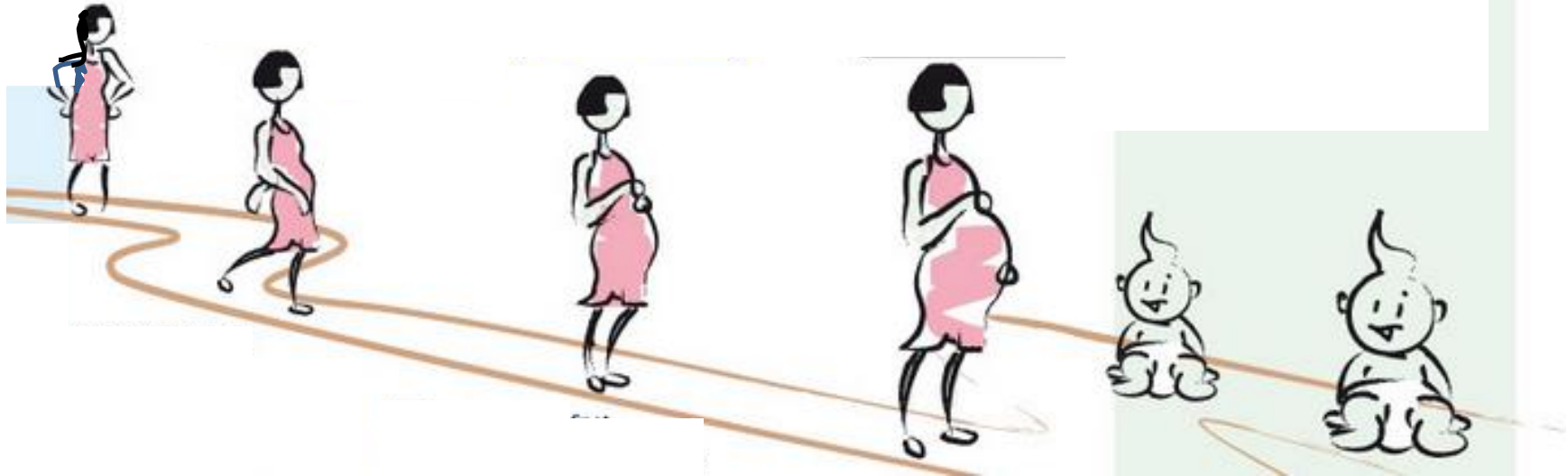


sussex interpreting services

“Being present and helping women give birth is my biggest motivator. I feel privileged to be able to assist them and witness such an intimate and profoundly emotional event”
(SIS Interpreter)



MATERNITY FOCUS GROUP

(March 2016)

sussexinterpretingservices

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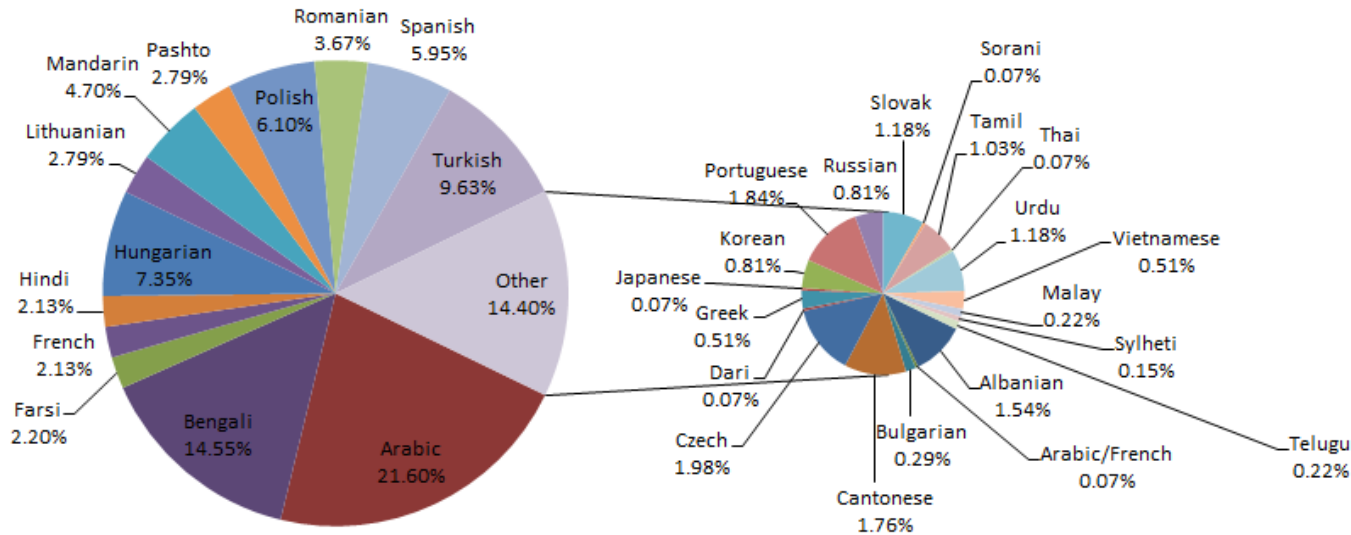


Interpreting: Monitoring Across Maternity 2015-16 ((01/04/2015 – 18/3/2016)

Sussex Interpreting Services have provided community interpreters to Brighton and Sussex Universities Hospitals Trust (BSUH) across the maternity care pathway since April 1995.

A total of 1361 interpreting bookings were requested by maternity staff during (15/16).

Uptake by the various departments is provided below together with a breakdown of languages.



Department	# Jobs
Ante Natal Clinic @ RSCH	418
Community Midwives	641
Early Pregnancy Unit @ RSCH	6
Maternity @ PRH	54
Post Natal Ward @ RSCH	101
Trevor Mann Baby Unit @ RSCH	18
Labour Ward @ RSCH	123
Grand Total	1361

Language	# Jobs
Albanian	21
Arabic	294
Arabic/French	1
Bengali	198
Bulgarian	4
Cantonese	24
Czech	27
Dari	1
Farsi	30
French	29
Greek	7
Hindi	29
Hungarian	100
Japanese	1
Korean	11
Lithuanian	38
Mandarin	64
Pashto	38
Polish	83
Portuguese	25
Romanian	50
Russian	11
Slovak	16
Sorani	1
Spanish	81
Tamil	14
Thai	1
Turkish	131
Urdu	16
Vietnamese	7
Malay	3
Sylheti	2
Telugu	3
Grand Total	1361

SIS FOCUS GROUP – INTRODUCTION

The wealth of knowledge, skills and expertise gained by SIS Interpreters (over 22 years) are considerable and represent a significant local community asset. SIS Community Interpreters are therefore ideally positioned for use as Reference Groups to provide intelligence/consultancy for the improvement and delivery of local services.

