

Interpretation Services within a Central London Maternity Unit - a Mixed Methods Evaluation

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Background:

- **NICE guidelines:** Women should be provided with an interpreter - not a family member or close contact - to communicate in her preferred language
- UCLH offers the service **Language Line** (LL), conducted primarily over the phone, video call, or potentially as face-to-face interpretation.
- COVID-19 prevented Face to face consultations from occurring; an **Interpreter On Wheels** (IOW) was introduced at the Trust.
- IOW is a device connected via LL which offers the option for video and phone call interpretation services – enabling a more personable service.

Objectives:

- (1) To explore **staff experiences** of using current interpretation services
- (2) To ascertain the **demand** for interpretation services within maternity settings
- (3) To **evaluate documentation** around interpretation within maternity records



Interpreter on Wheels Machines at UCLH

Methods:

- 78 maternity service staff members received surveys through **opportunity sampling** to determine staff experiences/perspectives
- **Thematic analysis:** to identify recurrent themes and any distinctions between two staff groups; doctors & midwives
- Identified maternity service users requiring interpretation support between January-December 2021 using Electronic Health Records Systems (EHRs) .

- A **database** of languages in highest demand was created. Individual case records from the database were randomly selected for analysis.
- In each selected **case record**, every documented encounter with maternity services was analysed for documentation relating to interpretation needs.

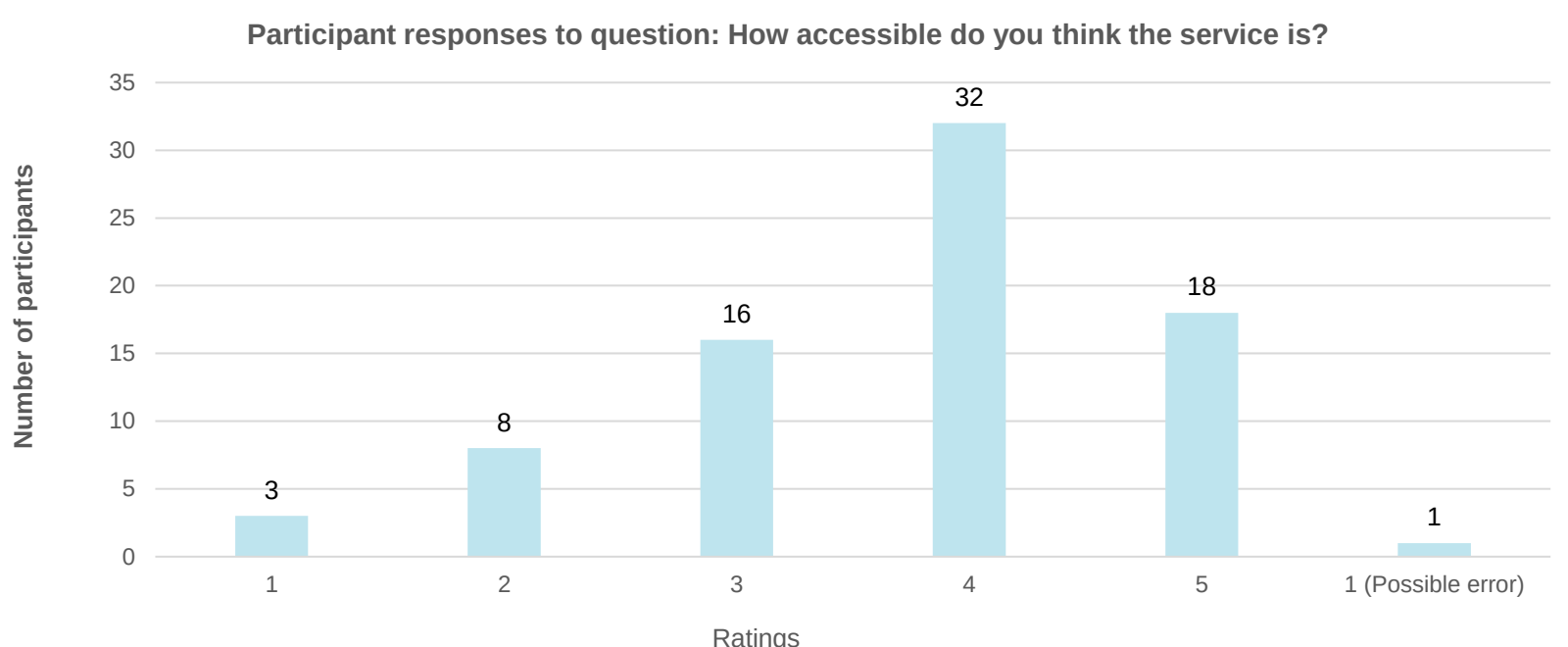
Demonstration of how the need for interpretation services is recorded on the electronic booking form

