NHS England London

RESOURCE PACK FOR COMMISSIONERS AND MATERNITY SERVICE PROVIDERS

USING INTERPRETING SERVICES

The single biggest problem in communication is the illusion it has taken place.

September 2023

Introduction

This guidance aims to support local commissioners and providers of Maternity and Neonatal care services within London, as well as maternity and neonatal staff. It is hoped that this resource will provide clear and useful recommendations when commissioning translation or interpreting services or reviewing existing services. This will help to improve access to interpreting services for those women who experience language and communication barriers.
This guidance aims to highlight principles of best practice examples, resources and recommendations that commissioners and providers should consider when commissioning maternity services for NHS patients specifically:

Quality considerations
Legal position
Commissioning and contracting considerations

What is an interpreter?

It is recognised that maternity staff can often struggle to provide effective interpretation due to a complexity of issues. The UK has a growing multicultural population, with the incidence of mothers giving birth that were born outside of England & Wales rising from 18.6% in 2003 to **30.3%** in 2022 (Office for National Statistics [ONS], 2023). **In London, 58% of women giving birth were born outside the UK** (ONS, 2023). When this is equated in terms of language, it is estimated that there are over **300 languages** spoken in the capital

Language barriers between health professionals and patients continue to be associated with poor outcomes raised within confidential enquiries (Knight et al. 2017; 2019; 2020), often due to inadequate provision of interpreting services. Therefore, the use of an interpreter has been included as a key recommendation in the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) rapid report (Knight et al. 2020).

The **Royal College of Obstetricians and Gynaecologists (RCOG)** have recommended that women who have difficulty reading or speaking English should have access to a high-quality interpretation service, which will ensure that women are able to make informed choices about their care and can give informed consent to treatment and procedures (2022). RCOG recommend that commissioners of interpretation services for maternity care ***must*** ensure that healthcare professionals have consistent access to high quality interpretation services for planned, unplanned and emergency care.

The **Birthrights** report 'Systemic racism, not broken bodies An inquiry into racial injustice and human rights in UK maternity care' (2022) emphasises that the removal of structural barriers which typically affect Black, Brown, and Mixed ethnicity women, such as a lack of access to interpreting services will help to promote safe, respectful and non-discriminatory maternity care.

Please note throughout this guidance we may use the terms 'woman' or 'women' in order to keep the guidance succinct, however we are fully inclusive and this guidance is for all maternity service users who *may choose to identify as 'birthing people' or another identity.*

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I did not understand what they then discussed among themselves. To this day I have no explanation why all this had to be done (a termination of pregnancy with complications)…*They could have treated me as a human*

Quote taken from Origlia Ikhilor et al. (2019) 'Communication barriers in maternity care of allophone migrants: Experiences of women, healthcare professionals and intercultural interpreters'.

We couldn't support that woman through the most difficult experience of her life, because we couldn't talk to her, we could only touch her- and we couldn't consent her for section- we just had to do it…

Quote taken from Midwife in Bridle L. et al. (2021) 'We couldn't talk to her": a qualitative exploration of the experiences of UK midwives when navigating women's care without language'.

What is an Interpreter?

An interpreter is considered a professional who is specifically trained to have a specialised set of skills, be aware of ethical considerations and technical language used in healthcare. The role of a professional interpreter is to enable communication between two or more parties who speak different languages, and most importantly can only interpret the words that are spoken.

Interpreters can facilitate communication, point out cultural factors, clarify important and ambiguous points, and overall make it possible for two people from different worlds to communicate the true meaning of their words' (Nijad in Tribe and Raval 2003).

Interpreting is a specific skill which requires expertise and training (NHS England, 2018). Spoken language interpreters should be registered with the National Register of Public Service Interpreters (NRPSI) and hold a Diploma in Public Service Interpreting (Health).

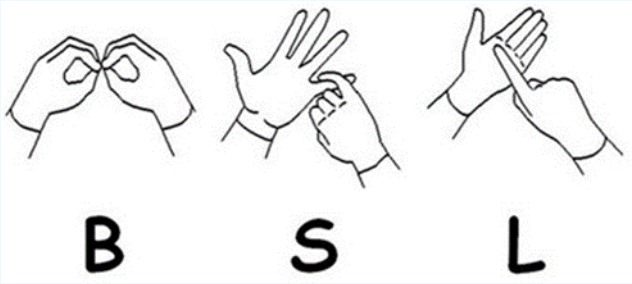
Where an interpreter does not hold a DPSI (Health) it may be acceptable to use an interpreter who either:

- Is a native speaker in English and another language who also has a minimum of NVQ level 3 in interpreting, or
- In addition to their own native language has ILETS level 7.5 (English) and also has a minimum of NVQ level 3 in interpreting

Interpreters should also have training in medical terminology in order to communicate information in a health context effectively.

Translators mainly work with the written word and interpreters mainly work with the spoken word and sign language.

British Sign Language (BSL), go to page 5 or click here



What is sign language?

Sign language is not a version of a spoken language. For example, British Sign Language (BSL) has a different grammar and syntax from those found in English.

For someone who relies on BSL to communicate, English is like a second language. So writing down information and giving it to them to read may be an ineffective way to communicate because their English language reading skills may be very limited.

Qualifications and Regulators for Interpreters for Deaf People include a British Sign Language (BSL) level 6 or an honours degree in their second language, in line with NRCPD (The National Registers of Communication Professionals working with Deaf and Deafblind People) registration requirements. The interpreter will need to have both a level 6 qualification in BSL (demonstrating their fluency in BSL) and a Level 6 in BSL interpreting (demonstrating their competences at interpreting).

Registration with NRCPD confirms interpreters hold suitable qualifications, are subject to a code of conduct and complaints process, have appropriate insurance, hold an enhanced disclosure from the Disclosure and Barring Service and engage in continuing professional development.

