Hear me

Women who do not speak English are 25 times more likely to die in pregnancy, birth and the postnatal period. One midwife has made it her mission to find out why

My name is Maria Rowntree, and I have been a community midwife for eight years. It is an honour and a privilege to be someone who supports women and birthing people through their pregnancy journey, the occasional home birth and the postnatal period.

I have always been passionate about inclusion. I believe that in providing women-centred care, each engagement will be different as you are tailoring the care and being led by the woman's individual needs. Understanding both the social and physiological factors that may affect care or outcomes is what community midwives are skilled in. We are working within the woman's community; we are invited into their homes and trusted with some of the most intimate and personal information.

It is the understanding of how social factors can impact pregnancy and birth outcomes that has fuelled my passion for inclusive practice. There is so much emphasis on clinical procedures, pharmacology, holistic therapies and healthy lifestyles, but very little focus on how the care we provide sometimes excludes those who are not the majority.

During my time as a midwife, I began to realise that women who do not have English as their first language often had poorer experiences. The stories I heard and the evidence I found highlighted that women were not fully informed of choices, not giving informed consent to procedures, and not provided suitable access to important information to ensure a safe and healthy pregnancy. Family, friends and even children were being used in the place of professional interpreters. This is a national issue and is happening in most NHS Trusts and Boards.

Informed consent is a legal requirement of care and should come directly from the woman

Shocking disadvantages

Even though they are only 0.2% of the female population aged 16 to 49 (Office for National Statistics, 2021), non-English-speaking women represent 5% of maternal deaths (MBRRACE-UK, 2023): that's 25 times that of their English-speaking counterparts (according to my baseline data uncovered during the fellowship). A rapid review of intrapartum stillbirth carried out by the Health and Safety Investigation Branch found that 43% of cases were in women who did not have English as their first language. A freedom of information request by Maclellan et al suggests that of the recommended 13 to 16 maternity contacts for primiparous and multiparous women, interpreters are only accessed on an average of three occasions. There is guidance from the Government (the *Language Interpreting and translation: migrant health guide*) and NHS England (*Guidance for commissioners: interpreting and translation services in primary care*). Both state that a professional interpreter should always be offered and children should never be used as interpreters.

In many research articles, policies and guidelines, the reasons friends and family should not be used are often listed; however, a factor that is often overlooked is the issue of vicarious trauma to the family member when they are used as the interpreter. Their role changes from being a support to the woman to supporting both the woman and the practitioner. This puts them in a difficult position and affects their ability to help the mother make informed choices and give informed consent. Informed consent is a legal requirement of care and should come directly from the pregnant person unless in extreme circumstances – a fact that is often forgotten when not using professional interpreters.

The project

I wanted to improve the engagement with professional telephone interpreters to benefit women who did not speak English. I had an idea for a project but was unsure how to get it off the ground. Fortuitously, I came across the Dame Elizabeth Anionwu Fellowship of Inclusivity for Nurses and Midwives. The main criterion for the application was to create a change project at local level, providing background on why this change project was needed and the intended impact on care. I had all the background information and had read so much evidence already that the application almost wrote itself.

Initially I wanted to create a small credit card-sized tool that would fit on a lanyard and hold all the relevant information for accessing an interpreter, including the codes for the 10 most used languages at Trust or Board level. I created a survey for maternity staff to ensure that what I planned would be seen as useful. The

Inspirational speaker and leader Dame Elizabeth Anionwu

THE DAME ELIZABETH ANIONWU FELLOWSHIP OF INCLUSIVITY

The Fellowship was the first of its kind, and I was one of the first to receive it. I knew that I would get support and guidance to create my change project, and that was enough for me to consider the seven hours travel each day I attended. I hadn't realised all the other benefits. We had inspirational leaders such as Dame Elizabeth Anionwu, Joan Myers, Ruth Oshikanlu and Janet Fyle, among others. We would start each session with a semi-structured talk or discussion topic and watch a short presentation. Then the majority of each lesson involved discussions with Professor Calvin Moorley, the fellows and the guest speaker on the topic and learning from each other. We discussed ways to implement the learning or situations where that knowledge would have made a difference to how we dealt with scenarios.

