KGV rapidly expanded as a midwife was added to the physiotherapy team who were conducting 'exercise' classes. Labour ward tours and information nights were added to the options from which parents could choose to attend.

### 1983

Many changes took place in health management and nursing roles in the 1980s. The knowledge of nurses and midwives was expanded by new curriculums. University education was available, salaries were improved, and domestic chores removed from nursing job descriptions. In this decade nurses and midwives expected and demanded a more appropriate role in the healthcare team. Professional development was provided as well as increased opportunities for continuing education. Nurses and midwives began to undertake clinical procedures such as the recording of blood pressure.

A community liaison/discharge sister was seconded and visited 4291 mothers. In the first year she planned the discharge of these mothers and advised them of community mothercraft facilities.

## **1985**

Financial constraints and nursing shortages. 32% of gynaecological beds were closed.

November - Midwife Antenatal Clinics commenced operation with midwives starting to see clients independently. Women patients were for the first time given a choice and could choose to see the same midwife regularly in the clinic instead of waiting for a doctor to arrive.

Since 1985 highly skilled nurses and midwives were appointed Clinical Nurse Consultants and Clinical Nurse Specialists.

The Outpatients Department for the IVF Program opened; the first program that was fully available in a NSW public hospital. RPA began receiving public and private IVF patients who were treated by doctors and one Sister. IVF patients came in every day for blood tests, injections, and ultrasounds. Donor Insemination patients also visited daily for insemination and blood tests.

## **1989**

'The Shearman Report on Maternity Services in NSW' was released.

The Maternal Early Discharge Programme began where women could choose to convalesce at home whilst supervised by visiting midwives.

Technological advances were made in the IVF Program with the development of *GnRH agonist* which were used to prevent premature ovulation. This allowed doctors and nurses to control women's cycles better and also put an end to after-hours egg collections.

## **1990**

Exchange programme for perinatal intensivists nurses was launched between John Spence Nursery and Khota Bharu in the Hospital University Sains Malaysia.

The John Spence Nursery declared a Nursing Academic Unit of the University of Sydney.

Five independently practicing midwives were accredited to admit their own clients to KGV.

A Birth Centre opened as well as the Mulvey Mothercare Unit which provided more choices for mothers and gave midwives more autonomy.

During the 1990s KGV offered a wider range of hospital and community clinical services for the pregnant community including: the accreditation of Visiting Midwives, midwives clinics, and a 'Know Your Midwife' scheme.



### **1991**

Following recommendations made in the Shearman Report, KGV appointed five independent midwives with full use of hospital facilities. Patients were admitted by the midwife for delivery in either the labour ward or birth centre. As great emphasis was placed on continuity of care, the midwife conducted antenatal sessions followed by educational and supportive postnatal care.

The Baby-Friendly Hospital Initiative (BFHI) was launched by WHO and UNICEF in 1991 following the Innocenti Declaration of 1990. The initiative is a global effort to implement practices that protect, promote and support breastfeeding. Since being launched BFHI has grown, with more than 152 countries around the world implementing the initiative.

### **1993**

Midwives from KGV brought antenatal care into the community with the aim of encouraging more women from ethnic groups to seek ongoing medical assistance. The KGV Midwives Outreach Antenatal Clinic provided care specifically aimed at Vietnamese and Arabic women in the Early Childhood Centre in Illawarra Road Marrickville. A Saturday outreach clinic targeted women in the paid workforce and women unable to attend weekday clinics. This enabled midwives to have a greater involvement with the client and her family, and also meant that by the time clients needed to go into hospital to have their baby, they were more familiar with the health system.

### **1999**

KGV midwife Alison Bush created an Officer in the General Division of the Order of Australia in recognition of outstanding contributions to Aboriginal maternal and perinatal illness and death.

## **2002**

KGV permanently closed and a new maternity hospital opened at RPA renamed RPAH Women and Babies. It was a tumultuous time with mediators and consultants brought in as a response to staff unhappiness.

Moving from KGV to RPAH Women and Babies made a great positive difference to managing women in labour.

- All rooms have a large bath, which where appropriate, was used for birthing. These allowed women to move around, and use balls/birthing stools/mats on the floor.
- It enabled 'rooming in' to later commence, with baby always at mother's bedside with no well-baby nursery. This was essential for establishing breastfeeding so the baby could 'feed to need.'
- Partners were also accommodated on foldout beds on the postnatal ward to help support new mothers to breastfeed.

Maureen Ryan appointed the inaugural Head of Department – Low Risk Obstetrics at RPAH Women and Babies. The appointment is an Australian first for a midwife.

Independent midwives ceased having 'visiting rights' at RPA prior to 2003. Around this time many stopped practicing as indemnity insurance increased massively.

## **2003-4**

NSW midwives gained separate registration and therefore professional recognition through the Nurses Registration Board of NSW, making them officially registered Midwives. The Board was later replaced by AHPRA (Australian Health Practitioner Regulation Agency), a national board/regulator for all health practitioners.

## **2005**

The University of Technology Sydney (UTS) started the first 'direct entry' course for midwives in NSW, the Bachelor of Midwifery. Prior to this only registered nurses could become midwives via a Graduate Diploma. Direct entry or Bachelor of Midwifery midwives do not hold dual registration, ie Registered Nurse. Student midwives from the Graduate Diploma programs worked in RPAH Women and Babies and in most areas (excepting labour ward), and were given a patient load.

## **2006**



In the IVF Program RPA had reduced its multiple pregnancy rate which greatly lessened the workload for nurses in its nursery. There was a reduction in the number of twins, triplets, and premature babies.

### **2009**

Sister Alison Bush (RPA Aboriginal Liaison Midwife) recognised at the Aboriginal Health Awards and inducted into the Hall of Fame for her commitment over 40 years to improving the health outcomes of Aboriginal mothers and babies across Australia. The award recognised her expert input into policy and service delivery at a local, state and national level.

### **2011**

RPAH Women and Babies achieved 'Baby Friendly Hospital' status, reviewed every three years. This was a very difficult and exhaustive process, spearheaded by former head of Lactation Mary Lantry. Lantry made a massive contribution in doing this and promoting breastfeeding education and awareness. Few maternity hospitals enjoy this status.

## **Directors of Nursing (Assistant or Deputy Matrons)**

**1941-43** – Ellen Matilda Parry-Evans

**1943-48** – Irene Foster

**1948-61** – Constance Fall

**1961-63** – Enid Kelly

**1963-66** – Betty Schofield

**1966-74** – Joan De Coek

**1974-88** – Yvonne Morrison

**1988-91** - Joy Vickerstaff

**1992-2011** - Val Smith

*By Dr Vanessa Witton, RPA Museum and Archives*

*Sources: 'With Triumphant Stride: a KGV Jubilee History' (1991) by Pamela Hayes OAM; 'History of KGV' research by Mair Jones OAM.*