BSL:
How to use a BSL interpreter video.
https://youtu.be/hUOUtQQWxQU

Remember! There is no universal sign language**. Different sign languages are used in different countries or regions.**

Legal Position

Whilst language is not a ‘protected characteristic’ defined under the Equality Act 2010, section 13G of the National Health Service Act 2006 (“NHS Act”) states that NHS England, ‘in the exercise of its functions, must have regard to the need to reduce inequalities between patients with respect to:

- Their ability to access health services; and
- The outcomes achieved for them by the provision of health services.

The ‘Accessible Information Standard’ (AIS) sets out specific requirements for all NHS providers with regards to the provision of accessible information and communication support for people with a disability, impairment or sensory loss (including people who are d/Deaf, blind or deafblind).

The AIS makes it clear that NHS providers including maternity contractors, must identify, record, flag, share and meet individuals’ information and communication needs, and in so, doing, address known inequalities. Commissioners of NHS care are also required to support compliance with the AIS by organisations from which they commission services.

All consent forms for those with limited to no English, must include the interpreters signature as a co-signature. Otherwise this will not be considered valid. If consenting over the phone please ensure staff are aware to document interpreter’s ID number and full name.

Guidance for Commissioners

The following principles can be used to guide Local Maternity and Neonatal Systems and help agree priorities and ambitions for improvements in translation and interpreting services for women accessing maternity care. They have been adapted from *'Guidance for commissioners: Interpreting and Translation Services in Primary Care'* (NHS, 2019) As and when commissioned contracts come up for renewal, this guidance will help commissioners identify gaps in existing provision so that they can consider how best to address them to drive improvements in services. Please also refer to NICE guidance *'Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors'* (2010).

Commissioning and contracting considerations

Legal Position

Principle 1: Provision of services

Principle 2: Timeliness of Access

Principle 3: Improve engagement with Inclusion Health Groups

Principle 4: Compliments and Complaints

Principle 5: Translation of Documents

Principle 6: Quality Assurance and Continuous Improvement

Assessing needs and reviewing your current service provision.

- Consider the specific language needs of the population (for both BSL and community languages) using:
  - Locally available data including data collected as part of the Accessible Information Standard
  - NHS England data set combining ONS Census data with Local Super Output Area (LSOA) data

- Consider the legal position (see Legal Position) and whether this is being met by current service provision.

- Consider the financial position. The cost of any services commissioned or recommissioned would need to be met from within existing allocations.

- Consider how communication difficulties can prevent people accessing services and how this can be overcome.

- Health inequalities are the driver to considering priorities for groups of women who require interpreting services.

- Consider cost-effective and efficient ways to provide services, for example telephone interpreting or app-based support **See Digital Tools**

- It is important to remember these must meet commissioners' governance, quality and procurement guidelines if purchased on behalf of the NHS.

- Consider commissioning options. The Crown Commercial Service has a procurement framework if an example is needed.

- Commissioners should review this framework to see if it meets their needs or whether alternative arrangements are preferable.

- Contact NHS England's Commercial Team for guidance and support on the procurement of interpreting and translation services to ensure adherence to NHS England's Standing Financial Instructions (nhsengland.commercial@nhs.net)

- Commissioning with neighbouring organisations may be preferable if it reduces transaction and administrative costs and represents best value.

- Interpreters should be trained annually in safeguarding both children and adults. All safeguarding training must be evidenced on request and be completed prior to any patient contact.

Principle 1: Provision of Services

Women and families should be able to access maternity and neonatal services in a way that ensures their language and communication requirements do not prevent them receiving the same quality of healthcare as others.

Interpretation and translation should be provided free at the point of delivery, be of a high quality, accessible and responsive to a woman's linguistic needs. Women should not be asked to pay for interpreting services or to provide their own interpreter.

Principle 2:Timeliness of Access

Women and families requiring an interpreter should not be disadvantaged in terms of the timeliness of their access.

Maternity and neonatal care providers should use appropriate formats and languages to raise awareness that interpreters are available, for example posters/visual aids in patient areas. Commissioners should include this as a contractual requirement for interpreting service providers.

Women should not be disadvantaged by waiting unnecessarily longer for appointments to access maternity care services because an interpreter is required.

Staff within maternity and neonatal services should have access to telephone and/or video interpreting 24 hours a day, 7 days a week. This will ensure that ad hoc and emergency care does not prevent the need for access to language support services. Examples of digital services are found in Appendix II.

Principle 3: Improve engagement with inclusion Health Groups

It is important to consider the 'Equity and equality Guidance for local maternity systems' (NHS 2021) and ensure that action plans align with the health inequalities work of your Integrated Care System.

Consider the following points...

- Do your maternity and neonatal units have a clear understanding of inclusion health groups in their patient population and their needs?
- Are all maternity and neonatal services systematically adapted to meet the needs of women most likely to experience health inequalities?
- Have targeted services been developed to address unmet need amongst women from inclusion health groups and/or groups experiencing deprivation?
- Do you work collaboratively across your LMNS to identify and address issues across the wider determinants of health in your area?
- Can maternity and neonatal staff members within your LMNS confidently signpost patients from inclusion health groups to relevant local voluntary sector organisations who can support them with their non-clinical health needs?

Principle 4: Compliments and Complaints

Maternity and neonatal Services need to ensure:

1. Easy-to-follow procedures which maintain confidentiality should be in place to enable positive and negative feedback about the interpreting service. The feedback procedure should be available in appropriate languages and formats including written, spoken and BSL signed video (please be aware that there is no universal sign language, and the woman may need sign language in her native language).

2. Any response to service users' comments should be in a language they understand. They should be able to give feedback directly to the interpreting service. To do this service users will need to know the interpreter's full name, be made aware of who is the provider agency and/ or details of the registering body.

3. Commissioners should ensure a system is in place to enable service users and clinical staff to feed back about the interpreting service they have received. It must be independent of the individual interpreter and practice staff must be aware of how to access, and how to direct patients to this process.

4. Both maternity and neonatal services, as well as Interpreting agencies should collate and publish freely accessible data on feedback and outcomes annually in a service satisfaction report. Monitoring of themes and trends should be undertaken to understand if there are any concerns about any service or individual.

Principle 5: Translation of Documents

Documents which are usually available free to women within maternity which may help them to take more control of their health and wellbeing should be available on request, in community languages or alternative formats (e.g. braille) at no additional charge.

