


Cultural Competence in
Maternity Care
Findings on Communication

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A photograph of a man with dark hair and a serious expression, wearing a yellow t-shirt, holding a baby in a blue shirt. The man is looking off to the side. The baby is seen from the back, wearing a blue shirt and a grey diaper. The background consists of light-colored, patterned curtains and a yellow wall.

- Significantly higher than average rates of maternal mortality and morbidity amongst some groups of ethnic women in the UK (Knight et al, 2009).

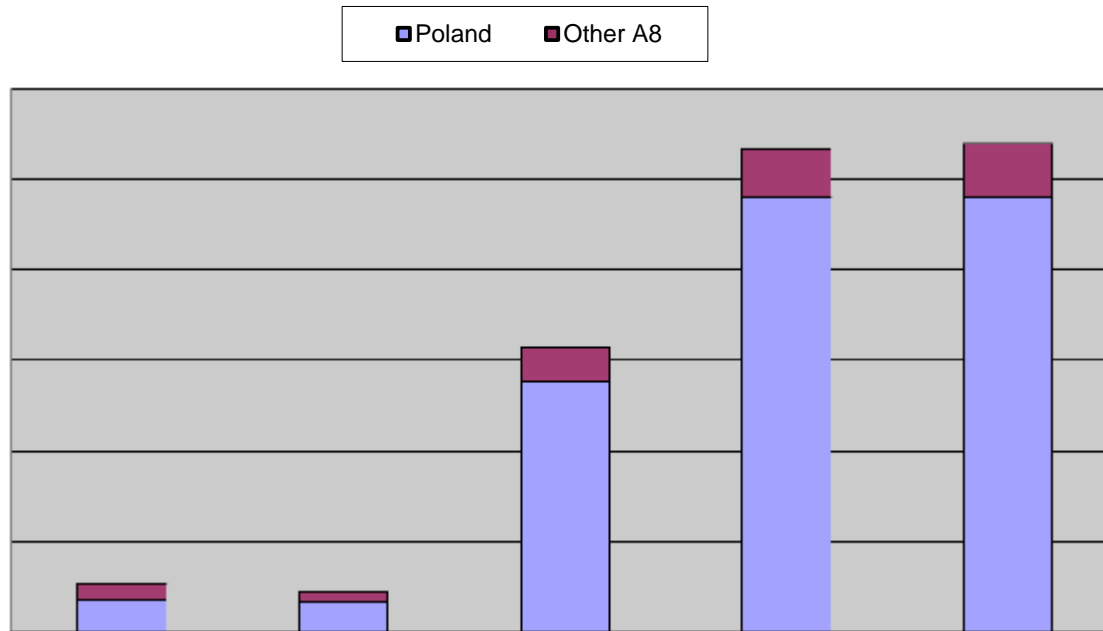
- In 2007 CEMACH reported maternal deaths of women from A8 countries.

Background to Study

- Recent work on ethnic density (Pickett et al, 2009) suggests that maternal health outcomes are worse in areas of *less* dense minority ethnic settlement

Background

Births in Lothian to mothers from Poland and Other A8 Countries



Source GRO(S) Birth data

Background

- Currently very little literature within the UK about how professionals care for women from ethnic backgrounds.
- There is also very little evidence to explain how institutions and professionals accommodate needs of different ethnic minority groups

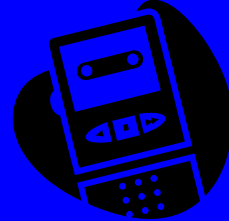
Research Design

The Research Questions

- How do staff understand the cultural context in which individual women and families experience pregnancy?
- How do the institutional and practical contexts of professional work constrain or support culturally competent care?



Methods



- 41 respondents were interviewed across a range of professional groups.
- All of the interviews were tape recorded.

Methods

- The sample used was self selecting. Not truly representative of views across Lothian but very significant issues were highlighted.
- Interviews took place between April and November 2009.

Communication and Interpretation:- Findings

- Use of interpreters has become routine in maternity services.
- There is a more sporadic uptake of the service in community settings.

Communication and Interpretation:- Findings

- Good use of the service at key points in the pregnancy and labour.
- Less available for opportunistic encounters. (e.g. Debriefing following labour)
- Found to be a scant resource by some.

Communication and Interpretation

- Communication becomes a means of 'getting the facts' or information to the woman and extracting information from her. Very mechanical exchange.
- 'Soft' aspects of communication go missing.

Communication and Interpretation

- Professionals find it difficult to build rapport and form relationships with women in ways they otherwise would.



Communication and Interpretation

It might even have helped my communication to be able to partake if it was a joke or something .. It's amazing what you learn about someone from a throwaway comment. Because you realise 'Oh, actually that is quite important to that person', but I'd missed out on that part of the conversation

Obstetric Registrar

Consequences of Impeded Provision of Information

- Information given is much more basic than that given to someone who shares the professional's language.
- This leads to less choice for the woman
- The pace of information exchange is not necessarily the right one for the woman.

Consequences of Impeded Communication

- Delays in treatment ensue. Numerous accounts of treatment being delayed within the data.
- Professionals practice more conservatively than they otherwise would. This is in keeping with the findings of Parsons and Day. (1989).

Consequences of Impeded Communication

- There are long-term consequences for women who have experienced impeded communication.
- Poor and untimely explanation as to why caesarean section was required may lead to postnatal depression.

Challenging Areas

- Communication is a complex area of practice particularly around issues such as:-
 - Antenatal Screening
 - Pain
 - Complications of labour
 - Consent.

Antenatal Screening

- *'..the interpreter doesn't have an understanding of these things. So you're explaining to one layperson who's got to explain to another layperson really, so it's very difficult'*

Obstetric Registrar

Pain

before they feel the freezing cold they may well feel a puff of air or a drop of liquid before it's actually cold, so to get that subtle point of when it goes from one sensation to another is quite skilled .. so the subtleties of even testing it require good communication.

Obstetric anaesthetist.

Consent Issues

- This area causes particular stress for professionals.
- Even when an interpreter is used confusion exists over consent in complex emergency situations.

Case: counselling a Jehovah's witness through an interpreter

- Explaining that signing a form refusing blood products meant that this would stand whatever the circumstances.
- *It was difficult for me to speak slowly enough and with enough emphasis through the translator to get over these complex messages and so much depended on it. (Obstetric anaesthetist)*

Telephone Interpreting



- Generally disliked, although appreciated for 'small' things and in emergencies
- Cumbersome and inadequate equipment available
- Difficulties that normally exist are exacerbated by using telephone interpreting.

Trust and Interpreting

- Positive, but strong undercurrents of lack of trust do exist.
- Concerns exist about interpreters leading the consultation. Evidence to suggest this does happen.
- Lack of certainty of what is being interpreted

Conclusions

- Interpreters should be adequately prepared for what they might see in relation to maternity care practice.
- Education is required for them regarding antenatal screening.
- Education about specialist knowledge and vocabulary.

Conclusions

- Interpreters are now being used routinely.
- Working through an interpreter does not 'solve' all the communication difficulties but it does help.

Conclusions

- We need to consider other ways of providing interpreting services.
- Enhanced training/education for staff and must be considered. Only one respondent had every been given training about working with interpreters

Window on Inequalities

- Staff have proven to be an invaluable resource in identifying where inequalities in healthcare lie.