On 2nd March 2016 SIS ran a Maternity Focus Group.

Focus Group participants were chosen (primarily) to reflect the main language uptake within maternity services during 2015-16. Nine individuals shared their views and thoughts about their experience of maternity provision (both in the line of their work as SIS community Interpreters, and also as users (mothers) themselves, and including the experience shared by their family members and friends. The collective years' experience of interpreting within maternity services represented in the SIS focus group was over 83 years!



The group put forward a number of recommendations/suggestions to inform future commissioning and improvement of local maternity services. (Page 24)



“Every Labour Session is a rewarding one!”

Acknowledgment/Thanks: SIS Interpreters. Left to Right - Shipa Chowdhury (Bengali) Sandra Hilmi (Arabic) Monica Al Housary (Arabic) Sonnur Esik-Davey (Turkish) Aleceia de Juan (Spanish) Ausrele Pretorius (Lithuanian) Tella Butler (Cantonese/Mandarin) Anna Jakab (Hungarian) Lai Lai Wu (Cantonese/Mandarin)

Methodology

Prior to the day participants were asked to consider and reflect on a number a number of areas within the maternity care pathway.

Strength/Weaknesses

- What currently works (well) across the maternity pathway i.e. (strengths)?
- What are the areas of weakness and where do you see opportunities for improvement?
- What do you think are the barriers?

Recommendations for Improvement

What could staff (midwives, GP's, and admin/clerical staff and SIS) do to improve and support

- Patient Safety
- Patient Choice
- Patient Dignity
- Patient Information/Educational Needs
- Patient Experience

Information/Training Areas (both for interpreters and staff and mothers)

- Cultural Awareness
- Safeguarding (including Female Genital Mutilation)
- Using/Working with Interpreters
- Joint training for interpreters with maternity staff
- Provision Information/skills



Additional areas for consideration

- What are the specific challenges you have had working in maternity?
- Have you interpreted for a 'home birth'? /Do you know anyone in your community /family friend who has had a 'home birth'?
- Are you aware of the Maternity Services Liaison Committee?
- Why do you think women in some BME communities rarely chose 'home birth' as an option?
- How does 'maternity care' differ in your own country and what impact do you think this has on your mothers.
- What do you consider to be the priority areas re improving maternity services for women in your community?

The Focus Group session was conducted on 2nd March 2016 and facilitated by SIS Director Shahreen Shebli.

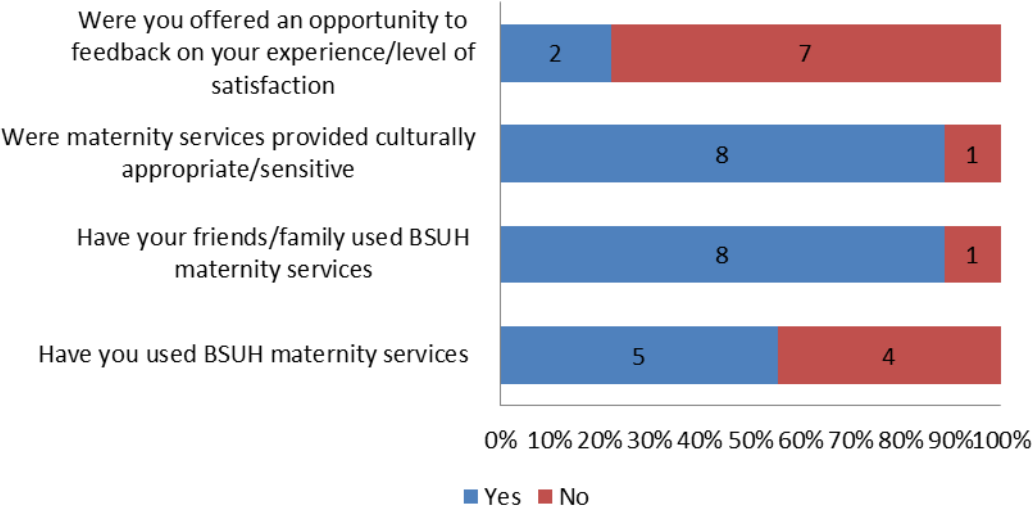



FOCUS GROUP REPORT

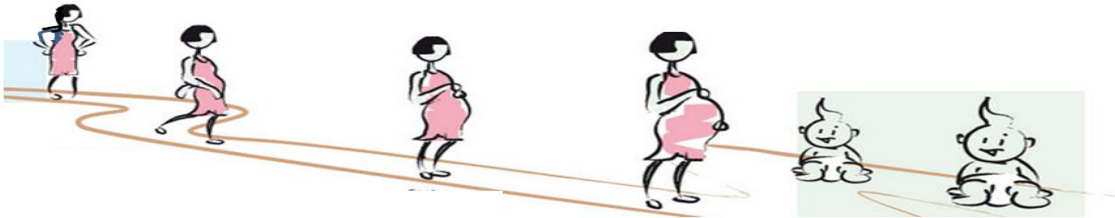
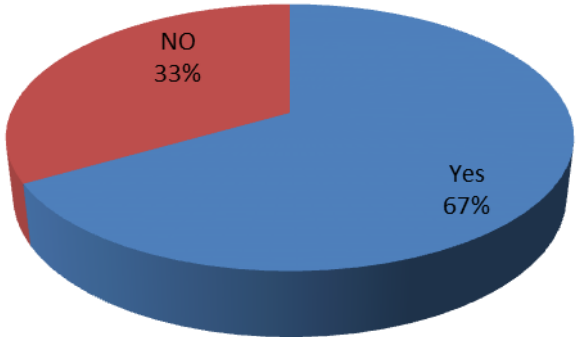
- SNAPSHOT SURVEY 1

An initial satisfaction (snapshot) survey was conducted on the day (at the start of the Focus Group) as a benchmarking exercise to gauge/reflect current levels of satisfaction with maternity services. Respondents were asked to evaluate their most recent experiences (both as an interpreter and as (mothers)users, and to consider their experience of the maternity pathway in its entirety i.e. as a journey from pre-conception, antenatal, labour and through to post-natal care.