Organisations are not required to have ‘stocks’ of information in different community languages and formats (e.g. braille) in anticipation of requests. However, organisations should have an identified process for obtaining information in alternative formats in a timely manner to ensure that the woman can be fully informed and involved in her care.

Good practice would be for maternity and neonatal units or organisations to have a limited number of the most commonly used patient-facing documents / information readily available (i.e. ‘in stock’) in the most commonly required alternative formats

Documents translated for the benefit of patients must be translated by competent and appropriately trained translators and not by practice staff.

Women and families should be able to request a translation of their summary care record into their preferred language and format at no cost to themselves over and above the standard cost of accessing their patient record. See the Accessible Information Standard (SCCI1605) for further information

When a woman books for maternity care and is in possession of documents in languages other than English which relate to their health, these should be translated into English as soon as possible where there is an identified clinical need for example information regarding previous pregnancies or a medical condition. The documents should be included in the health record in both languages where this is deemed necessary.

Where women have an identified need for language or communication support, consideration should be given to the best way to contact them. For some people, a letter in English will not be an effective way to communicate. Alternatives could include: text messages; phone calls; or translated / transcribed letters.

Automated on-line translating systems or services such as 'Google Translate' should be avoided as there is no assurance of the quality of the translations.

Principle 6: Quality Assurance and Service Improvement

Once commissioned, the language support service should be subject to regular performance monitoring against the service specification to ensure that it continues to meet patient needs.

This may include checks to ensure that interpreters are suitably qualified and registered, a review of safeguarding training, appointments are being kept, governance is effective, costs are being monitored and the level of compliments and complaints recorded.

Ensure that maternity and neonatal providers include access to language support services in their guidelines and care pathways.

Regular audits should be carried out to support service improvement. Monitoring of themes and trends should be undertaken to understand if an individual or agency poses a risk to women and their families.

Monitoring of information governance and governance issues must be undertaken monthly and action taken where concerns are raised. (For example from Datix or risk reviews). Maternity and neonatal providers must ensure that when women and families are not provided with interpretation due to lack of resources or poor service from the provider, this is highlighted on their trust risk registers so that appropriate action can be taken.

Guidance for Maternity and Neonatal Service Providers/Trusts

In order to provide effective and safe maternity and neonatal care, maternity and neonatal service providers including senior management, must be aware of the barriers that non-English speaking women or those experiencing communication barriers such as hearing loss or learning difficulties may face.

If staff are not provided with the correct tools and resources to enable interpretation for those women and families who need it, the risk of harm is greatly increased as well as health inequalities.

Ensuring access to high-quality interpretation services is vital to enable the provision of personalised care that is safe and consensual (RCOG, 2022).

Staff Training

As recommended by NICE (2010) and RCOG (2022) maternity healthcare professionals should receive training on the following areas: -

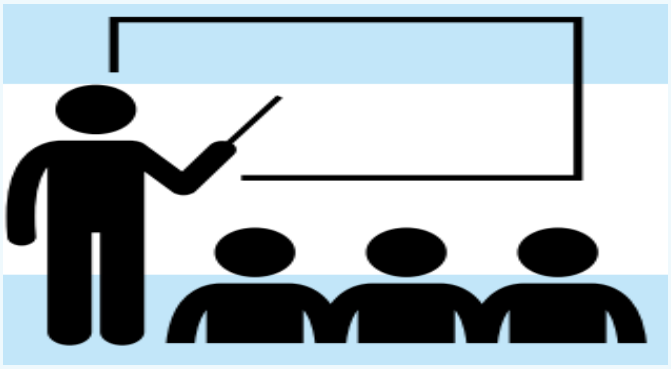
- The different types of interpretation that can be provided within maternity and neonatal
- care
- How to work with interpreters effectively
- How to recognise poor interpretation
- How to work with women with different levels of health literacy

At present many maternity staff receive little to no training on how to assess English language proficiency (Cull et al, 2022). It's important that both maternity and neonatal staff have training on how to assess the level of understanding of a woman, and when an interpreter is needed. A failure to do so can impact the care given and also the outcome of that pregnancy both for mother and baby.

There is a difference in 'conversational' English and more complex medical terms, and staff should be reminded of the need to continually risk assess throughout the pregnancy, and that an interpreter can always be provided even if previously declined.

Staff should be aware how to assess a woman's understanding and should feel confident to 'check-back' regularly with the interpreter and the woman to ensure that not only has the conversation been translated correctly, but that the woman has understood what has been discussed. Staff should be aware that friends and family members should not be used for interpreting: research demonstrates that this has the potential to increase misunderstandings, compromise patient agency and has ethical implications.

Staff training should also include content around diversity and how to recognise unconscious biases. There should be some inclusion on how to care for vulnerable migrant women, recognising that many of these women may have undergone traumatic experiences and the importance of trauma-informed care.



Booking an Interpreter

Staff working in maternity and neonatal services should be aware of how to book interpreters across all languages, including BSL, and book them when required. (A template poster for staff areas can be found in Appendix I)

1. Ensure that staff always ask about communication needs even if the woman has declined previously. This should be included as part of a risk assessment in maternity data systems.
2. Where an interpreter is required, the maternity/neonatal provider is responsible for ensuring one is booked.
3. Interpreters must be registered with an appropriate regulator (see 'what is an interpreter') and should be experienced and familiar with medical and health-related terminology.
4. Ensure that staff are fully informed of the various ways that an interpreter can be booked depending on the provider you are using. Many Interpretation providers offer more than one route to book an interpreter including over email (even for telephone interpreters). Staff should be encouraged to book the same interpreter (if they can) to ensure continuity of service and establish a supportive relationship for the woman (Bridle et al., 2021).
5. More time should **ALWAYS** be given for appointments where an interpreter is required including ultrasounds, bloods and obstetric appointments. Booking an interpreter Specialist Roles and Team

Specialist Roles and Teams

As highlighted in the 'Equity and equality: Guidance for local maternity systems' (NHS, 2021) targeted and enhanced continuity of care should be prioritised for women from Black, Asian and Mixed Ethnic groups. This will ensure that women from diverse backgrounds overcome language and cultural barriers. This will not only create a safe space for these women but help the team/midwife involved to identify any specific needs.

