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Midwives' dilemmas surrounding the use of informal interpreters with non-English speaking patients

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Background

Non-English speaking patients (NESP) face higher maternal mortality rates than English speaking patients in the UK. Disparities faced by NESP can be related to the provision and use of both formal and informal interpreters (FI and II).

Previous scholarship has showed the impact of language barriers, and their resulting poor communication through the use of II, on maternal deaths (Knight et al, 2021). II comprise of patients' family members, friends or carers interpreting for patients. The use of II is not generally recommended by Public Health Scotland (PHS) due to concerns including: inaccurate interpretation, filtering of information, loss of confidentiality, conflicts of interest and reduced safeguarding (Lewis et al, 2007). Therefore, the National Institute for Health and Care Excellence (NICE, 2010) supports the provision of formal interpreters (FI) in antenatal care (ANC). FI are recognised to facilitate effective communication, which is indicated to be a prerequisite for high quality ANC by patients, health care professionals and policymakers (Hollowell et al, 2012; Henderson et al, 2013).

In Scotland, NHS patients are entitled to FI throughout their ANC. However, utilisation of II is evident in maternity services (PHS, 2020; SANDS, 2016). A survey across the UK identified that 17% of professionals generally used II, and 16% never used FI (SANDS, 2016). II prevalence demonstrates the need for evidence to understand the role of midwives' on their use.

The proportion of births to migrants in Scotland has increased annually, with the number of births to non-UK born parents rising from 14% in 2009 to 17% in 2019 (Lowe, 2020). The links between unmet interpretation needs and rising demands for interpretation, demonstrates the necessity for strategies to reduce existing disparities faced by Non-English speaking patients.

Key Points

- This study found that midwives' play an active role in the use of informal interpreters (II) - their attitudes, presumptions and common practices influenced II uptake and several factors of their use.
- Systematic shortage in FI (formal interpreter) services lead to II being used, mainly for pragmatic reasons.
- Some midwives used II more often than formal FI or patients' own limited English.
- Use of II created ethical dilemmas for midwives due to their overall preference for FI.
- The use of II raises questions on the process of gaining consent.

List of terms

ANC - Antenatal Care

II - Informal Interpreter

FI - Formal Interpreter

NESP - Non-English Speaking Patient

The study

This briefing paper is based on a study exploring midwives' perspectives on their role in the use of II in ANC. The study conducted a literature review alongside 10 semi-structured interviews with midwives which were conducted during 2022 by Annie Ramsay-Stagg, who also analysed the interviews thematically.

Key Findings

Themes from the study were largely centred around midwives' discussion of II in comparison to FI.

II vs FI desirability

II Advantages

- II held an advocacy role on behalf of the patient, which aided midwives' ability to understand NESP needs. Midwives also appreciated that closer relations between patients and II were present than is the case between patients and FI. Overall, midwives identified that the positive aspects of II could help to build stronger relations between midwives and patients.
- Familiarity with II facilitated patients' abilities to feel at ease and disclose information to midwives.
- Pragmatic advantages of II included the prevalent barriers in FI engagement, including greater availability and reliability, alongside having no financial implications compared to FI.

II Disadvantages

- Midwives highlighted feelings of mistrust in the accuracy of interpretation of II. Participants felt that inaccuracies arose from II limited knowledge of medical language, emotional involvement with patients alongside their potential for omitting or adapting interpretation to meet their own agendas.
- Midwives deemed inaccurate interpretation to be harmful to relationships between patients and midwives, resulting in diminished trust due to patients feeling uninformed.
- Midwives often requested II to repeat translations, which midwives acknowledged could sometimes lead to risks of hostility and relationship breakdown with the II, but they also saw this as part of their duty to provide safe care, which outweighed potential feelings of enmity.
- Midwives expressed concerns about patients' increased vulnerabilities due to their inability to disclose concerns through II, therefore limiting midwives' abilities to safeguard patients.