RESPONSES: (9 respondents)

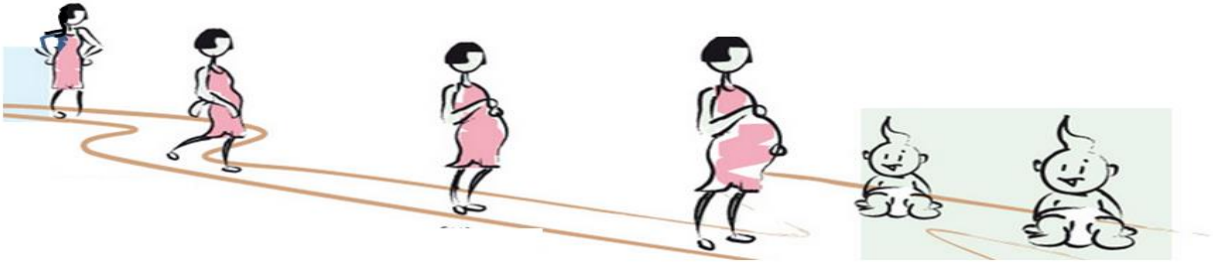
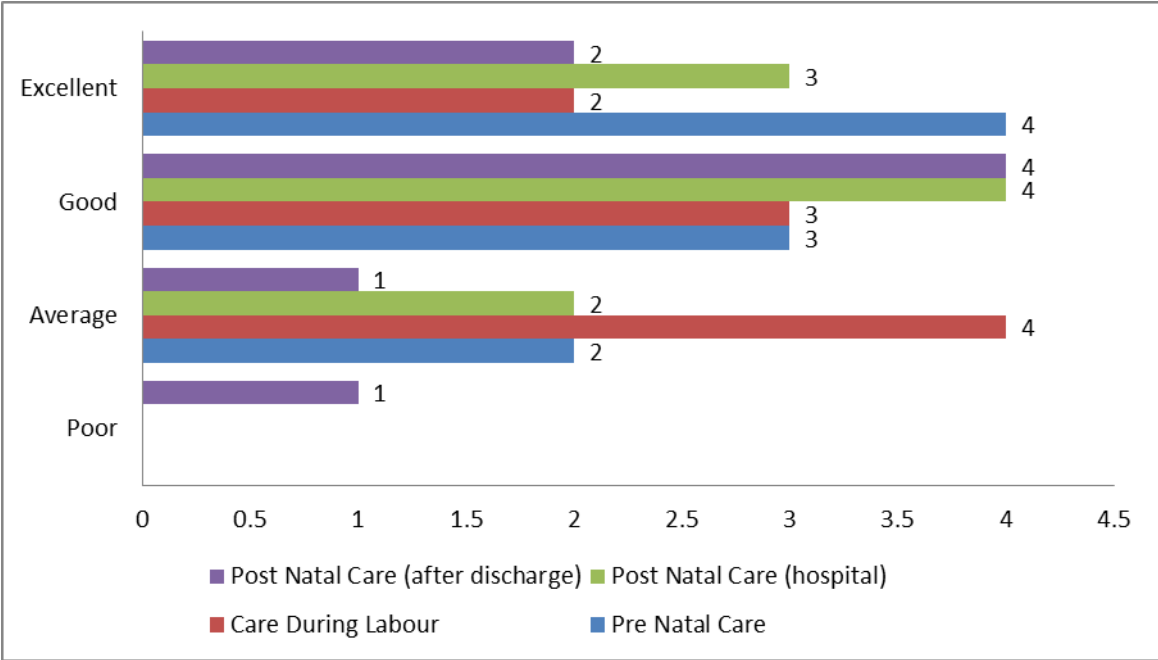


Would you recommend BSUH Maternity Services? 



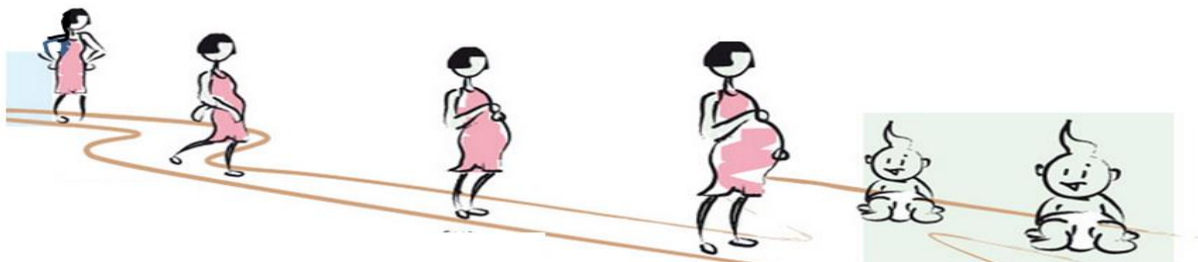
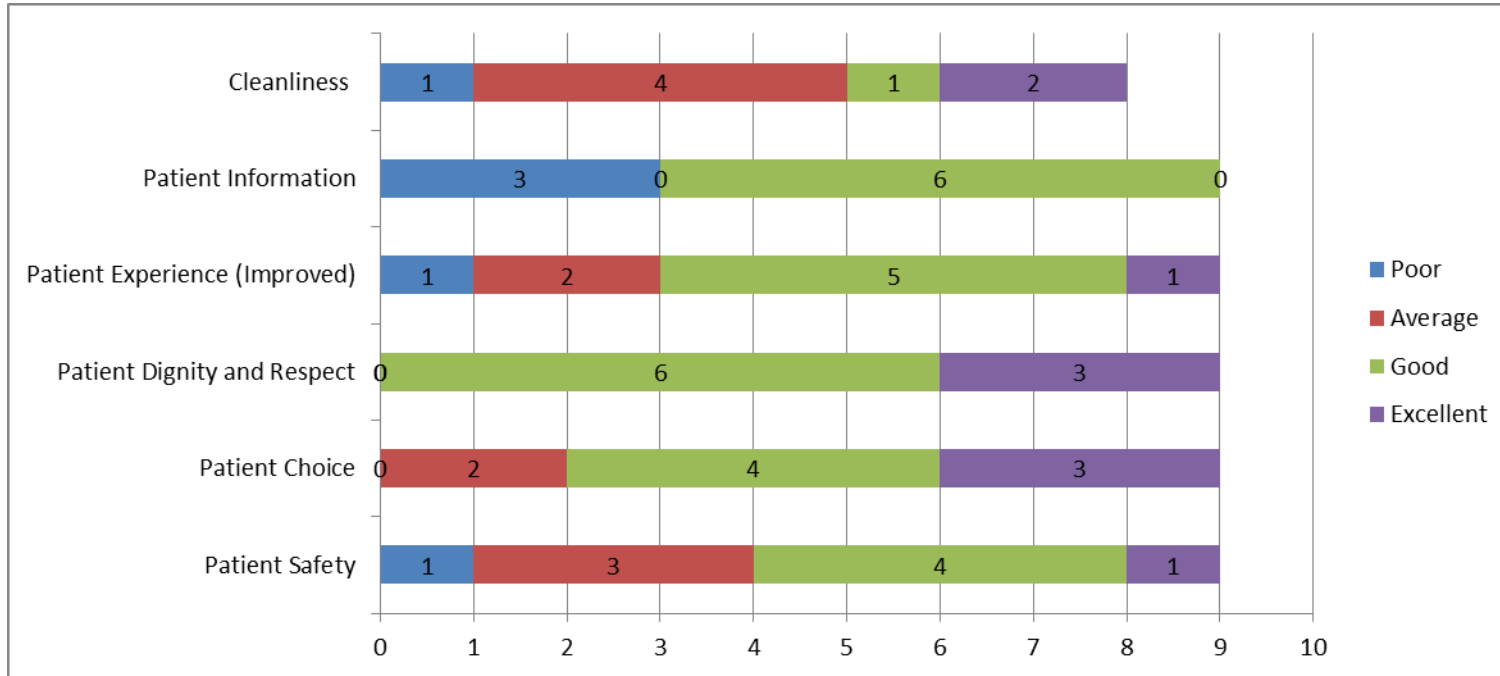
SNAPSHOT SURVEY 1 – LEVELS OF SATISFACTION (9 RESPONDENTS)