Bridle et al. (2021) found that providing a COC model was of benefit to not only the women but also the staff and had a positive impact on the outcomes.

Cull et al. (2022) suggests the creation of specialist midwife roles (if not already established), will improve care for women with limited English language proficiency. They suggest this role is developed with the extensive involvement of service user representatives (Maternity Voices Partnerships).

This role should also include ensuring translation of patient information/material, education and training for staff, as well as quality improvement for example regular audits to identify key areas for improvement

Multilingual Staff

There is a difference in someone who is multilingual and a professional interpreter who would have been assessed for their professional skills and have the required competencies to provide interpretation.

Whilst it can be beneficial to have staff that are multilingual, especially if it is not possible to access an interpreter, there are a number of things to consider.

- **Staff should only be asked to interpret in exceptional circumstances. There should always be documentation on as to why a staff member was used instead of an interpreter.** Ensure that staff are not being put at risk for interpreting something they are not qualified to do

- **Is it their first language or are they a native speaker? There should be an understanding of their fluency and proficiency. While fluency may denote a degree of proficiency, it does not automatically imply accuracy.** Staff should use their professional judgement to assess whether they are able to communicate effectively with the woman

- **Are you taking someone from their role? How will you ensure this will not add to their workload?** Research has shown that staff can enjoy this dual role as they feel helpful (Patriksson et al. 2022) but that some staff can feel it as an obligation and sometimes burdensome, to always be available (Granhagen Jungner et al. 2018). Ensure that other staff members are considerate of this.

- **Ensure that this is not done on a regular basis, and that consent is gained from both sides**.

Staff should be aware of professional standards that they must uphold and ensure that they are acting in accordance with values and principles set out in their standards (for example NMC ‘Code of Conduct’, 2015). It is advised that only staff who are in a registered role such as a midwife or doctor act as an interpreter, as they will be covered under professional indemnity insurance. For example, a midwife who is a member of the RCM will have medical malpractice insurance benefits by virtue of their membership, and all NHS staff are covered through their NHS for Trusts (CNST) organisation under the Clinical Negligence Scheme

Interpreters ‘can facilitate communication, point out cultural factors, clarify important and ambiguous points, and overall make it possible for two people from different worlds to communicate the true meaning of their words’ (Nijad in Tribe and Raval 2003 p.79)

Maternity and neonatal staff need to consider factors such as ethnic background, membership of a political group, religion, sexuality, age and gender. Acknowledge intersectionality and that everyone has their own unique experiences of discrimination and oppression. Staff should consider everything and anything that can marginalise women and birthing people with protected characteristics.

Encourage staff to always ask if they are unsure thus always ensuring and enabling a personalised approach. Important considerations to consider when commissioning services include: .

- Woman may prefer to talk with an interpreter of the same sex, and some may refuse to talk with someone who is much younger.

- Each country can have hundreds of languages, ensure that staff ask what preferred language/s the woman speaks and can understand. This should be documented. Be aware that although some women may speak a language, they may not be literate (able to read) in that language.

- The woman or birthing person may not be aware of how maternity and neonatal services work in England, and this may need to be explained.

- Give importance and think about safe spaces particularly for those women who may be asylum seekers/ refugees/ or simply seeking sanctuary due to a threat of violence or persecution. Ensure staff communicate with compassion and reassure women that all conversations are confidential.

Professionalism and Safeguarding

High ethical standards, a duty of confidentiality and safeguarding responsibilities are mandatory in maternity and neonatal care and this duty extends to interpreters. Further information can be found under 'What is an interpreter?'

1. Interpreters should be trained annually in safeguarding both children and adults. All safeguarding training must be evidenced on request and be completed prior to any patient contact.

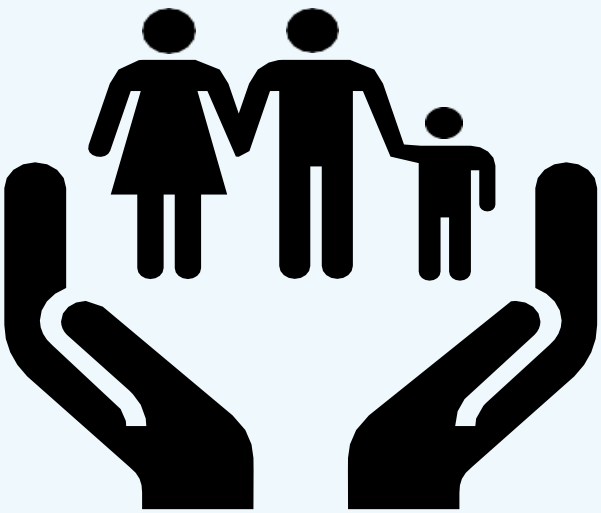
2. All Interpreters should be made aware of the Mental Capacity Legislation and how to support a person to make informed decisions.

3. Interpreters should introduce themselves to all parties at the start of their assignment and explain the purpose of the role (the Interpreter's Declaration).

4. The interpreter is present only to facilitate communication during the appointment. They should not be asked to undertake additional/ ancillary duties.

5. Ensure your local perinatal mental health and maternal mental health teams are offering language support services.

6. Interpreters shall always respect confidentiality and shall not seek to take advantage of information acquired during the appointment/consultation or as a result of their work. The duty of confidentiality shall not end on the completion of work.



Ensuring Staff can Provide Effective Communication Support – Top Tips

For staff to ensure that they provide effective and safe interpretation, they need to be supported with the right resources including time.

RESOURCES-

- Do staff have access to a phone or tablet that can reliably access language support services? Do they know the number to call? Ensure this is in place for all working in all areas of maternity and neonatal.

- Do staff have access to a number of resources that can support communication with a woman if an interpreter is not available (for example digital tools, translated information, or peer support)?

- Does your Trust have a language support service? If so, women should be encouraged to contact the team to arrange language support, or the midwife should offer and engage with this support.

