

MY MEMORIES OF SORRENTO MATERNITY HOSPITAL

I started working at Sorrento Maternity Hospital as a student midwife in September 1968. In those days, to become a midwife, the course was in two parts of 6 months each, if you already had a nursing qualification. Part 1 was hospital based with an exam at the end and if you passed that part 2 was hospital and community based. The school of midwifery was housed in a building in Anderton Park Road opposite the Antenatal Clinic.

Sorrento Hospital was contained in many buildings that were in the grounds of the original house, as well as other houses in Wake Green, Anderton Park and Forest Roads. The postnatal wards were housed in Main Block (along with the dining room and kitchen as well as offices and the board room). There were also postnatal wards in Treaford Lodge in Anderton Park Road for mothers who had caesarean sections or complicated deliveries. Next door to Treaford was the antenatal ward and the milk bank. In the milk bank, bottle feeds were made up for mothers who wanted to bottle feed and were delivered to the wards daily. Also, the mothers who had babies in the special care baby unit expressed milk for their own babies. They also called for milk from mothers who had more milk than their own babies needed, for which they were paid a small sum. This was frozen and then used to feed ill babies not only in hospitals in Birmingham but all over the country. I believe it was one of the pioneering hospitals offering this service.

In the grounds of the original building there was a stable block which had been converted into a lab, pharmacy, maintenance room, sewing room and Wages office. The Delivery Suite was in the rear of the grounds and was a fairly new building which I think was built in the early 1960s. The Special Care Baby Unit was in a separate house in the grounds and was called the Mary Crosse Unit after the consultant paediatrician who first started it and was one of the first such units in the country

Around the hospital, buildings on the Wake Green Road and Anderton Park Road were used as doctors' and nursing quarters, changing rooms for non-resident staff and a flat for the Matron, Miss Davies when I first went there, who ruled the hospital with a rod of iron. She did a round of the hospital every day accompanied in each area by some poor unsuspecting student who had to know each woman on the ward and her condition and then escort her to the next area. Woe betide you if you made a mistake as she was very critical!

The antenatal clinic was situated on Anderton Park Road. All women were seen there when they booked and then once a month until 28 wks, then once every 2 wks until 36wks and then every week until delivery if all was normal and more frequently if there were problems. So the clinic was always busy. There were no scans when I first started and midwives didn't take bloods as they do now. As a student you would learn by watching the doctors or consultant of which when I started there were two - Miss Hallum and Mr Mansfield. After these retired there were then three consultants - Mr Pogmore and Mr Needham who also did gynaecology at the Women's Hospital and Solihull Hospital and Mr Gee who was also a lecturer in obstetrics at Birmingham University. These three did not arrive until some years after I had qualified and had my children.

The hospital at its peak did about 2,500 deliveries a year. When I first went as a student 75% of the women were from Asian backgrounds, as well as some West Indian and the remainder were British who lived in Moseley. This changed over the time I worked there and there were fewer ethnic minorities later and more British but I have no idea why this happened. The residents were very loyal to the fact that there was a maternity hospital in their area and did not want it to close as the atmosphere there was so good. Having worked at the hospital on and off for 25 years, I have many memories from being there. It was a very friendly place to work. Everyone knew each other and mixed in together well. That included all the doctors, midwives, nursing, ancillary and maintenance staff. Parties would be held in the doctors' mess to which everybody was invited including partners. Food was prepared by the kitchen staff and the events were well attended and a good time had by all.

As the delivery suite was away from the rest of the hospital and self-contained with its own operating theatre and neonatal resuscitation room, all emergencies could be dealt with very quickly. Once babies had been delivered and the women had recovered, they were moved to the appropriate postnatal wards. If the delivery was fairly normal the postnatal ward was in the main block across the garden. The women were transported across either on a trolley or in a wheelchair regardless of the weather, come rain, snow or the middle of the night! The babies went in a cot which was placed in a coach-built pram. Most women stayed in hospital for 5 days unless they had arranged for an early discharge after 48 hours. The community midwife had to inspect the home conditions before this was granted and there had to be someone there to look after them, not necessarily the husband. Although the babies were looked after beside the mother's bed, there was a nursery where babies went at night or jaundiced babies were nursed under ultra violet lights so they didn't disturb other people. At first feeding was 3 - 4 hourly depending on the size of the baby but demand feeding was gradually established. Breast feeding was encouraged but not compulsory. Surprisingly the Asian women mainly chose bottle feeds because they believed the babies would put on weight better with artificial milk!

One of the maintenance men was the grandfather of the Campbells of UB40 fame and some of the group's partners had their children there, presenting the staff who looked after them with their latest record!

When I qualified in 1970 I worked on the delivery suite. In those days there was very little in the way of electronic or digital equipment. The baby's heart beat was listened to with a foetal stethoscope, one end placed on the mother's tummy and the midwife's ear placed on the other end, and counted for one minute. The heart beat was listened to every two hours in early stages of labour, every 15 minutes in established labour and between each contraction during delivery. It wasn't until later that sonic aids were used, with the advantage that mums could hear the babies' heartbeat, and continuous heart monitoring was started so that problems could be detected more quickly. In those days we didn't do epidural anaesthesia so the mums had either Pethidine or gas and air. Gradually electronic monitoring was used more widely and women having caesarean sections had spinal anaesthetic so were awake when their babies were born (a definite advantage for everyone).

After my three children were born, I worked part time on night duty for nine years (my husband was a teacher so could manage without the need for childcare). The police in the area would often pop in at night for tea and a chat. Sometimes we would order a Chinese takeaway from the Jade for a meal at night! As my children got older, I returned to day duty and worked in all areas. In the 1990s it became obvious that Sorrento was becoming expensive to run as a lot of facilities were being outsourced, like labourites and Pharmacy. Women were having scans, which were not available at the hospital, so were having to tow to other hospitals for this facility and women were not staying in as long so there was no need for as many beds. As time progressed and medical care advanced, it was obvious that the hospital was not able to offer the facilities that women were entitled to and so it eventually closed in March 1993 with the care of women being transferred other parts of the city mainly Birmingham Maternity Hospital and Birmingham Women's Hospital after the hospital in Showell Green Road closed and the gynae patients were transferred there.

The end of an era.

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