Q1. Based on your experience (where relevant) and your observation /experience when interpreting in maternity,
 How would you rate BSUH services across the maternity care pathway (pre labour, during labour and post labour /ante natal)?



SNAPSHOT SURVEY 1 – LEVELS OF SATISFACTION (9 RESPONDENTS)

Q2. Based on your experience (where relevant) and your observation /experience during interpreting in maternity. How would you rate BSUH’s attention and commitment to following areas? (* cleanliness 1 respondent - no answer)





The focus group then considered the areas /questions listed on P4/5. Their responses are indicated (P11-24)

Strength/Weaknesses

- What currently works (well) across the maternity pathway i.e. (strengths)?
- What are the areas of weakness and where do you see opportunities for improvement?
- What do you think are barriers?

Note: each bullet point represents a statement in the first person by a member of the focus group.

Strengths and Weaknesses

- They really do have a good plan, in both my personal and professional experience.
- They listen well and do a lot of tests.
- In general, care in labour is very good, very caring: you get the feeling that the staff re there to make the experience as good as possible. In one case the nurses were not happy with one doctor who was not checking properly on a woman in labour and did not let it go, but got another doctor to come.
- I was present at an emergency situation and everyone was so nice: the surgeon, anaesthetist, nurses, everyone was trying to preserve the woman's dignity by covering her up; the atmosphere in the theatre was brilliant. Everyone there was very helpful, had a strong sense of empathy and seemed to understand pain; they were also willing to understand the cultural aspect.
- My experience has been generally good. Midwives and Health Visitors are good at referring mothers to specialist care when problems arise such as gestational diabetes, postnatal depression

- In my professional experience, the experience during labour is a bit poor. It used to be better a few years ago, but now there are not enough midwives, not enough resources, and this leads to the woman becoming more stressed and agitated.
- I strongly agree: pre- and post-natal care is excellent, but the care during the actual labour tends to be poor. In my experience the professionals involved, including consultants and midwives, could not find the correct timing for interventions.
- Some people have wonderful experiences, some terrible; there is an element of luck, and it also depends on expectations. [Some people have expectations, both cultural and personal, that are very different from what actually happens.]
- My own experience was not good: the post-natal experience was awful, although my experience of labour was really good. With my second child I had an emergency caesarean and got an infection which was not recognised by the nurses – I had to go to the GP as an emergency case. Now if I see this happening to a client I know what to do.
- I had a case where a younger midwife said that a baby was fine although the baby had jaundice; in the end it was the family who identified what was wrong with him and took him to hospital. (In this case, the wife couldn't speak English but the husband could.)
- Older midwives tend to be more empathetic and helpful but the younger ones don't seem to have enough training. There was one younger midwife who got over-excited, tried to pull the baby out by the head and had to be restrained from doing this before she caused injury; this over-confidence is probably a training issue.
- Post-natal visits at home are great, fantastic, but work so much on the clock that it's difficult. Additionally, every time there's a different midwife and sometimes they don't give the same advice. There's a lack of continuity.
- They try to provide continuity but don't always; service users don't like this.
- One client said that she was more confident with the same midwife – she didn't like to have to repeat the information every time. There can also be miscommunication between midwives and other professionals even though the information is written down.
- Continuity of relationships between clients and professionals means more confidence in the relationship and finding the person easier to talk to.
- Each midwife seeing a client asks the same questions each time – they have the information all written out already but want to make sure they get it right by asking the client herself.
- Lack of continuity is harder when there are complications, such as it's being a first baby, having jaundice, etc.
- Ideally particular care should be taken to maintain continuity of professionals when there are difficult circumstances such as these.

Question - Do you as interpreters ever feel more informed than the midwife and tempted to volunteer information?

- Yes – we as interpreters have to think too.



“Often the service user (in maternity /labour) looks relieved and pleased to see me when I arrive. Their facial expression says it all. It's only natural a female will understand their pain and experience” (SIS Interpreter)

Barriers to accessing services

- People often don't know that they can ask for an interpreter.
- Services try not to book an interpreter for every appointment – especially pre-natally where there is generally one booked only for the first appointment. The staff at these services chose the appointments that they think are important and book interpreters only for these. Sometimes clients themselves assume that they won't need an interpreter as it is only a simple procedure such as urine tests.
- This is not a good policy as the issues are not always simple, even if they seem to be. One lady had thrush and couldn't explain this to her midwife, so it got worse.
- Inconsistent Antenatal Care: different midwives during different antenatal visits - unable to develop trust and confidence between midwives and mothers and - fear and anxiety increase when lack continuity of same interpreter.
- Limited Information of Patients Choice - Options, advantages & disadvantages of home birth, feeding, water birth and pain relieve are not explained thoroughly or emphasized.

Summary: key issue is Continuity/Provision of Interpreters. They [professionals running the services] should book an interpreter for every session as they just don't know what could come up.

- Some clients have been asked if a family member can interpret for them. (This comment had strong agreement from the other participants.)
- At least 10 of my clients have been asked to bring a family or friend to interpret for them and have sometimes been given wrong information, which can be disastrous – for instance, one person was told that a suppository should be taken orally!
- Clients are also sometimes using Google Translate and getting translations from it that are not accurate.
- My own GP's surgery is awful for doing this.

Summary: key issues are inconsistencies in access to interpreters which affect safety, respect and dignity; disempowerment and confidentiality/security of information negatively impacted. In particular- avoid use of untrained interpreters/family and friends.