KNOWLEDGE-

- Ensure that staff know where to keep and locate the equipment needed for interpretation.

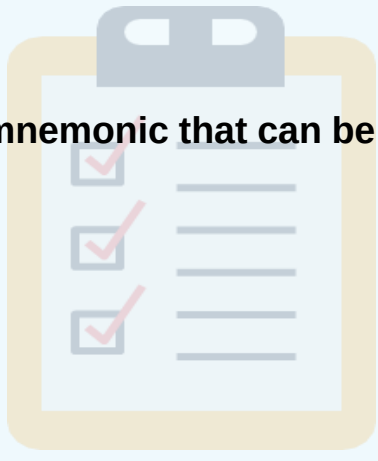
- Consider how women who need language support would access your service to self-refer or contact in an emergency. Ensure that staff share this at booking and include on your maternity and neonatal website. Consider links with third sector agencies so they too can share the message on how to make contact through an interpreter.

GOVERNANCE-

- Are staff aware to complete an incident report form (Datix) when language support services cannot be accessed. This can highlight a need for action by interpreting services.

ENVIRONMENT-

- Ensure that staff can maintain confidentiality by utilising a single room or meeting space.



APPENDIX 1 contains a useful mnemonic that can be displayed in all clinical areas.

Ensuring Staff can Provide Effective Communication Support – Remember the risk

If staff are not able to support women with the right tools and resources to enable effective communication, this is a significant risk

Staff need to be supported to escalate concerns such as: -

- A lack of appropriate resources available to provide interpretation
- Poor service from your interpretation/language provider, e.g. a lack of interpreters in certain languages or unprofessional behaviour from an interpreter used.
- Other members of staff not documenting that the woman requires interpretation services or highlighting it as a risk

There should be clear guidelines or policies in place on what to do when there are language barriers present. This guidance should include a process on how to escalate issues and safeguarding concerns.

By doing this, maternity and neonatal units will be able to identify gaps across their service and capture this on their risk register. The risk should be evaluated according to the likelihood of it occurring and the consequence to the maternity and neonatal services when it occurs. This allows senior management and governance teams to mitigate the risk by developing an action plan and reduce or prevent this as a risk.

Guidance for Maternity and Neonatal Staff

Personalised care is fundamental in maternity and neonatal care, and staff can only enable this to happen if there are no language barriers in place. Providing appropriate interpretation will ensure that women and families are able to be involved in their care and informed decision making. A failure to do so can lead to a lack of engagement from the woman and families who may feel unable to follow care pathways due to a lack of understanding and support. This in turn can contribute to a negative experience of maternity or neonatal care, as well as increase the risk of a poor outcome.

If language barriers are present, staff cannot be sure that they have identified vital information such as obstetric risks or safeguarding concerns without the use of a professional interpreter.

Maternity and neonatal staff should ensure that they have the capacity to assess a woman's language needs, as well as ensure that information has been provided to the woman in a way that she understands to ensure that informed consent can be achieved. The best way to do this is by asking the woman and remind her that she has a right to an interpreter at any time.

If this cannot be provided, concerns should be reported and processes followed to explore what steps can be taken to improve the service.

How to Provide Effective Interpretation

Booking an Interpreter

What Type of Interpreter do I need?

Top Tips (Risk, Community & Inpatient)

Useful Resources

How to Provide Effective Interpretation.

All women whose first language is not English should always be asked about their communication needs.

Please do not assume that because someone can answer most questions in English that an interpreter is not needed. You can ask gently. “If English is not your first language, would you like to have an interpreter for this appointment? This is your right and free and you can let us know at any point if having an interpreter would be helpful.”

Make it clear that whenever the woman does want an interpreter that one will be provided. Explain that there may be some complex conversations and decision making where basic language skills may cause difficulty in understanding. Reassure the woman that she can change her mind at anytime in requesting an interpreter.

Some women may decline an interpreter as they fear a lack of confidentiality. Reassure that professional interpreters always respect confidentiality and have to adhere to the same levels of confidentiality as hospital staff, and would be subject to disciplinary measures if they disclosed any identifiable information. Remember that some women may be particularly concerned about comprises in their privacy and confidentiality, especially if people from their local community are being used as interpreters (Shrestha-Ranjit et al., 2020). As before reassure the woman, and if there are any suspicions of confidentiality being breached make sure to escalate to all appropriate channels including the language service provider.

Language preferences and communication needs should be recorded in the woman’s record and shared with other services when the woman is referred on (for example to primary care services).

A highly visible alert within the woman’s pregnancy and medical records (both paper and digital) should be used to ensure staff are aware of the needs of the woman in time for them to book appropriate support or when accessing maternity care in an emergency or during out of hours (for example maternity assessment unit).

What Type of Interpreter Do I Need?

Face to Face?-

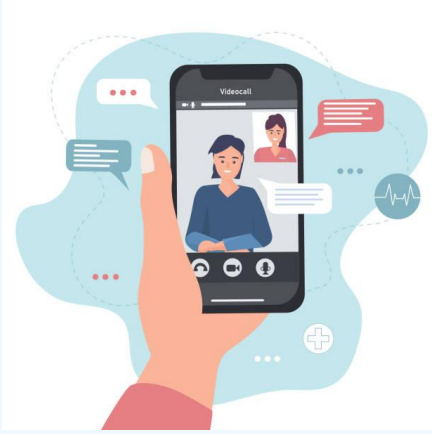
Face to face interpreters often need to be booked in advance and will come to your clinic/ward/the woman's home. It is recommended that face to face interpreting should be used for all detailed consultations especially the booking appointment or when discussing very complex or sensitive issues. You should allow yourself time before the beginning of the appointment to brief the interpreter and give a background to what is likely to be discussed during the appointment. You should ensure that you regularly 'check-back' to ensure the information has been translated correctly and that the woman understands. Also ensure that the interpreter feels able to check their own understanding and ask questions if necessary

Telephone?-

Telephone interpretation is often used during unexpected admissions/presentations or in the event of an emergency. They can also be used for brief appointments or any consultations that are short and not complex. Again it is still important to take the time to brief the interpreter on the nature of the conversation and 'check-back' understanding.

