



A mixed methods QI Project to review the current language barriers between maternity staff and women during an obstetric emergency on delivery suite

01. Introduction

A language barrier is defined as a barrier to communication between people who are unable to speak a common Language (Oxford Dictionary, 2022). Recent reports (Ockenden 2022, Kirkup 2022, and MBRRACE 2022, HSIB 2021) have identified that language barriers with obstetric/maternity staff and patients can cause poorer outcomes.

There is currently minimal teaching about communication with patients who have language barriers or speak minimal English within the current national maternity/obstetric programmes (PROMPT, 2022). Parsons et al 2014 and Maryns 2021 found midwives used to a diverse patient population regularly get by without incidence and are developing an over reliance on non-standardised software despite its lack of unreliability.

This can be linked to the work as done vs work as prescribed in Shorrock's the varieties of human work (2016) especially with the lack of understanding from senior management when implementing interpreting services without training into a maternity unit. It is well documented that there is constant pressure and workforce challenges with retention of staff within maternity units which can also impact training in specific interpretation services, with the understanding that not all Maternity units will use the same interpretation services.

The current maternal mortality/morbidity has been on the increase in recent statistical data collection (MBRRACE, 2022) with the focus of care being "woman focused" during the care of pregnancy/intrapartum and postnatal. Primarily this may be even more impactful if this occurred in an obstetric emergency, time pressures can be paramount to care. This project aims to highlight a current gap within an NHS Trust on communication with different languages spoken and lack of resources to support with the impact this will have on patient experience as well as maternal outcomes within the maternity unit.

02. Aim

This article will look into the current understanding of staff awareness surrounding language barriers and the importance of simulation based learning to highlight staff rationales with current practice.

In this instance we utilised the role of simulation of a PPH management (obstetric emergency) when communicating with the woman.

03. Methodology

A Mixed methodology was used in this QI Project. Within this QI project, the SPICE Framework was utilised to help formulate the questions for the likert scale survey (Quantitative) and the one ended question (Qualitative).

04. Results/Findings

Whilst using a mixed methodology, data collection came from both quantitative (likert scales) and qualitative (debrief themes/excerpts). Data collected from the likert scale surveys were coded on the amount of participants who answered (shown in graphs).

Themes were drawn using thematic analysis on the transcripts of the debrief discussions that were before post simulation. The lead researcher of the simulation posed one question to all staff who were involved:

"How do you feel the success of the simulation was in regards to the communication you felt with the woman (simulation doll)?"

Themes included:

Lack of understanding that simulation can be utilised for communication
Highlighting gaps of training and systems of the current interpretation services at the Trust
Highlighting that during an obstetric emergency, communication with the woman is vital for consent of the management.

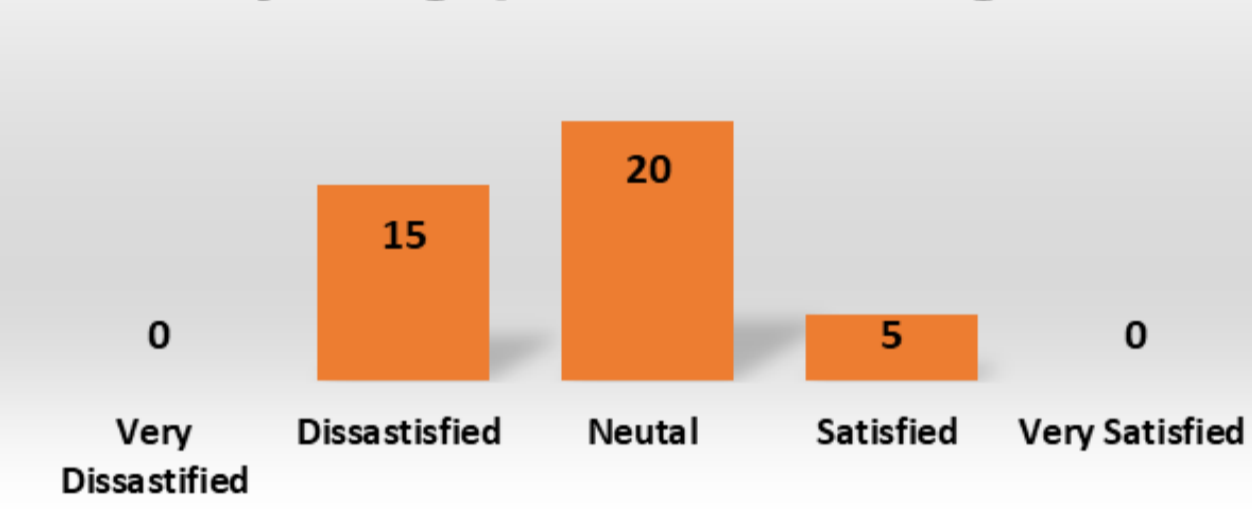
Excerpts:

Clinician 1: "...I tend to focus on managing the blood loss, rather than how am i going to consent, the focus is getting the emergency under control first"

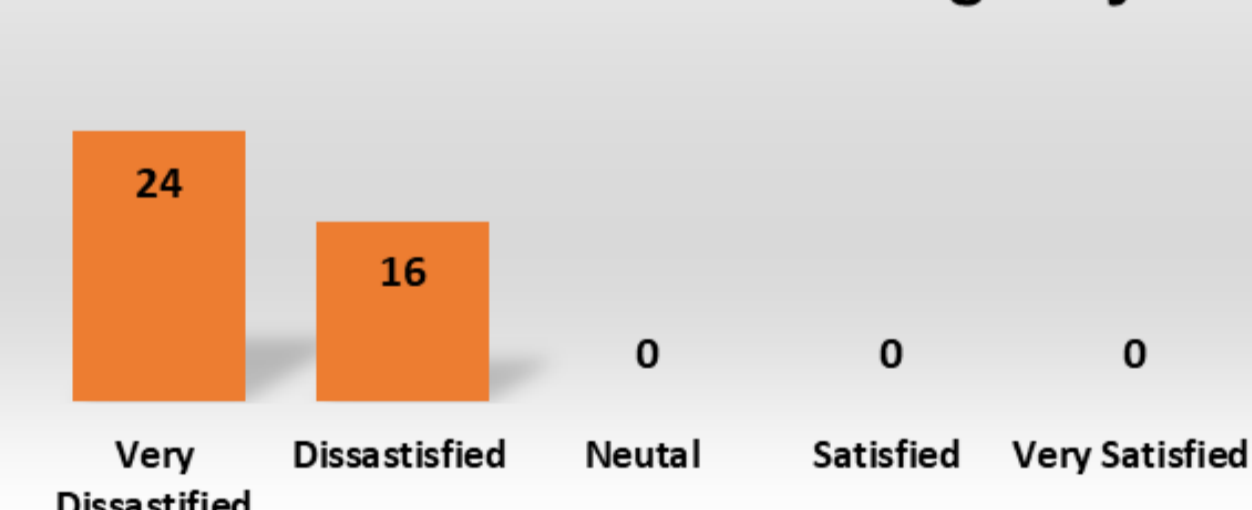
Clinician 2: "...we don't have any devices we can bring to the bedside to utilise the interpretation services we have, its pointless... I use my own phone with google translate as that is the best we have at the time"



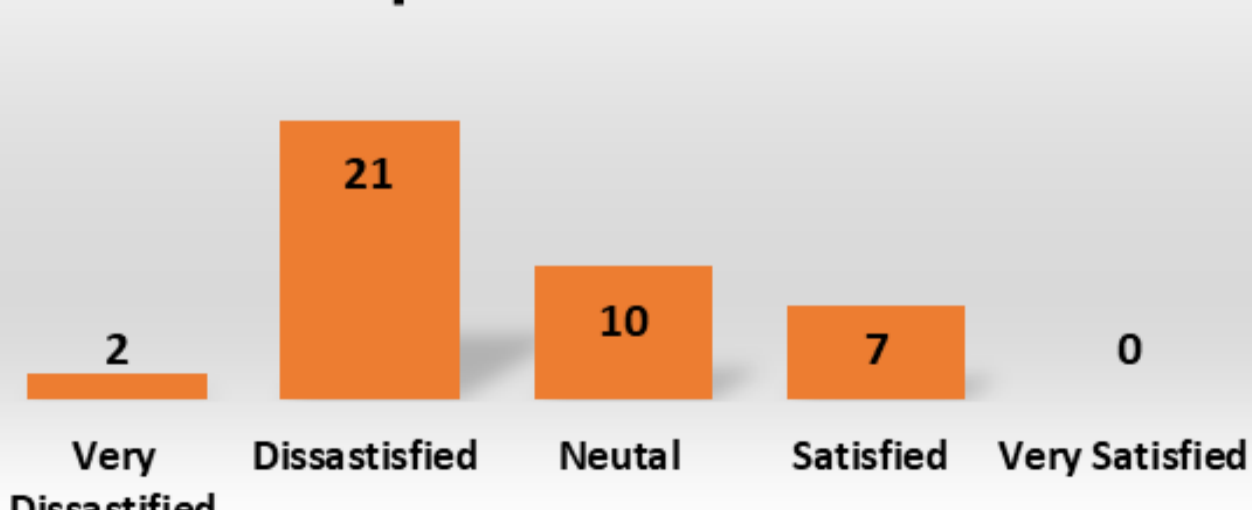
How confident do you feel simulation is at highlighting your gaps in knoweldege