- During my client's labour, the midwife brought language cards to translate with but they contained terrible mistakes: "Ventouse" was just translated as "little window" and "period" was translated only as "a length of time"!
- A client (at A&E, not maternity) had "painkillers" coming up on Google Translate as "killing pills": the client was told to "take killing pills". A health professional could easily think that the presenting issue was attempted suicide.
- There is a need to match clients with interpreters of the same gender: I [a Muslim female interpreter] once had to interpret for a guy who was a sex addict!
- Post-natally, the changeover from midwife to Health Visitor services can be a problem as Health Visitors are often so busy that they can't accurately predict the timing of the next visit, so it is hard to book an interpreter.
- Discharge envelopes can be overwhelming both for the mother and the interpreter, as none of it is in other languages but English. It really needs to be translated into the core languages, e.g. Arabic, Bengali etc. – especially the crucial information on topics such as cot death and meningitis.

Summary: key issue - broad improvement and training of service providers (midwifery practitioners), re-education on the need for/ use of trained interpreters and consistency of professionals e.g. same midwife and need for provision of translated information.



"The most challenging and stressful emergency session I have attended was one that I needed to tell a lady, her husband and her family that their new-born baby has been born with malformations somewhere along the gastrointestinal tract and that he might need a surgery done within a few hours."

(SIS Interpreter)

What could staff (midwives, GP's, or even admin/clerical staff and SIS) do to improve ?

- Patient Safety
- Patient Choice
- Patient Dignity
- Patient Information/Educational Needs
- Patient Experience

Safety and Choice

- I had an experience in a labour ward where a lady was in the mid-stage of labour, lying naked on a mat on the floor. She seemed as if she was drunk and said that she was feeling dizzy; it turned out that she had been using the gas wrongly, *after* each bout of contractions. She believed that she had been told to use the gas when she was *not* in pain, having misunderstood the midwife's instruction to use it when she *was*. This miscommunication shows the importance of using professionalism and not just assuming that the person speaks English.
- Pain relief options are not widely or clearly explained. They also tend to be explained to a woman when she is in labour, not before – this is less than ideal as when she is in labour she is already in pain as well as experiencing a great deal of stress.
- This should be discussed beforehand – it is too hard to take the information in when in pain.
- Interpreters are not provided for ante-natal classes as their presence is seen as disruptive; some midwives offer interpreters for individual ante-natal sessions, but some don't.
- One client had not been told about pain relief at all – the professionals involved with her care said that they would do it later.
- When and how a woman is told about options for pain relief depends on the midwife.
- There is a safety issue here – there are not enough beds available on labour wards. My sister-in-law was left in a corridor on Level 11 for nine hours; this is negligence as she was fully dilated but they didn't examine her.

Summary – Recommendation - pain relief (information) should be discussed in a timely manner.

- The situation is very dangerous: sometimes they say that there are not enough beds, but really there are not enough midwives. One lady was told to go into hospital but then when she got there was told that they had no manpower and just gave her a simple examination. The next day the same thing happened – there was no monitoring or anything. The lady felt too shy to say anything although she knew that something was wrong. She ended up becoming so scared that she had to have an emergency caesarean, which was very dangerous since the baby's heart rate was so weak.

Facilitator Comment: NICE guidelines and recommendations DO state that health professionals are required to speak to mothers and address their concerns in a timely fashion.

Dignity and respect cultural understanding

Many of the participants said that practice in this area was “very good”:

- People in labour can lose control of everything [body functions] and I have found midwives to be empathetic, lovely, culturally sensitive, discreet and kind.
- It is very difficult as there are so many cultures in the UK, but generally staff are very respectful [of cultural difference].
- Interpreters can help with cultural understanding.
- The level of cultural awareness and understanding depends on the midwife. It is a relief for both the client and the midwife to have an interpreter present!
- One example of cultural differences that may need to be explained: in Islam, when a baby is born the family says a prayer; also, women do not undress during labour. It is useful for the interpreter to explain this so that staff know what to expect and that these things are culturally normal.



“A client was in labour but she has had a female circumcision so they had to cut it to allow the baby to come. Once the child was born the husband insisted the doctors sew her up as before but they refused. This was a challenge for me as I had to explain to the client that in the UK it is illegal and that under no circumstance was this going to happen” (SIS Bengali interpreter)

Information/Training Areas (interpreters, and staff and mothers)

- Cultural Awareness
- Safeguarding (including Female Genital Mutilation)
- Using/Working with Interpreters
- Joint training for interpreters with maternity staff
- Provision Information/skills

Question: Have there been times when you have given factual, relevant cultural information that has made a difference?

Answer: yes.

- One example: FGM. I explained this issue to the midwife and she was helped to understand the situation and be more professional. It was very stressful to explain this to the client's husband as well as the midwife and the doctor. Her husband was asking, "Is my wife going to be the same after labour?" and I had to explain the situation three ways.
- It is important to understand that not all Arabs practice FGM; and even within cultures that do, not all families or communities do it.

Question: Would it be of benefit to get interpreters and professionals together for training on how to respond to this issue?

- Yes – it would be good if the midwife and the family could speak about FGM before the woman goes into labour.

Question: Would they not pick up (FGM) when a consideration at the ante-natal stage?

- In some cases they would. I was on a training course where they said that the health professionals will look at the cultural background of the woman and then, if it is considered appropriate, the staff at the ante-natal assessments will ask about FGM.
- Nowadays when a woman from a cultural background where FGM has been identified gives birth to a girl, staff make her sign an agreement that the baby will not be subjected to FGM.
- Whether this agreement is honoured depends on a lot of things. Some women have had the FGM procedure done to them against their will, but some wanted to have it. Some women sign the agreement but have it done to their daughters anyway, often as a result of cultural pressures.
- In the incident I referred to, with the husband asking if his wife was going to "be the same" following childbirth, I found it upsetting that it was the man giving his own views, not the woman!

Question: Does everyone here understand their responsibilities with regard to safeguarding in the context of FGM?

Answer: Everyone present said yes.

Question: How many of you are aware of the Maternity Services Liaison Committee"?

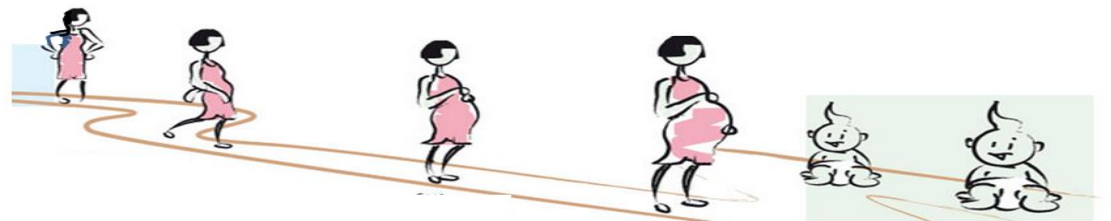
Answer: No-one present was aware of it!