Video? –

Video interpreting can be useful when the woman is an inpatient or emergency care is being provided. It can help to provide some of the benefits a face to face session can give such as building trust and visualising non-verbal cues. It's important to make sure that the woman feels comfortable to use this service especially if she is in a situation that may make her feel vulnerable or exposed.



Booking An Interpreter

Although Trusts may use different interpreting service companies most will have access to a telephone and/or face to face interpreting services.

When booking an interpreter ensure that you have identified the correct language needed. For example, avoid confusing Portuguese and Spanish or if the woman is Chinese she may speak Cantonese or Mandarin.
Do not rely on a woman's country of origin to assume a dominant language: ask for her preferred language and clarify.

Duration of appointment - Estimate a realistic duration time based on language need, and give at least double that time, as all conversation needs to be interpreted.

Quite often when booking an interpreter for face to face appointments, leaving the duration time left blank is considered by language services to be for one hour (NICE, 2010) If you know you will need longer, specify that.

When booking face to face ensure you write the location of where they will be required. State precisely where the interpreter has to go to:

- Which hospital
- Department
- Where the department is (some clinics can be held in different locations)
- Name of the clinic or practitioner
- When pre-booking a video appointment you need to ensure the video link is added. Without the link the interpreter is not able to join the consultation.
- Time required and duration of appointment.

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In case the language support team or interpreting company need to query or amend a booking please leave a person to contact and extension number. This could be the person booking the form and able to liaise on the day, if need be.

Booking An Interpreter

When pre-booking a video appointment you need to ensure the video link is added. Without the link the interpreter is not able to join the consultation.

During the consultation tips:

Please check and record interpreter's ID badge

Please keep an eye on the time. If your clinic is running late, ensure that woman or birthing person needing an interpreter is called as close to the scheduled time as possible. This may mean seeing her before others. The interpreter will have other bookings and cannot wait.

Maintain eye contact with the woman or birthing person.

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Consider how you will manage a three-way conversation consultation. If you have the time, consider moving the furniture around. It's important that the woman feels safe and can see everyone involved in the appointment.

Ensure the interpreter is aware of any cultural matters that are relevant to the woman or birthing person. Avoid discussing issues with the interpreter that do not require interpretation.

Divide information into short chunks and pause for interpretation between sentences: this will help to ensure that interpreters remember and relate all the information that you need to communicate.

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Top Tips- Providing Effective Interpretation: Risk Assessment

Have you considered the risk???

"Risk assessment during the maternity pathway relies on healthcare professionals recognising a change in a pregnant woman/person's circumstances that may increase the level of risk. Risk assessments are undertaken during the numerous contacts pregnant women/people have with a team of healthcare professionals throughout the maternity pathway" (Healthcare Safety Investigation Branch, HSIB, 2023)

As already highlighted, if a woman experiences language or communication barriers, this can present a significant risk as she will be unable to engage with healthcare professionals effectively. This will have significant safety implications and can lead to to poor outcomes for the woman and her baby.

A risk assessment should be completed at every appointment or contact the woman has with maternity services (Ockendon 2020, 2022). This can allow the practitioner or team to identify new risks and escalate concerns ensuring the best possible outcome for the woman.

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Top Tips- Providing Effective Interpretation

Although it can be quicker and seem easier to use family members and friends, this option should not be used. Reasons for this include: -

- it is unclear if the family member has language proficiency to translate medical terminology successfully.
- There may be safeguarding concerns with family members/ friends.
- Women may not feel comfortable discussing personal information with a family member or friend.
- Research illustrates that informal interpretation increases the incidence of misunderstanding.
- Children may not be used on any occasion. There may be sensitive issues that the woman will not feel comfortable disclosing in front of her child/children, and this can also have a negative effect on the child being asked to translate (Shrestha-Ranjit et al., 2020).

Remember that the interpreter that you are using may be from another country, so you may need to explain what a Midwife is or GP for example.

Google Translate should be avoided in healthcare settings as there is no assurance of the quality of the translations (Gov.UK 2021; NHS 2018). Google Translate has only 57.7% accuracy when used for medical phrase translations.

We do not recommend the use of 'Google Translate' in **maternity or neonatal care or for clinical conversations due to concerns over communication errors (for example translating 'cervix' to 'neck'). If you have to use it, document the reasons why and complete a DATIX. Use with caution, and never to make clinical decisions.**

Top Tips- Providing Effective Interpretation: Community

Consider how women who need language support would contact in an emergency. Ensure this is shared at booking and the woman is aware of where to escalate any queries or concerns.

It is recommended to use face to face interpreting services for all complex conversations including the booking and birth talk at the 36 week appointment. It is often cheaper to have face to face meetings with appointments over an hour long.

The remainder of the appointments can use telephone interpreting services, but you need to ensure you have access to a phone, a good signal and a quiet space.

Ensure at booking women know how to contact maternity and neonatal services for both appointments and in an emergency. These numbers should be highlighted.

Add to the woman's record what language they speak and be specific. This will help if they call an assessment unit or to change an appointment and the administrative staff or midwife need to call them back.

For all consent forms, ensure that the interpreter co-signs all consent forms. Otherwise, they will not be considered valid as it cannot be shown that informed consent was gained. If consenting over the phone, please document the interpreter's ID number and full name.

Is the woman having a scan or blood test? Ensure an interpreter is available to gain consent and explain procedure and if appropriate, the results.

If the woman is having a homebirth consider utilising a dual role doula (if available in the area)/interpreter. Pre-plan to ensure that someone is present for birth, that is a native speaker and ensure that there are no safeguarding concerns.

Top Tips- Providing Effective Interpretation: Inpatients

Do you have access to a phone on your ward? Is it charged?

Do other staff know where it is located or how to access an interpreter in the event of an emergency?

Is the woman likely to be remaining on the antenatal ward for a long period?
Consider the following points:

- Has the woman missed their antenatal classes? If so and your Trust are running these, ensure that she can gain access **(see best practice section for ideas on how)**. If this option is not available, utilise a telephone or face to face interpreter to run a session with her/them.