Although that is a very basic description of the structure, it was far deeper than that. We began to understand the structure within the NHS, how to implement change, how to use language in ways to include colleagues and patients, how to effectively demonstrate inclusion, and how to identify and address situations of discrimination. We also were taught how to understand our own qualities and skills and how to share those in ways that benefit all. We also completed action learning sets, where we would present a personal professional issue or problem and address it together with the other fellows in a structured and guided way. I learned that it is okay to 'rock the boat, but remember to stay in it'.

Each day I attended (and I didn't miss a single session), I would leave in awe of who we met and inspired beyond belief. I believed I had found a place where my passion fitted and no longer felt I wanted to leave the profession. Participating in the fellowship helped me see a new career path – now I barely mention retirement and feel I am at the beginning of a new journey, hoping to start a PhD in health inequalities next year.

responses to the qualitative questions highlighted issues such as the need for training, best practice, suitable phones, difficulties accessing interpreters or a lack of female interpreters – and so my project evolved.

I also wrote step-by-step best practice guidelines:

- Request same-gender interpreter (usually an option after dialling)
- Introduce yourself and the situation to the interpreter
- Ask the interpreter to introduce themselves and you to the service user
- Check the dialect is correct for them (this is to simplify the process by asking each time, rather than trying to remember which languages have different dialects)
- Explain that the conversation is confidential, uses a professional interpreter and is at no cost to the service user
- Ask the interpreter to relay everything you say
- Check the service user consents
- Use simple English and avoid medical jargon
- Speak directly to the service user, keeping eye contact (you are relationship building)
- Give enough time to relay the conversation.

I took part in a video showing the use of telephone interpreters and the best practice guidance, which will be viewed by all maternity staff on their mandatory training. I was also successful at highlighting the issue of suitable telephones and new ones were provided for each area.

What have I learned?

Before joining the fellowship, I felt my time in midwifery was drawing towards retirement. Midwives have faced many challenges – the issues around staff shortages, COVID-19 and pay have taken its toll on many of us, when we simply want to be able to provide safe and effective women-centred care and to not spend our days off worrying about what the next shift may bring.

I felt that the issue I was trying to address was not fully understood and I

IMAGES: ALAMY/ISTOCK/GETTY/SHUTTERSTOCK

lacked the knowledge and skills to address it in a meaningful way. I felt that my passion did not fit into the overstretched and understaffed system in which I worked. I could not see another way out and I couldn't imagine not being a midwife. So retirement felt like my only option.

The fellowship and Dame Elizabeth Anionwu herself made me realise that passion doesn't have a retirement age. I am grateful I never gave up. I am grateful I didn't stop trying to get this issue seen and that I now have knowledge, skills and power to keep pushing this issue and get everyone talking about it.

Those women, their babies and their families all deserve to be heard, understood and cared for.

HEAR ME: A POEM

I put together a poem of real stories, each verse representing a different woman's experience when facing the language barrier.

You don't know if I'm safe in my home.
You don't know if I have freedom to roam.
How can I explain I experience harm?
How will I know when to raise the alarm
If you talk to my abuser to hear me?

You haven't involved me in choices of care.
Not attended appointments, didn't know when or where.
Seen the doctor and didn't understand the plans.
Not sure what these pills are in my hand.
You've explained to my child and not me.

I've questions and don't know the language to ask.
I've fears but you can't see beyond my mask.
Intimate issues I need to discuss,
I've come with a person I don't really trust.
When you speak to my neighbour and not me.

I want to know about birth, what to expect,
Need to know I'll have proper care and respect,
To understand my choice and make my birth plans,
When I call the hospital to know they'll understand.
But you've spoken to my partner and not me.

I'm nervous and don't know what lies ahead.
My experience of birth just fills me with dread.
I don't understand what you tried to explain.
My informed consent hasn't been obtained,
When you ask my husband and not me.

For when I am hungry, thirsty, or low,
Without an interpreter, how will you know?
If I am in pain or petrified by fear,
How will I know your concern is sincere?
If you talk through my family to hear me?

MORE INFO

To listen to The MAMA Podcast on Spotify, visit bit.ly/MAMApodcast

For more on Maria Rowntree's research, visit her profile on X (formerly Twitter) at bit.ly/MariaRowntree-tweet

Members of the Dame Elizabeth Anionwu Fellowship of Inclusivity