Information sheet on the MSLC distributed and group advised to refer to MSLC website which provides a list of the services/organisations providing maternity support to mothers and partners. Facilitator explained: The MSLC do, at intervals, undertake post-natal satisfaction surveys in hospitals to find out what mothers think of their experience called "Walking the Patch".

Question: Have any of you worked with mothers who have been asked about their satisfaction with maternity services in this way?

Answer: only 2 out of the 10 participants were aware of a mother who had been asked about this!

Summary: Recommend increase /promote representation of BME parents on the MSLC committee and MSLC to increase promotion /publicity of its existence more actively. Joint training / awareness of FGM to maternity staff and interpreters.



Promotion and Publicity

Question: In terms of promotion and publicity, what do you think is the best way for people from BME communities to be made aware of maternity services, information and groups like the MSLC?

- A translated leaflet would be a good idea, as well as a talk with a professional if there is time.
- Information packs in translation.
- This information should be given out on the first visit.

Facilitator comment: The SIS Health Promotion Project has produced an information pack (for SU's) relating to Primary Care CCG information.

Summary: Recommendation - there should be something similar to HPP – i.e. MPP (maternity promotion project) with translated Information Pack (for maternity care). MPP information pack should be given out as early as possible.

- [One participant expressed disagreement with the idea that all information should be given as early as possible:] It can be scary if too much information is given too early – for instance, about pain relief. If pain is discussed too soon in a pregnancy, it can be really frightening and off-putting to the woman.

Summary: Recommendation - Information should be given within a timeframe broken down into appropriately timed stages. This information should be given verbally during appointments, not only via leaflets.

Summary: Recommendation – There need be a multi-pronged strategy (with regards promotion and publicity) which includes giving information in written form yet at the same time does not absolve professionals of their responsibility to talk these matters over with the client/patient.

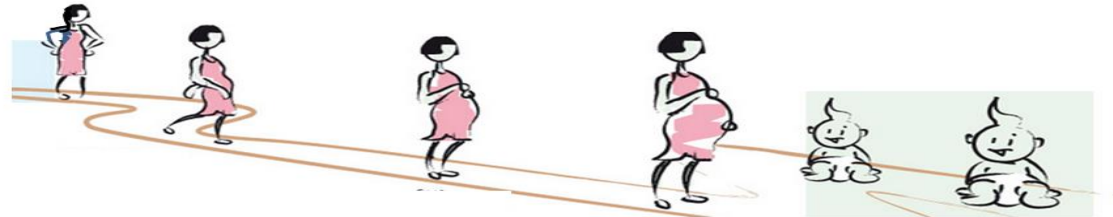
- The chance to talk face-to-face with a midwife is very important. People don't always read the written information that they are given!
- People can also access information on the internet.
- Yes, but it is more reassuring if it comes from a health professional in a health setting.
- Written material can be useful in reinforcing spoken information.
- The timeline should be translated, so that the midwife can see it but the woman also has something in her hand to refer to.
- The conversations about topics such as pain relief and the Down's Syndrome test should really come later or it is scary!
- Pain relief is discussed at ante-natal classes but since there are no interpreters at these sessions! BME women who don't speak English do not benefit from this (they usually do not go to the classes anyway.)

Facilitator Comment: It comes down to treating mothers as individuals and taking into account individual literacy, education levels etc. Professionals should check at what point the mother would like the information, but this does not absolve them of the responsibility to explain it properly and on time.

- Women should be reassured that an interpreter will be present if this is possible. They are often either not aware that they have a right to ask for one or they think that this service will – or must – be provided for them automatically.

Facilitator reminded participants that (service user) self-referral is possible: in Brighton and Hove (though not outside this area), patients can self-refer for an interpreter for GPs' appointments and also for hospital appointments, although this must be done in advance. Service providers have got much better in this regard i.e. sending in interpreting referrals.

Recommendation: to have specific ante-natal classes for different language groups – either a single language or several (three or four) on various topics.



Training Need Areas

Facilitator clarified: NICE pathways and information given to health professionals give possible training need areas: what do participants consider are key training needs for (interpreters/mothers/maternity professionals)? Is there a need for increased cultural awareness among maternity care professionals? Not suggesting that they are not culturally respectful, but there is always the potential to learn more, to be more aware.

- In terms of individual midwives – not really. The services need to improve consistency of communication though. There are issues such as having no interpreter at a scan appointment, etc. Sometimes the letter offering interpretation comes to the client too late to arrange it.
- There can be a problem of communication between services or between individual professionals such as midwives, for example when one of them is aware of some piece of information but hasn't passed it on.
- The women do have patient notes, but these are not always looked at.

- The women sometimes don't know what is going to happen or what is coming next, often due to cultural differences in the way pregnancy is handled – for instance, in Spain pregnant women are seen by paediatricians, not midwives, and there are more scans.
- In this context, some women don't know to expect visits from a Health Visitor.
- The first visit should be for explaining the general basics of what to expect, not the details of how it all works.

Question: Could antenatal classes/information be given/ happen at this point?

- Or maybe this could just be explained at a GP appointment.
- Maybe women could be provided with a simple visual timeline to explain/remind about/familiarise themselves with the UK system.

Question: What are the main differences between your countries of origin and the UK in this area?

- Maternity care is carried out by doctors not midwives.
- No water births.
- Care is privately paid for, so you can have scans whenever you like!
- Given this difference (scans on request): we just need to explain that the system here is different, i.e. they will do more scans if there is a problem, but not usually.
- Corruption – you have to bribe doctors in Lithuania!
- As regards feeding and looking after the newborn, Chinese mothers are often advised by their senior to give water to babies. Some parents and grandparents also insist babies should have pearl powder, Po Ying Compound to treat influenza, fever, sneezing, and nasal discharge. These natural and herbal products have been warned by FDA (Food and Drug Administration, USA) that children and babies are very susceptible to lead poisoning, which can cause reduced IQ, behavioural difficulties, and other health problems

Summary: Professionals need to recognise cultural differences in the expectations that women may have of their maternity care.

Participants then considered a LIST of areas re Training/Guidance/Information Pathways provided by NICE (below)

The number of focus group participants who considered these training areas important for their community is indicated in (brackets) below.