Results: Staff Survey

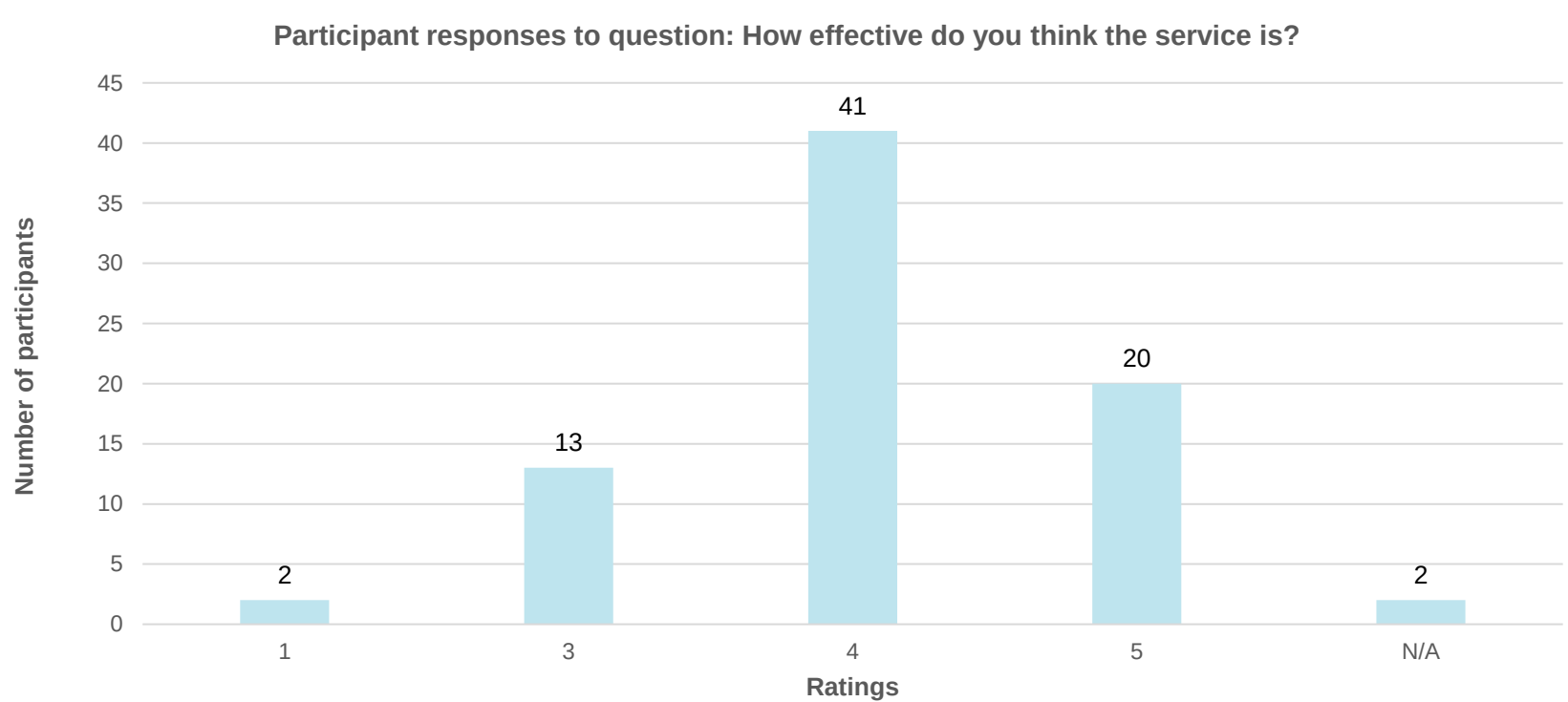
- 78 staff participants: **56% were midwives, 27% were doctors**, the remaining 17% were comprised of students, assistant midwives, maternity support workers and nurses.
- **83% of participants had used Language Line services** to access interpretation services for maternity patients.
- 65% reported to using the IOW Phone function, and 37% used the IOW Video call.
- 50% of the participants have reported that they used

