

Lost in Translation?

A survey of obstetric anaesthetists' use of interpreting services

Tooba Nawaz¹, Sneh Shah², Nuala Lucas², Abigail Richardson²

¹Specialist Registrar in Anaesthesia, ²Consultant Anaesthetist

INTRODUCTION

- Maternal morbidity disproportionately affects those born outside the UK [1]
- Furthermore, ethnic differences in obstetric anaesthetic care in the UK have been observed [2]
- There are a variety of second languages spoken in England [3]
- 1.5% of the population in England & Wales do not speak English well and 0.3% of the population do not speak English at all [3]
- A variety of methods (incl. accredited interpreters (phone or in-person), translated written information (e.g. OAA patient information [4]), or more informal assistance (e.g. staff or family) are frequently necessary to enable communication with patients
- Communication with non-English speaking patients may be especially challenging in obstetric anaesthesia, where many anaesthetic-related contacts are unplanned and take place in a time-pressured environment

AIM

- To assess the frequency of use of different methods of communicating with non-English speaking patients in the obstetric and non-obstetric setting

METHOD

- A telephone survey of Obstetric Anaesthetic Consultants was conducted in January 2023
- We asked what type of interpretation service the anaesthetist would use most frequently in their routine practice when caring for a non-English speaking patient in a variety of clinical situations

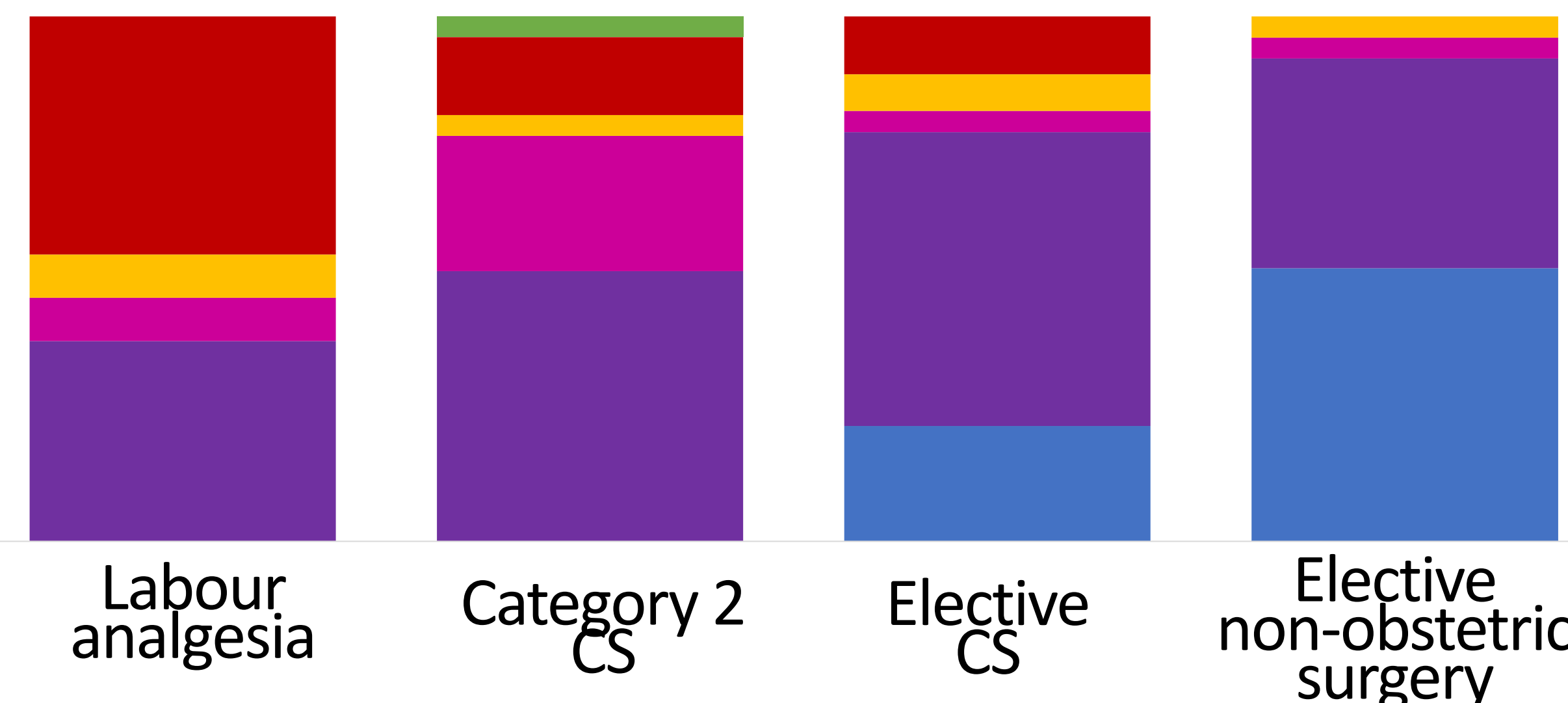
RESULTS

- A total of 27 consultants from 12 Trusts responded
- 25/27 respondents answered all questions
- 2/27 responded to obstetric-setting questions only

