

# “Hang on a minute, pass me back the phone - she’s having a contraction”: Midwives’ experiences of using healthcare interpreters when providing maternity care.

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## Background

Language discordance—where healthcare professionals and their clients do not speak the same language, poses significant challenges to providing effective clinical treatment and quality care. In a 12-month retrospective analysis of healthcare interpreter use at the Bankstown-Lidcombe Hospital, 15.7% of episodes of care were identified as requiring an interpreter yet in only 3.7% of these episodes was a healthcare interpreter actually provided. Women who were younger and admitted to hospital for childbirth were more likely to receive an interpreter.<sup>2</sup>

Engaging accredited healthcare interpreters improves client satisfaction and outcomes, yet even when interpreters are available, there is variability in their use with some healthcare professionals choosing to utilise family members over accredited interpreters. Understanding the experiences and preferences of midwives when providing care to these women may help build capacity to respond to language needs and thus reduce healthcare inequalities.

## Aim

To explore midwives’ experiences of using healthcare interpreters when providing maternity care.

## Method

**Design:** A sequential exploratory mixed-methods study was undertaken with nurses and midwives at Bankstown-Lidcombe Hospital in 2018.

**Participants:** Convenience sampling of nurses and midwives working in the study setting. Participants were approached during staff in-service.

**Setting:** Bankstown-Lidcombe Hospital is a principal referral hospital located in a culturally-diverse Local Health District with 38% of the population born overseas, and 60.3% speaking a language other than English at home.<sup>1</sup>

**Data collection:** Semi-structured focus group interviews were undertaken to explore nurses’ and midwives’ experiences of using healthcare interpreters when caring for patients. Five focus groups were conducted using an interview guide and prompts. Interviews ranged from 30 to 57 minutes, were audiotaped and transcribed verbatim.

**Analysis:** All authors manually analysed the transcripts thematically using an inductive approach. The themes were revised and refined until consensus was reached. The findings of the two focus groups with midwives are reported here.

## Findings

A total of 10 midwives from the antenatal clinic, postnatal ward and birthing unit participated in two focus groups. The analysis yielded three themes: ‘too little, too much’— navigating the balance between providing enough information to women and their families when interpreters were available but at the same time, not overwhelming them. Midwives spoke about overwhelming women with information because they had to make use of the interpreter when they had them.

The theme ‘planned, unplanned’ was also evident—the challenges when using interpreters when not pre-booked, especially in the birthing unit.

The final theme was ‘trust, mistrust’—the need to be able to trust that the interpreter had correctly conveyed what the midwives said.

## Conclusion

Despite the availability of accredited interpreters, midwives still reported significant communication challenges when providing care for women. These challenges were most pronounced in the birthing unit due to the difficulty predicting when an interpreter would be needed, not always being able to access a female interpreter and often having to rely on telephone interpreters. Findings from this research will guide future initiatives in developing a nurse focused education package in working with interpreters. This education package will have a significant impact on the care delivered to Culturally and Linguistically Diverse patients within South Western Sydney LHD.

### Acknowledgements

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### References

1. South Western Sydney Local Health district, n.d. *Bankstown Lidcombe Hospital Operational Plan 2014-2018*.
2. Blay, N, Ioannou, S, Seremetkoska, M, Morris, J, Holters, G, Thomas, V & Everett, B 2018, ‘Healthcare interpreter utilisation: analysis of health administrative data’, *BMC Health services Research*, 18(1), 348.

## ‘Planned, Unplanned’

‘Um Maternity is a bit unpredictable in that women are coming in spontaneously in labour or with decreased fetal movements, but we do as much as we can in the clinic while we’ve got an interpreter sitting there, so that they know the processes’.

‘... we could be looking after (a woman) all day and we only get an interpreter for half an hour. So The rest of the time we’re just trying to show her how to breastfeed, using our hands and our gestures and hoping that she’s understanding’.

## ‘Too little, Too much’

‘.....We’ve got the interpreter now, we have to ask them everything. So then it becomes a bit overwhelming, particularly for a woman in labour because she hasn’t even started to think epidural, ... When really, if it was anybody else, we wouldn’t be asking the same thing, in that moment’.

‘...she’s bombarded with information because we’re so eager to tell everything ... It’s also very hard at birthing unit because again she’s labouring and you can’t have an interpreter on the phone or physically in the room all day’.

## ‘Trust, Mistrust’

‘They’re having other conversations in between and I had to - at one point I’m - what is she saying, what are you saying? The question wasn’t that long. You need to tell me what she’s saying so I can answer it... But that was a bit uncomfortable. I had to stop that and say, hang on, what is she saying’.

‘When you ask the interpreter the question, they’ll try and answer for the woman before they’ve even asked the woman a question, assuming that they know what the answer will be. and I just think that that adds another layer of pressure for the woman as well’.

‘You lose the emotion as well...because you’ll ask a question, and if it’s an English-speaking woman you’ll get straight back her answer unfiltered with her emotion attached to it... You don’t get the inflections and how she said that, all you get is the exact words’.

## Three - Way Trust Triangle



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