Working with interpreters when a baby dies

Best practice for health professionals



The death of a baby before, during or shortly after birth is a major bereavement (Harper et al, 2011). For parents with little or no English or who have a sensory impairment, shock and distress may also drastically affect their ability to understand what they are being told and their capacity to express themselves (Sands 2016a)¹.

- Parents who have difficulty communicating with healthcare staff may be provided with less information, be offered fewer choices and/or feel disempowered or vulnerable (feelings that parents may already be experiencing during a childbearing loss) (Pitkin Derose et al. 2007).
- An interpreter can translate for parents and staff to facilitate discussions and help to ensure that bad news is broken to parents sensitively, that parents receive full information about what is happening and that parents are able to make informed choices about their care and their baby's care.

Working well with an interpreter

Health professionals should ensure:

- Parents are able to express preferences for a female or male interpreter, particularly if they are to be present during an examination, labour or birth.
- Sufficient time has been allocated for interpretation as these discussions may take more than twice as long as other discussions (NHS England 2015b).
- Staff retain overall responsibility for the discussion.
- The interpreter is well-briefed about the circumstances and is emotionally prepared (Health Scotland 2008).
- Parents are able to make fully informed decisions and express their preferences and concerns.
- ▶ If this is a follow up appointment, whenever possible, and with parents' consent, the same interpreter is contacted to provide interpretation for parents so that they have continuity of care (NHS England 2015b).

"It makes such a difference when health professionals acknowledge that I am a professional too and treat me as part of their team."

Interpreter (Sands 2017)

Using family members as interpreters?

Staff should always avoid using family members to interpret as it can increase the likelihood of errors in interpretation. Family members will likely be experiencing pain or distress themselves, hindering their ability to translate and share information. The mother may also be uncomfortable sharing personal information with them. Using family members may also result in choices not being communicated in full depending on the family members' own preferences, and the nature of their relationship (Sands 2016b).

Telephone or face-to-face interpreting services?

Telephone interpreting services can be useful for emergency and out-of-hours interpreting, and for when the information to be discussed is simple and straightforward (Pointon 1996; Health Scotland 2008). However, telephone interpreting services are not suitable for what are often sensitive and complex discussions with bereaved parents who are likely to be shocked and distressed. In these situations, a face-to-face interpreter is essential.

"My experiences have taught me about the importance of pre-meet sessions with health professionals. If a health professional knows in advance that some shocking fact is to be revealed during the consultation, then a forewarned interpreter will make it easier for all concerned."

Interpreter (Sands 2017)

Before any discussion with the parent(s) if possible arrange to talk with the interpreter in order to:

- Explain the purpose of the appointment and acknowledge the importance of the interpreter's role.
- Explain that due to the nature of the discussion it is important that they not only translate everything that is said, but also convey the empathy and compassion you express (Sands 2017).
- Encourage them to explain any cultural concerns that are expressed by parents. It is important to note that interpreters should not be expected to be cultural experts (Health Scotland 2008).
- Ensure that the interpreter understands they are not expected to provide support or counsel parents (Health Scotland 2008) and that you will remain responsible for parents' care and wellbeing.

At the beginning of a discussion with the parent(s) health professionals should ensure that:

- Everyone is seated so they can see each other (Health Scotland 2008). Parents who require a sign language interpreter will need to see the interpreter and the health professional side-by-side (Sands 2017).
- They introduce the interpreter and explain that the interpreter will translate everything that is said and will not give any advice of their own (Permalloo 2006).
- They explain the code of confidentiality and check that parents feel comfortable. Some parents may be concerned about discussing sensitive topics in front of the interpreter, particularly if they are making decisions that may not be generally acceptable within their cultural or religious communities.

During the discussion with the parent(s) health professionals should ensure that they:

- Face the parents during the discussion and speak directly to them rather than to the interpreter (using all of their usual communication skills).
- Remain aware of their body language and don't become distracted while the interpreter is translating what they have said to the parents (Sands 2017).
- Avoid using medical terminology (where possible) and speak in a way that is easier for the interpreter to translate by pausing so that information can be given in translatable chunks.
- Check parents' understanding by using open questions instead of closed questions where only a "yes" or "no" answer is required (Health Scotland 2008).
- Ensure parents are given time to: absorb information, ask questions, discuss their concerns and feelings, and think about and make decisions.

After any discussion with the parent(s) health professionals should ensure that they:

- Offer to write down the key points of what was discussed in clear and simple language and give a copy to parents. Health professionals should also offer to have this information translated wherever possible.
- Make time to have a debriefing discussion with the interpreter wherever possible (especially if the interpreter is going to be attending follow up appointments) (Health Scotland 2008).
- Are aware of how to provide feedback about interpretation services and check that parents know how to access feedback systems directly in a format that is accessible to them (NHS England 2015b).

References

Harper M, O'Connor RC, O'Carroll RE (2011). *Increased mortality in parents bereaved in the first year of their child's life*. BMJ Supportive and Palliative Care 1:306–309. Health Scotland (2008). *Now We're Talking: Interpreting Guidelines for Staff of NHS Scotland. Edinburgh*: Health Scotland. Available at http://www.healthscotland.com/uploads/documents/7833-Nowwe'retalkinginterpretingguidelines.pdf (accessed 22nd March 2018).

NHS England (2015b). Principles for high quality interpreting and translation services [Version 1.19]: Policy Statement [Draft]. NHS Commissioning, NHS England.

 $A vailable\ at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/it_principles.pdf\ (accessed\ 22nd\ March\ 2018).$

Permalloo N (2006). Antenatal screening: choices for ethnic minority women. British Journal of Midwifery 14: 199–203. Pitkin Derose K, Escarce JJ, Lurie N. (2007). Immigrants and health care: sources of vulnerability. Health Affairs 26: 1258–1268.

Pointon T (1996). Telephone interpreting service is available (Letter). British Medical Journal 312: 53.

Sands (2016a). Pregnancy Loss and the Death of a Baby; Guidelines for Professionals (4th edition). Coventry: Tantamount.

Sands (2016b). Audit of Bereavement Care Provision in UK Maternity Units. Available at: https://www.uk-sands.org/professionals/professional-resources/audit-bereavement-care-provision-uk-maternity-units-2016 (accessed 22nd March 2018).

Sands~(2017).~Pregnancy loss and the death of a baby-Training for interpreters.