- **Prepare-** Think about ward rounds when obstetricians, anaesthetists or other specialist staff may need to see the woman. If possible, ensure a video or face to face interpreter has been pre-booked for complex discussions such as delivery options, change in care management or safeguarding issues.

Consider any conversations where the woman may need to provide written consent, so that you can prepare the form in advance.

Do you need to share information that can be upsetting? If possible, try to pre-book a face-to-face interpreter for this. If possible, find a private room.

Mental ill health

As with all services, women and birthing people can access talking therapies and perinatal mental health support in other languages. This will be either through an interpreter or where possible a multilingual staff member. It is helpful to ensure that it is well documented that an interpreter will be needed and what language is required when you do refer someone.

Please see **“community support”** for services available throughout London

Providing Effective Interpretation- What to do in the absence of an interpreter.

It's 03.00 am Sunday morning and a woman presents in pain to the labour ward. She is on her own and her notes indicate that she does not speak English. You identify that her language is Nepalese, however a call to your language services informs you that there is no interpreter available. No members of staff can speak this language and she is becoming more distressed.

What do you do?

We recognise that these situations can happen on a normal day, what is important is that you as a healthcare professional explore all tools and resources available to ensure that effective communication is possible.

If there is no interpreter available either face to face or by phone/video call make sure that this is DOCUMENTED in the woman's notes, giving an explanation of what you have tried to do to provide interpretation.

In the meantime, assess the situation. Is this an emergency situation that needs urgent action? If so, it is important that you have some form of communication with the woman to ensure she has some understanding of treatment or care being provided.

Think about what other resources are available?
- Translated leaflets/ webpages
- Translation technology such as CardMedic, Recite Me and Google Translate

Be aware that we would not normally recommend these tools to provide first line interpretation, however it is recognised that they can be helpful initial communication tools and should not be relied on for important medical communication (Patil and Davies, 2014; Khoong, et al., 2019). (Please see **Providing Interpretation Top Tips**)

Following the event, it is important that once an interpreter is available, then one should be provided to ensure the woman has understood what has happened and also confirm any important information such as medical history.

We advise a **DATIX** is completed every time a woman is not provided with an interpreter so that the trust can identify areas of improvement as well identify ongoing risks to their local population.

Useful Resources to Support Effective Communication

MAMA Academy
Online link to regularly updated translated documents related to the perinatal time.
https://www.mamaacademy.org.uk/professionals-hub/midwifery-resources/multilingual-resources/

Padlet:
Produced by the South East Clinical Network, Charlotte Easton. This contains many links to both written and video translations.
https://padlet.com/charlotteeaston1/Bookmarks

Papillon Translations and Surrey Heartlands' Local Maternity and Neonatal System:
Using current information on the NHS website, the leaflets and the app provide written and audio information in Dari and Pashto, as well as English.
https://www.southeastclinicalnetworks.nhs.uk/translations/

Acacia:
Resources and links to translated documents and support
https://www.acacia.org.uk/bame/mums-dads/

Resources for practitioners and training:
These 5 films have been developed directly from the experiences of health care practitioners, interpreters and migrant service users.
https://www.gla.ac.uk/research/az/gramnet/research/trainingmodel/resources/

Maternity Action:
Has translated documents, useful information about maternity rights of those applying for asylum or refugee status, employment rights, training for healthcare professionals and more. https://maternityaction.org.uk/

General Medical Council:
Decision making and consent
https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent

How to register with a GP leaflet
https://assets.nhs.uk/prod/documents/how-to-register-with-a-gp-asylum-seekers-and-refugees.pdf

Guys and St Thomas's NHS Foundation Trust

Midwife Practice Leader for antenatal classes and clinic, Blanca Rodrigo-Ibanez, realised that there was a missed opportunity to support women who face language barriers in maternity care. With support she was able to ensure that classes could be offered to women who speak any language needed.
Antenatal Classes are run with use of a face to face interpreter.

Blanca organises these classes and reminds community midwives to refer women from as early as booking to allow the interpreter to be booked but also to allow for more women who may speak that language to join. The Trust has supported many languages such as Arabic, French, Spanish, Mandarin, Tigrinya, Farsi, Albanian, Portuguese, and Polish. This went to online when COVID impacted the ability to host face to face classes.

Manor Gardens Centre / Whittington Hospital

A team of midwives worked with the Manor Garden Centre to deliver an "Interpreting in Maternity Services" course. Women, who were speakers of other languages, were recruited to the course from the local community who were trained as volunteer Health Advocates.

These volunteer Health Advocates were trained in understanding the role of the midwife, the process of maternity care from booking to postnatal care and key terminology and definitions used by maternity care professionals.

After completing their training, they were able to provide help and support to non-English speaking women. This project is understood to have been discontinued, but could be replicated elsewhere, although some form of recompense to Health Advocates would strengthen any similar future projects.

Kings College Hospital

Octavia Wiseman, a midwife and researcher based at King's College Hospital, devised Spanish Parent Education classes ('Taller Prenatal') in 2014.

The programme is a series of five 1.5-hour sessions (Healthy Pregnancy, Early Labour,
Active labour & complications, Infant feeding, Looking after your Baby). Sessions are informal and women are invited to ask any questions they have, regardless of the topic. Women are signposted to printed resources in Spanish and invited speakers are welcome, whether to talk about Chagas, discuss pelvic floor disfunction or to do a relaxation session etc.

The success of the Spanish classes led to King's developing a one-off 2-hour Parent Education session in Portuguese delivered by a Portuguese midwife. Both language sessions are offered to women across King's and Lewisham & Greenwich hospitals. Octavia has now been commissioned by the SEL Local Maternity and Neonatal System (LMNS) to build on this work, developing a foreign-language Parent Education programme in up to six languages which will be offered across South East London. The sessions will take place online and where possible delivered by native speaking midwives. The sessions will include the usual content for Parent Education but will also focus on signposting to services and local support, maternity rights and community building.