Face-to-Face interpretation

- Regarding the IOW, **85% were satisfied with the current accessibility** (above 3 on 5 point Likert scale)
- **95% viewed LL as effective form of communication** (above 3 on 5 point Likert scale).



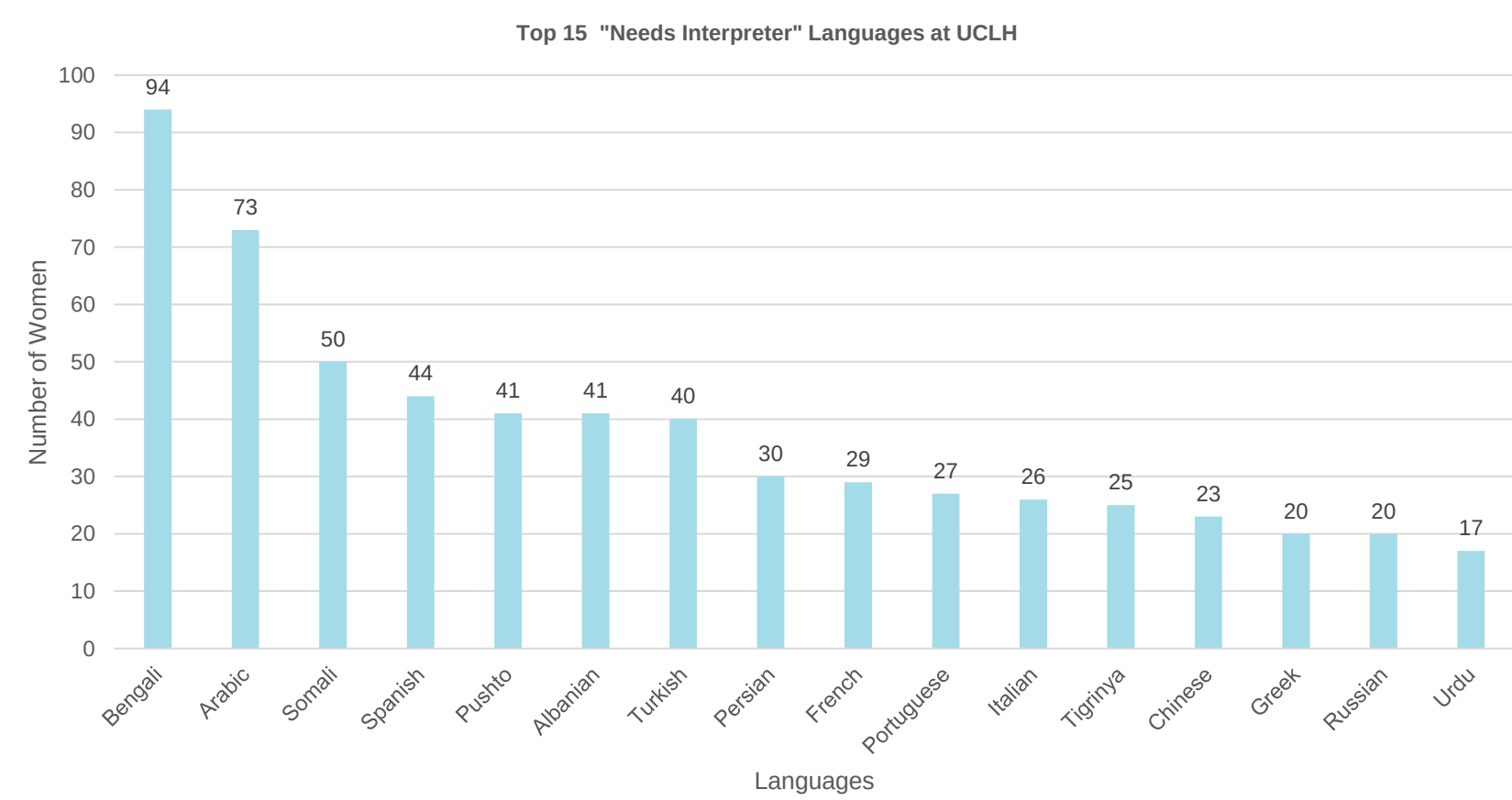
16 responses for it being very accessible (5 on the Likert scale), 32 responses for it being accessible (4). 18 people rated the accessibility as neutral (3) and a further 8 people rated it inaccessible (2). 3 people rated the services as very inaccessible (1).