- Antenatal care (3)
- Antenatal and postnatal mental health (6)
- Diabetes in pregnancy (2)
- Diet (3)
- Ectopic pregnancy and miscarriage (3)
- Hypertension in pregnancy (2)
- Maternal and child nutrition (5)
- Parenting skills (5)
- Breastfeeding (6)
- Multiple pregnancies
- Obesity (2)
- Physical Activities (5)
- Postnatal care (5)
- Preterm labour and birth (2)
- Screening (3)
- Smoking /smoking cessation (0)

Additional Observations by the Group:

- I mainly work with mothers who don't smoke; I'm unsure what happens if they do.
- Sometimes clients say that they're OK but actually they don't know something or they need help – sometimes it's not about what the person wants, but about giving them what we think they need.

Facilitator suggested: Such as parenting classes or mental health support?

- Providing parenting skills training is vital. In Chinese culture, e.g., smacking and shouting at a child is considered to be good discipline while it is unacceptable in England.
- One month confinement after giving birth is a common practice among Chinese mothers. Midwives and Health Visitors should be well aware, informed and have a good understanding of what it means for these mothers during this period particularly over diet, hygiene, exercises. It'll be a good idea to discuss over this issue and come up with some insights for the health professionals.

- Mental health definitely; also diet and nutrition.
- There are cultural factors at play here too: one lady said that she wanted to stay large as her husband didn't want her to get thin!
- Breast-feeding can be a problematic area: sometimes there is not enough milk (this is more of a problem the first time.)
- Breast-feeding is now really well-promoted; 13 – 14 years ago it wasn't. One woman (British) with seven children now volunteers to help with breast-feeding.



“Being there with the lady during which she experiences so much pain and sometimes complications and then to see the smile on her face when her new-born is placed in her arms is an emotional feeling that overwhelms me as a human especially if I have been accompanying this mother to her antenatal appointments from the start! The presence of us interpreters there gives reassurance to the mother - someone that speaks the same language as her, she won't feel vulnerable not knowing what's happening, because we are there to tell her every step of the way what's going on around her. The relief I see when I walk through the door and get introduced to the patient is a reward”. (SIS Interpreter)

Other Areas of Consideration

Home births

No-one present had ever attended one, though all clients had been made aware of the option.

Question: Professionals encourage home births – why do you think this is?

Answer: Beds! Pressure on bed spaces means that it is in the interests of health professionals to recommend the option of birth at home.

Question: Why do you think this option is not being taken up?

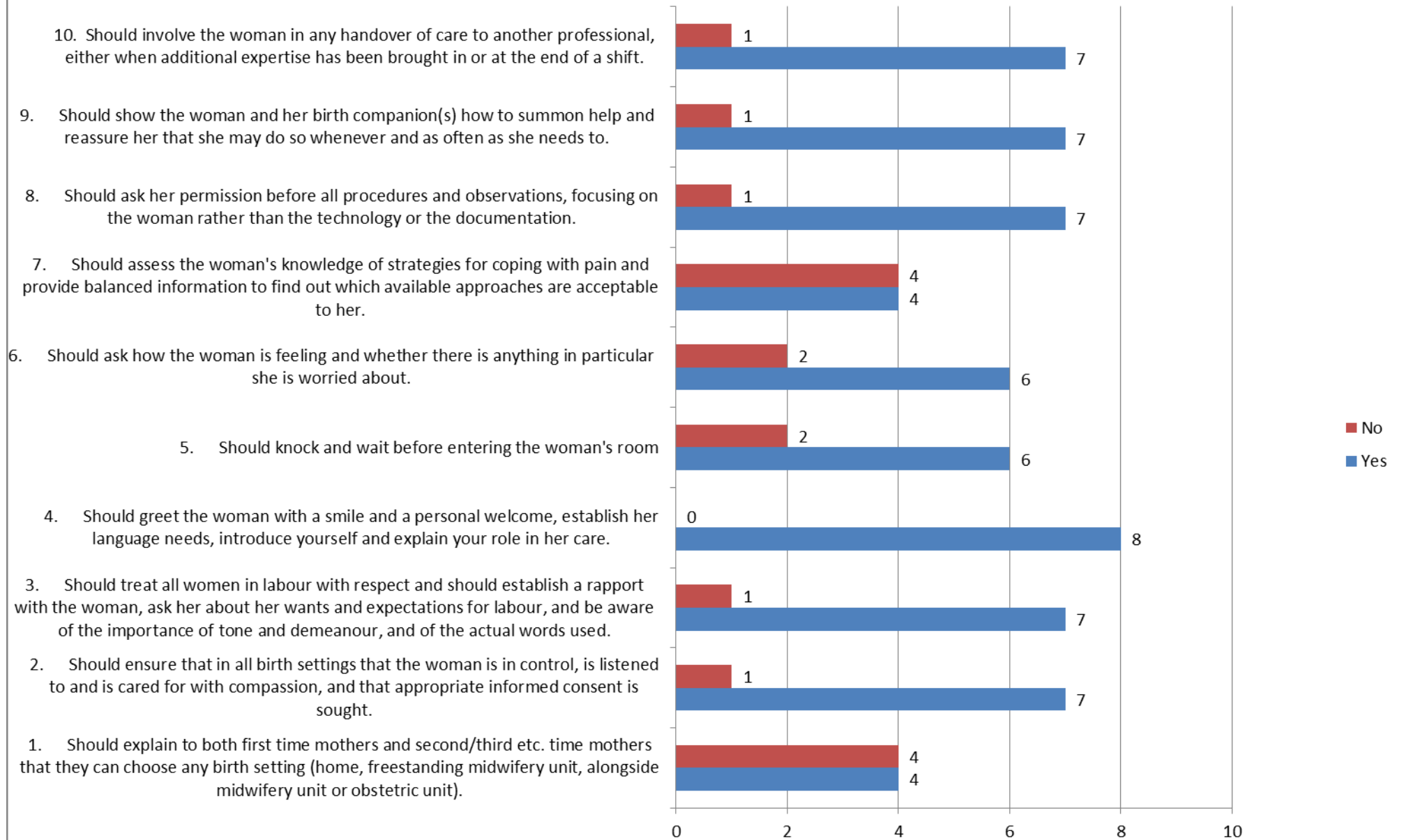
Answers:

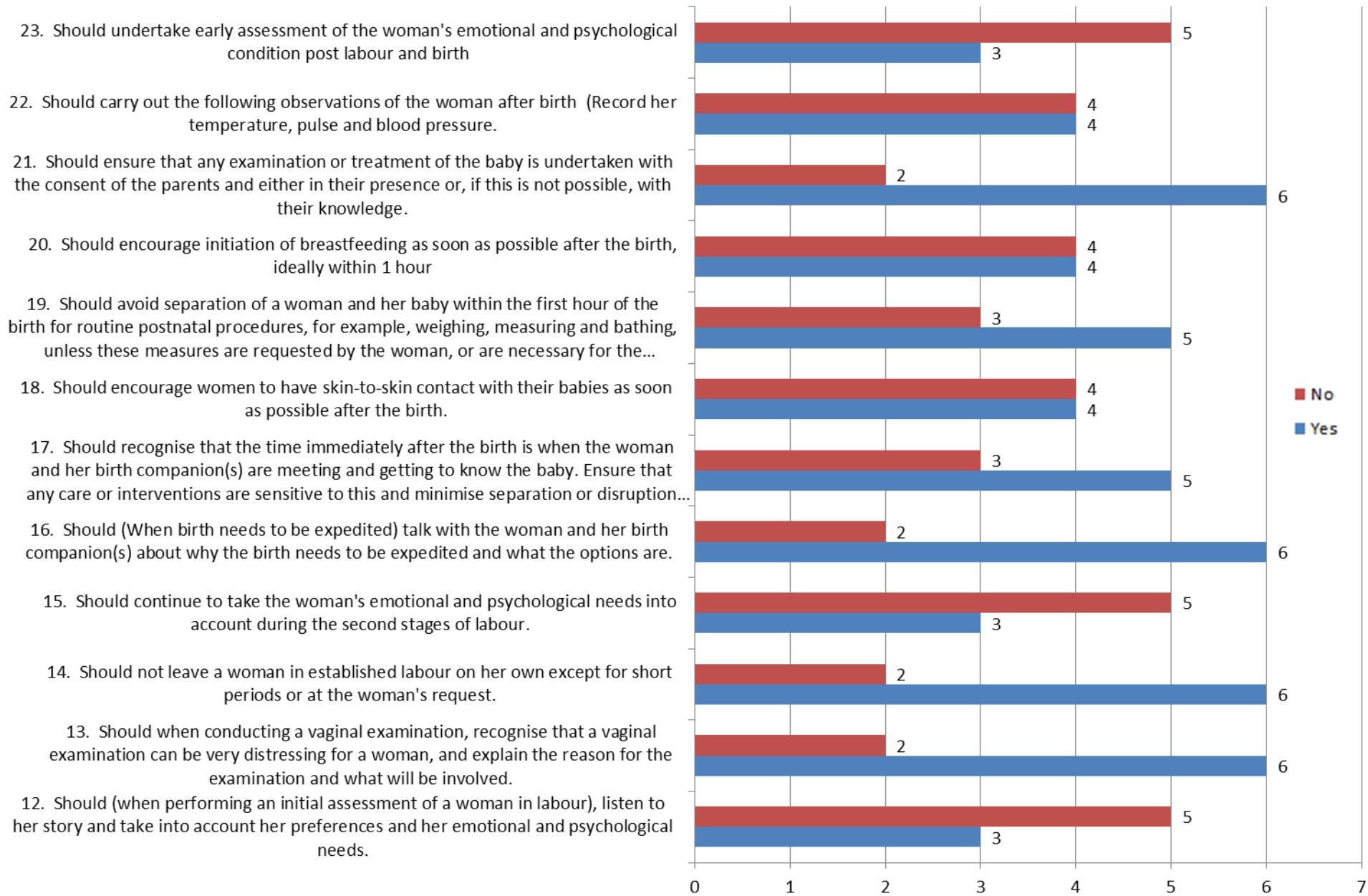
- Safety! (This response seemed to be unanimous.) During an experience as traumatic, stressful and potentially dangerous as childbirth, women want to be in an environment where help is quickly available should anything go wrong.
- Privacy – many women do not want their families or other people around during labour; also, in some cultures it just doesn't happen.

- Home birth is good if things go right. (Two participants offered true stories of people they knew, one of which was a woman's very good experience of having several home births, the other a very difficult experience that would not be recommended, which illustrates the highly variable nature of this area.)

The Focus Group Session concluded with participants completing a second Snapshot Survey P24/25.

Snapshot Survey 2 – NICE gives guidance and makes recommendations to maternity professionals for care of healthy women and their babies during childbirth. Participants considered whether (in their opinion) the recommendations were (in the main) being followed (Yes) by maternity practitioners or not (No) NB: *(8 respondents - one participant failed to complete)





SUMMARY OF ISSUES/RECOMMENDATIONS

It is not possible within the scope of a 2 hour focus group to put forward detailed evidence based recommendations. However the following key issues/ and suggestions raised by the group are summarised here for ease of reference.

- Need for Continuity/Provision of trained Interpreters. They [professionals running the services] should book an interpreter for every session. Inconsistency in access to trained interpreters disempowers services users and affects safety, dignity, confidentiality and security of patient information. In particular avoid use of untrained interpreters and use of family and friends
- Need for improvement and training of service providers (all maternity health professionals and admin staff) and re-education re using /working with trained interpreters.
- Need to maintain consistency of maternity health professionals across the pathway e.g. same midwife for journey and ensure adequate staffing levels.
- Need to improve access and provision of Translated information. In particular pain relief (information) and mental health support/information - should be discussed/provided in a timely manner.
- Need to Increase promotion of and representation of BME parents on the Maternity Services Liaison Committee.
- Need for Joint training / including awareness of FGM to maternity staff and interpreters and provision of NICE guidance/training areas for mothers.
- Need for a pilot/project similar to Health Promotions Project i.e. MPP (maternity promotion project) with translated Information Pack (for maternity care.)
- Need for Maternity Information to be given within a timeframe broken down into appropriately timed stages. The (MPP) information should also be given verbally during appointments, not only via leaflets.
- Need for a multi-pronged strategy (with regards promotion and publicity) which includes giving information in written form yet at the same time does not absolve professionals of their responsibility to talk these matters over with the client/patient
- Need for routine Satisfaction Surveys/Feedback to be conducted regularly with BME mothers during postnatal discharges. (cf walking the patch).
- Need for provision of ante-natal classes for different language groups – either a single language or several (three or four) on various topics.
- Need for more Education of Professionals re cultural differences and expectations that BME mothers may have for their maternity care.



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The SIS Maternity Focus Group was funded as part of the Community Spokes Programme within Healthwatch Brighton and Hove (HW B&H).

- HW B&H is the local consumer champion for health and social care.
- HW B&H supports local children, young people, adults, and their communities to influence the design, delivery and improvement of their local health and social care services now and for the future.
- HW B&H enables people to make informed choices about their health and wellbeing by assisting them when they have concerns or complaints about these services.
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