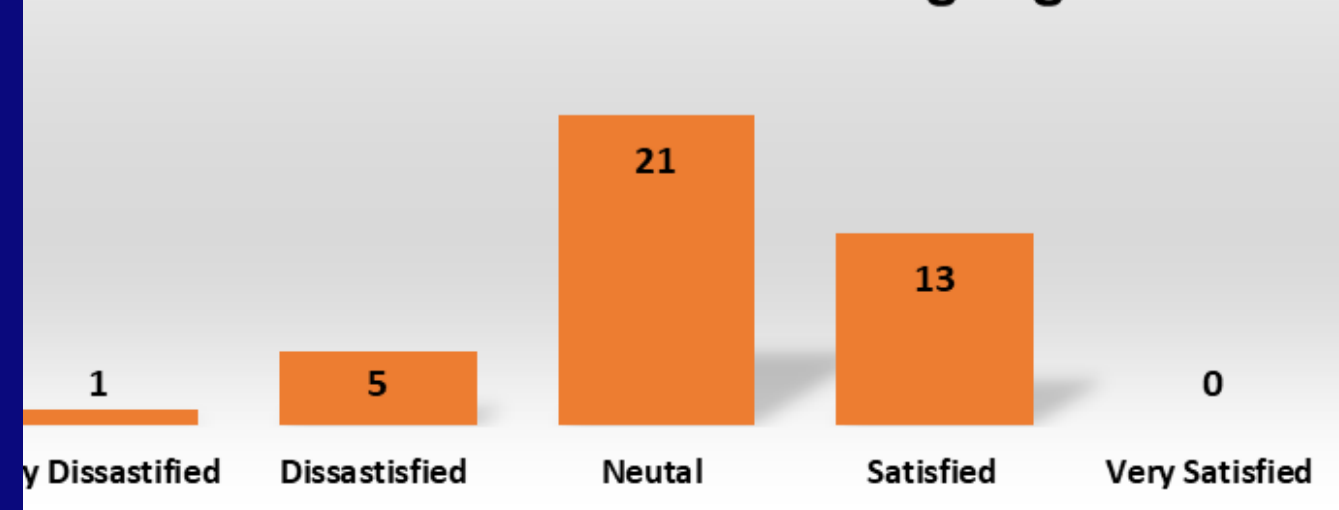
How confident do you feel with the services that are provided to aid in your knowledge surrounding communication within an obstetric emergency



Please rate your level of understanding using our interpretation services



During an obstetric emergency do you feel that you can determine the level of understanding of the woman e.g. linguistic skills/communication/language



05. Analysis

Data formulated from the Likert scales found the staff understanding and awareness prior to the simulation:

06. Conclusion

There is a gap within the knowledge of staff during the QI project around use of the NHS Trust interpretation services. However within this project it has also highlighted the importance of communication with the woman during an obstetric emergency.

07. Recommendations

This QI project has enabled further importance to be emphasized on staff training around the current systems and processes that are used to obtain an interpreter. Additional resources to be developed such as SOP/Guidelines available for staff to utilise if required. Providing effective equipment that is easily mobile to move to the bedside of the woman.

KEY THEMES

Majority of staff members are currently using work arounds (Shorrock, 2016) such as utilising their own phones during an obstetric emergency with the google translate app to help communicate with women who do not speak or read English.



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