20 people rated the service as very effective (5 on the Likert scale) and 41 people rated it as effective (4). A further 13 people rated the service effectiveness as neutral (3) and 2 people rated the service as very ineffective (1). Two participants chose to abstain from answering this question.

Results: Case Records

- Number of maternity patients requiring interpretation support at UCLH from Jan-Dec 2021 = **788**, total approx. being 6500 births per year.
- 44 different preferred languages were recorded in the maternal health records, the most frequently preferred being **Bengali**.



The top 15 preferred languages for the 788 women. Bengali was the most common with 94 women needing interpretation. This was followed closely by Arabic at 73 and then Somali at 50.

- In 15 randomly selected case reviews where interpretation needs had been identified at booking, **four women's notes had no further documentation** about a language barrier, interpretation, or other people, such as partners, translating.
- 9 participants used the service a minimum of once. LL use was documented on average in 20% of interactions patients had with healthcare professionals through the maternity pathway.
- Numerous entries contained no mention of interpretation needs

Patient	Language	Used/Conversation of interpreter not documented	Documented (Rating or Conversation regarding service)	Documented and used	Other person translating (Relative, Partner, Spouse, Family)	Total team of more	Percentage of time interpreted via new documentation	Percentage of time it was not documented
1	Bengali	44	9	17	1	71	24%	62%
2	Pashto	19	7	11	7	44	25%	43%
3	French	All Notes	0	0	0	N/A	N/A	N/A
4	Bengali	12	0	0	1	13	0%	92%
5	Persian	19	2	6	4	31	19%	61%
6	Vietnamese	N/A	Patient declined service in first appointment	N/A	N/A	N/A	N/A	N/A
7	Persian	6	1	2	0	9	22%	61%
8	Arabic	All Notes	0	0	0	N/A	N/A	N/A
9	Somali	38	5	7	4	54	13%	70%
10	Greek	32	4	5	0	41	12%	78%
11	Arabic	All Notes	0	0	0	N/A	N/A	N/A
12	Spanish	29	4	4	10	47	9%	62%
13	British Sign Language	37	18	24	1	80	30%	46%
14	Polish	All notes	0	0	0	N/A	N/A	N/A
15	Somali	12	6	8	9	35	23%	34%
Average:							20%	62%

Table Showing the Documentation on EPIC for Interpretation for 15 Women

Results: Thematic analysis

- **No difference** in opinion between midwives and doctors
- Need for **more "Interpreter on Wheels" machines**; 30 participants stated that they would like more IOW machines to be available
- **Lengthy wait times** to connect with an interpreter, particularly out of hours. 18 participants stated that the long wait time ‘causes delays to the service’.
- **Lack of availability** of interpreters for some commonly needed languages, examples being Dari, Pashto

Discussion

- Staff who rated the service highly for accessibility and effectiveness gave useful feedback on areas for improvement
- Gaps in availability were noted for some commonly-required languages; work is needed to support a fully comprehensive service for all language needs
- Potential for assumptions being made regarding patients being comfortable in English and not needing an interpreting service were noted – this is an area which needs careful exploration when considering patient understanding of discussions, especially those relating to decision-making and potential interventions or alterations to care pathways

Conclusions

- Interpreters on Wheels is an effective tool in preventing miscommunication between healthcare professionals and patient
- Effectiveness is compromised if there is lack of availability of machines or long waiting periods for an available interpreter

Future Work

- A qualitative study with a larger cohort of women who speak limited English could help to validate the data identified in the current work and help understand the experiences of women who have had limited access to interpretation services.