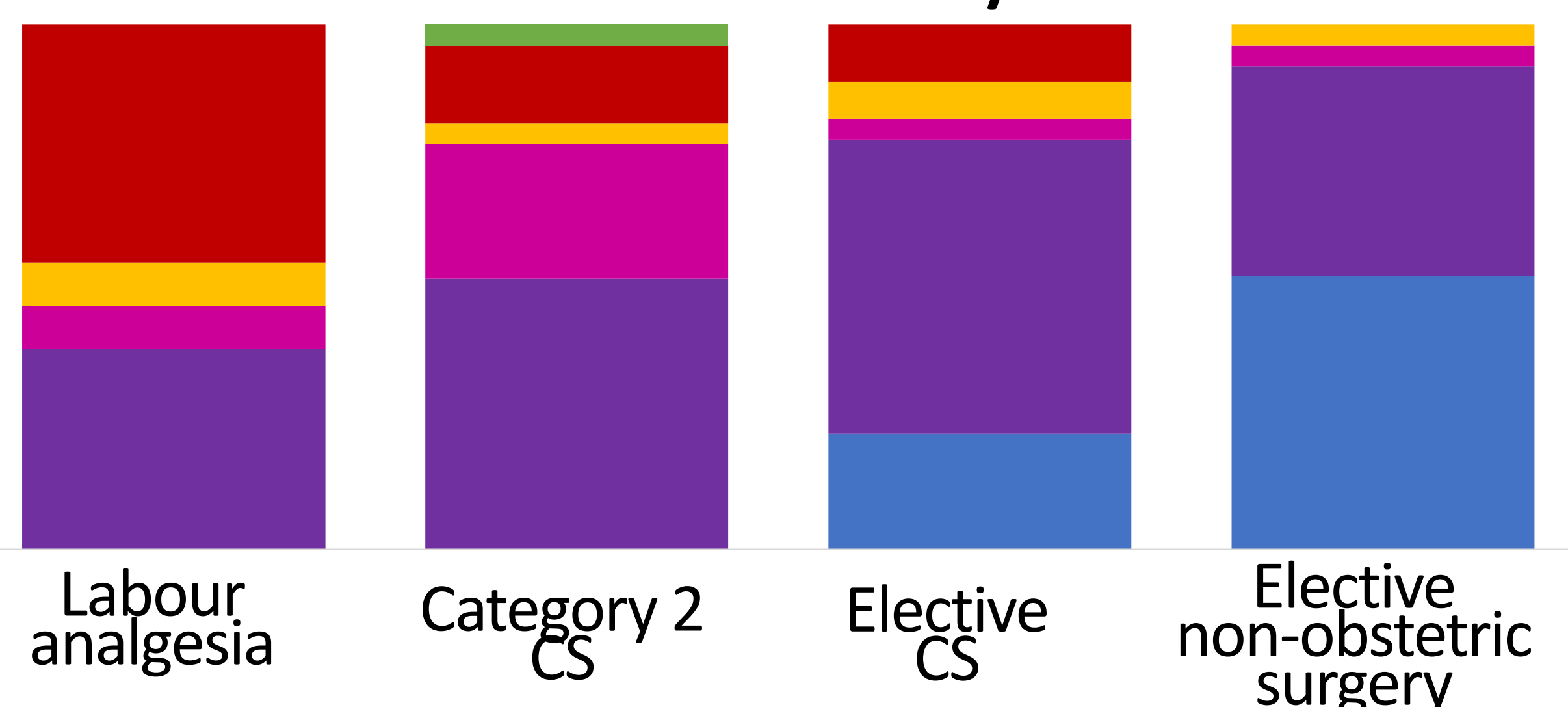
N.B. All data points represent percentage of respondents



ANAESTHETIC CONSENT SCENARIOS



SITING NEURAXIAL ANALGESIA/ANAESTHESIA



UNPLANNED LABOUR WARD ADMISSION

Telephone interpreter (72%);
Staff member (20%); Family member (8%)

DISCUSSION

- The use of accredited interpreters is strongly recommended (6) – they may help reduce healthcare inequalities
- Most respondents used an accredited interpreter or translated information leaflet for consent in the obstetric scenarios described, with telephone interpretation being the most popular
- The use of accredited interpreters was much lower during siting of a neuraxial block, likely reflective of the difficulties using a remote interpretation service to aid a practical procedure; it is unclear how respondents who selected translated text used this method in real-time
- Only a fifth of respondents described using an in-person interpreter as their routine practice for elective CS, in contrast to 52% for elective, non-obstetric surgery – this highlights a disappointing disparity between obstetrics and other services
- The use of family members should be avoided if at all possible [7]; despite this, many respondents still rely on family members in many obstetric situations – this may reflect the practical difficulties of accessing an accredited interpreter in a time-pressured, non-elective setting
- Using online tools such as Google Translate to overcome language barriers in patient consultations is strongly discouraged since they have not been validated for use in medical consultations; use of online tools may leave the clinician open to criticism during potential regulatory action and litigation [8]

RECOMMENDATIONS + FUTURE RESEARCH

- Early identification of a language barrier and proactive measures to mitigate communication difficulties are key
- Accredited in person interpreters should be used whenever practically possible, and certainly for elective CS - this should be regularly audited
- Use of innovative technology (electronic leaflets, hospital webpages and social media, QR codes) may be useful for antenatal education of important anaesthetic interventions
- Improved patient experience and a higher standard of care may be achieved by easy access to video call interpretation which may provide a bridge between in person and telephone interpretation

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