

**ORIGINS  
MEDICAL SURVEY ON STILBOESTROL**

This survey has been put together to ascertain what, if any, long term medical problems have arisen as a consequence of the administration of Stilboestrol as a lactation suppressant to mothers who were having their children removed for adoption.

The results of the survey will be collated and presented to the media in order that the medical profession becomes publicly aware of repercussions to both the mothers and their subsequent children. It will then be presented to the inquiry as further evidence of the malpractice meted out to us.

- In which year was your baby born and in which hospital? .....
- Did you request medication to suppress lactation? Yes/No
- Were you advised you were being given medication to suppress lactation? Yes/No
- If so, were you told the name of the medication? Yes/No
- Do your medical records indicate that you were given Stilboestrol? Yes/No
- If so, please indicate daily dosage. ....
- Do you suspect you were given Stilboestrol? .....
- If so, please comment.....
- If medical records do not indicate that you were given medication to suppress lactation, what method would have been used? E.g. breast binding, home remedies, little yellow tablets etc. ....
- Do you recall whether, on discharge from the hospital, you were provided with the remainder of the course of Stilboestrol? Yes/No
- Upon discharge were you still lactating? Yes/No
- If so, how was this then suppressed? .....
- Did you ever lactate on hearing any infant cry? Yes/No
- Have you ever had a mammogram which indicated;
- Calcification of breast tissue Yes/No
  - Fibrous tissue Yes/No
  - Breast nodules Yes/No
  - Pre cancerous cells Yes/No
  - Non cancerous cells Yes/No
  - Cancerous cells Yes/No
- Have you ever had;
- Bleeding from the nipples with or without a cancerous diagnosis Yes/No
  - Yellow or green discharge during menstruation or at any other time Yes/No
  - Cancerous or pre cancerous cervical cancer Yes/No
  - A cone biopsy Yes/No
  - Cervical erosion Yes/No
  - A hysterectomy Yes/No
  - Malignant tumour Yes/No
  - Malignant cancer Yes/No
  - Radiation treatment Yes/No

Have any of your subsequent daughters suffered unusual cervical cells culminating in any of above. If so, please describe

.....  
.....

Have any of your subsequent sons suffered undescended testes, low sperm count, infertility, prostate cancer or any other abnormality. If so, please describe

.....  
.....

If you had subsequent children, did you experience problems in breastfeeding? Yes/No  
Did your subsequent baby/babies refuse to accept breastfeeding? Yes/No  
Did you have trouble producing milk? Yes/No  
If you were able to breastfeed initially, did you find that your milk dried up within a relatively short period of time? (eg days, weeks etc.) Yes/No  
If so, please comment.....

.....

Have you ever discussed Hormone Replacement Therapy with your doctor? Yes/No  
If so, has s/he questioned whether you have ever been given Stilboestrol? Yes/No

Have you ever been made aware of the danger of taking HRT or any other oestrogen treatment after having been on Stilboestrol? Yes/No

Have you ever been informed that Stilboestrol remains in the body for decades? Yes/No  
If so, how did you become aware? .....

Have you ever been made aware of the long-term effects of Stilboestrol? Yes/No  
If so, how did you become aware? .....

Have you ever been made aware of the potential adverse effects on subsequent children.  
If so, how did you become aware? .....

Other comments regarding any of the above;  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

If you have any queries regarding this questionnaire, please contact:  
Katie – (02) 9449 7957

# ORIGINS

## SURVEY: PRESSURE TO CONSENT TO ADOPTION

Social workers habitually claim that they did not actively encourage mothers to sign the consent form for the adoption of their babies. Origins wish to present to the Parliamentary Inquiry evidence that social workers had actually recorded the fact that many mothers had indicated to them that they wanted to keep their babies. If you have a copy of your social worker's record and it indicates in any way that you wanted to keep your baby, would you please write those comments below in the space provided.

Those mothers who did not see a social worker during their pregnancy, but found that it was their obstetrician/hospital staff who promoted, recommended or made ~~the~~ made their decision for them, are also asked to participate in this survey.

It is not important whether your wish to keep your baby is explicit or not. It is important though that we receive as many responses to this survey as possible.

Some examples of the mother's records are;

- 'she is confident and elated with her pregnancy'
- 'her plans for the future are very uncertain'
- 'she is being very unrealistic'
- 'she is ambivalent, unsure'
- Dr. So and So wrote 'Baby for Adoption – mother undecided'

Comments from social workers, doctors, hospital staff etc.:

.....  
.....  
.....  
.....  
.....  
.....  
.....

### **IMPORTANT**

**Please remember to put your name and telephone number on BOTH questionnaires. This information will remain confidential but is required to validate the submission.**

**If you have any queries regarding these questionnaires please contact Origins – 9560 8808.**

**Please send questionnaires to:  
Origins  
P.O. Box 33  
Dulwich Hill NSW 2203**