Octavia Wiseman, is happy to be contacted should you wish to ask any questions: octavia.wiseman@nhs.net

North Middlesex University Hospital

The language board was the brainchild of both Karen Archer and general manager Jennifer Walker. They were having issues and delays getting hold of translators via 'Big Word' (Translation Company who have a contract with the trust) which was becoming increasingly frustrating for staff. The local community they serve is multicultural with a vast number of languages spoken.
They decided that they needed to devise a way to be able to assist with language translation in urgent or emergency circumstances, hence the start of their language board.

All staff were asked to list languages they spoke fluently (either their mother tongue or a language they have a qualification in), they made tabs detailing all the languages spoken and created a language log directory with staff's names.
Each day staff add/remove languages to the board as they come/leave each shift. The language directory hangs beside the board so that staff are able to check and see which staff are on who can help/assist with translation.

This is not to do away with the translation service, 'Big Word' provide, it is to help staff and patients in the initial instance, it has become a valued aide when working in the department. They have even found languages that are not even available via 'Big Word'.

For further information please do contact Karen Archer, Deputy Service Manage at karen.archer1@nhs.net

Psychological Therapies in languages other than English

Please note that all NHS psychological therapy services are obliged to provide an interpreter for people who are not fluent English speakers. This includes counselling services offered by GP practices as well as IAPT or other mental health services

Iranian and Kurdish Women's Rights Organisation (IKWRO) offers counselling in Farsi, Kurdish, Arabic and English. This is for women who have experienced gender-based violence (honour/FGM/sexual assault/domestic violence). All the services are free of charge, although they are subject to a waiting list. https://ikwro.org.uk/counselling/

The Multi-Ethnic Counselling Service (MECS) is for refugees and asylum seekers who live in London.

Please visit https://waterloocc.co.uk/mecs-referral-form/ for latest information and making referral. Self-referral and referral from agencies are also accepted.

Perinatal Positivity is an animation and postcard that was created to promote awareness of perinatal mental health with a positive message of recovery. It uses the real voices and experiences of women and men who have had mental wellbeing difficulties around the time of pregnancy, childbirth and beyond.

It was co-produced with support from a perinatal mental health project team including Louise Nunn (Consultant midwife) and Louise Page (consultant obstetrician) both from Chelsea & Westminster Hospital Trust. Since the success of the animation and website resources, it became clear that translated resources were needed to improve access as a language barrier is one of the key contributors to disparities in accessing services.

These are freely accessible and I in 19 languages: Access here: https://perinatalpositivity.org/

Community Groups

PACT:
Spanish speaking group for women in Southwark
https://www.pact-citizens.org/whats-on-offer/espacio-mam%C3%A1/

Maternity Mates:
Maternity Mates is open to pregnant women living in Newham, Tower Hamlets or Waltham Forest who do not have a suitable support network or have specific needs or healthcare issues, such as women who do not have a good command of the English language.
https://whfs.org.uk/index.php/what-we-do/maternity-mates

Newham Nurture:
Newham Nurture is a community partnership with NCT, Alternatives Trust, The Magpie Project and Compost London. The programme supports women through pregnancy and up to two years after birth from low income, migrant and marginalised backgrounds experiencing financial hardship and disadvantage.
https://www.nct.org.uk/about-us/community-support-programmes/newham-nurture

Happy Baby – multilingual doulas:
The Happy Baby Community provide a friendly and caring community that is online, over the phone and where possible, in person. With group meetings that have activities for both children, babies and adults, English lessons, emotional and welfare support, yoga classes, education and support around birth and infant feeding, baby massage classes, wellbeing and welfare support, including social phone calls for company. The service is open to asylum seekers, those in receipt of section 17 support or no recourse to public funds.
https://www.happybabycommunity.org.uk/referrals

Doulas without borders:
Doulas Without Borders is a UK wide network of volunteers offering accessible, grassroots services to women and childbearing people experiencing multiple disadvantage and financial hardship during pregnancy, birth and early parenthood. (Currently paused)
https://www.doulaswithoutborders.com/referrals

HELLO

H

Hour or More

Ensure there is dedicated time for the midwife or obstetrician to support the woman or birthing person. This may mean prioritising those with an interpreter in a over-running clinic

E

Equipment

Each area will need equipment that allows them to contact language support services. This could be a telephone or iPad. Easily charged and found in an emergency. Also think about mobile reception and internet access.

L

Language

It is important that staff know what language is needed, including BSL. Ensure ALL staff within maternity know how to access interpretation services and have training. Ask what language the woman or birthing person prefer – as this may be different to country of birth.

L

Law

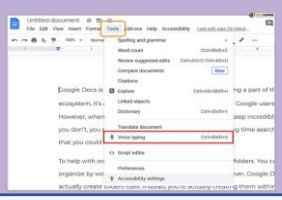
Women and birthing people are entitled to access language support services. Using family members is not safe or legal. No consent is given if not understood.

O

Out of Hours

How can your service support language barriers when there is an emergency? Have guidelines or pathway to ensure all staff working in maternity know who, how and when to access language support services.

Examples of Digital Tools (please note these are not recommendations but examples used across London)

SYSTEMS	DETAILS	LINKS
Attend Anywhere 	An interpreter joins in a video appointment through Attend Anywhere®, and Microsoft Teams (both approved as confidential).	https://england.nhs.attendanywhere.com/
Language Line 	Language Line InSight Video Interpreting® uses a video that is on wheels for ease of access and the ability to move to the area where it is needed	https://www.languageline.com/uk/interpretation/video-remote
CardMedic 	CardMedic encompasses an A-Z collection of digital flashcards accessible via smart phone, tablet or desktop. Written by clinical experts.	https://www.cardmedic.com/
Communication Cards 	These can be used in an emergency situation where a delay in accessing an interpreter is preventing you from communicating with a woman or birthing person. These have been translated into 25 different languages	england.london.maternitycn@nhs.net
Read-Aloud 	Text To Speech, is a chrome extension that converts text online into natural sounding audio.	https://chrome.google.com/webstore/detail/read-aloud-a-text-to-spee/hdhinadidafjejdhmfkjgnolgimiaplp?hl=en

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