FI Advantages

- FI were considered to be more impartial and accurate in their interpretation than II. Midwives placed greater trust upon FI, and considered that FI's professional responsibilities certified a high standard of impartial interpretation.
- Midwives felt that the greater confidentiality patients could experience with FI than II resulted in an increased ability for midwives to safeguard patients from harms.

FI Disadvantages

- Institutional shortcomings of FI services largely resulted in II reliance. Challenges included poor availability and attendance of FI, and difficulties in connecting to patients virtually/remotely.
- Midwives considered the inability of virtual/remote FI to convey emotions and tone of voice, and felt that this had a negative effect on their relationship with patients.
- Midwives deemed poor continuity of consultations in the presence of an individual FI to be detrimental to the development of trusting relationships with patients.
- Disrupted communications hindered midwives' abilities to create calm environments, and the resulting stress steered participants towards the use of II.

Midwives' roles in the use of II

The study exposed midwives' active role in II use, whereby their attitudes, previous experiences and common practices influenced II use. Whilst midwives were acutely aware of the need for adequate interpretation provision, not all of the recommendations surrounding interpretation set out by Public Health Scotland (PHS) were always implemented. This appeared to result from a lack of understanding of recommendations among midwives, alongside pragmatic challenges which impeded implementation of recommendations. Significant divergence from these recommendations included:

- Prevalent use of II during unscheduled and emergency care, whereas FI were used more during pre-arranged ANC. This care provision was largely driven by pragmatic influences related to the challenges of arranging for a FI, and midwives deemed this to be inequitable.
- Use of child II despite midwives' feelings of discomfort alongside awareness of challenges including inaccurate interpretation, and inappropriateness of discussing certain issues.

The need for stronger practices of gaining consent from patients surrounding the use of II

Midwives hold the responsibility to gain informed consent prior to taking any action (NMC, 2018). The study identified the need to develop practices surrounding consent for the use of II, as patients' preclusion from full participation in their care through provision of explicit consent for II was evident in the study.

- A minority of the midwives interviewed gained consent from the patient for use of II. The majority felt that implied consent was adequate, through patients' inviting II to appointments or declining FI.
- Several of the midwives interviewed stated that it was generally the II who declared patients' wishes to use II, rather than patients directly expressing their wish to use an II.
- As part of the consent process for interpretation, several midwives attempted to discuss the adequacy of II translation with patients. These discussions largely focused on the benefits of FI, taking care to not dismiss the linguistic abilities of II.

Ethical dilemmas from midwives' viewpoints

Throughout the interviews, midwives recognised ethical dilemmas as they expressed conflicting emotions surrounding II. Challenges arose from II being considered by midwives to be less desirable than FI.

- Patients' willingness to use II challenged midwives' perceptions of FI being regarded as best practice, alongside an awareness of pragmatic challenges of arranging for a FI on II use.
- Midwives' greater confidence with FI led to ethical dilemmas when their personal desire to use a FI was suppressed by their professional responsibility to respect patients' autonomy to choose an II.
- Participants felt that NESPs not using a FI receive poorer care than English-speaking patients.

Policy Implications

The research findings have implications for policy and practice:

- NHS organisations must strengthen interpretation infrastructure and financing, to increase reliance on FI over II, and reduce the communication barriers and subsequent inequities faced by NESPs.
- Continuous evaluation of interpretation services should be completed by NHS organisations. NESPs and FI should be consulted on their experiences to inform service improvements.
- Professionals' awareness of recommended practices regarding interpretation would be heightened through the financing of education and dissemination of interpretation and translation policies.
- Creation of interpretation protocols and forms for practitioners may facilitate practices surrounding discussion and consent of interpreter provision, alongside formal documentation of this process.
- Collaborative development between maternity and interpretation services could improve continuity with FI, which aligns with maternity care moving to a model of continuity. A campaign to ensure that professionals highlight interpretation needs within patient records may raise FI continuity.

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