Dr. Natasha Abdul Aziz
www.muslimdoctors.org
chair@muslimdoctors.org

Addressing the Issue of Communication & Language Barriers for Non-English Speaking Pregnant Women in the UK

By Dr. Natasha Abdul Aziz

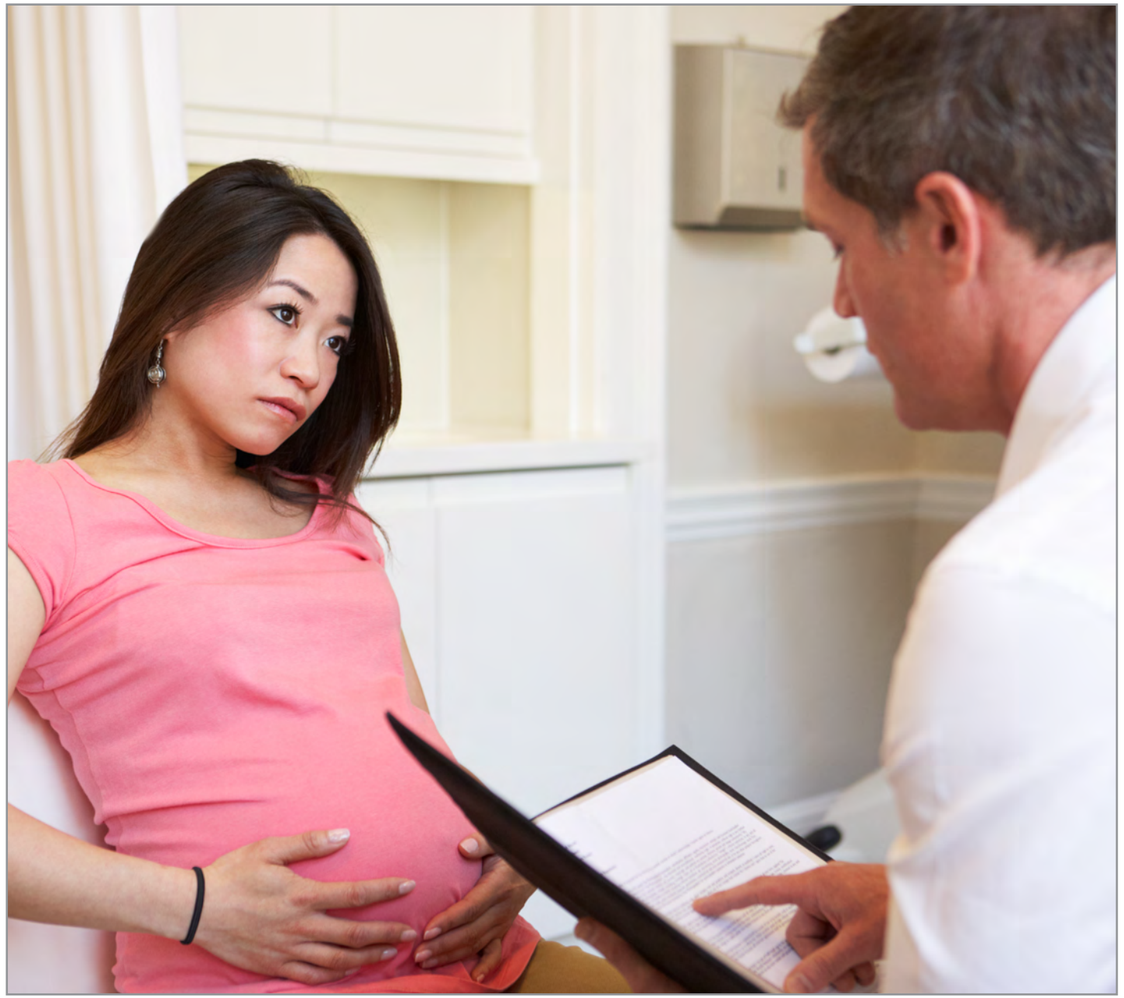
Communication forms the backbone of the relationship between healthcare professionals and their patients. With an increasingly mobile global patient cohort – 25% of all pregnancies here occur in mothers born outside of the UK – healthcare providers need to consider not just which words to choose to identify, diagnose, and treat a woman, but also what language would best convey the situation as a whole, and offer support. William Osler reminded us that the difference between a good and great physician was that the latter treated patients, the former – just disease.

Whilst most hospitals have access to translators in person or over the telephone, the process can be cumbersome and impinge on patient privacy. Ad-hoc translators on the other hand are not trained in medical terminology and may have a relationship with the patient that renders their involvement inappropriate. Knowing whether your patient's concerns have been addressed and the information taken on board can be difficult to gauge without fluency in their native language. As George Bernard Shaw remarked, "the single biggest problem with communication is the illusion it has taken place".

That this illusion perpetuates can be seen in the stark statistics representing the past 10 years of maternity care, identifying women who are not native speakers of their host country's language to have a threefold higher morbidity and mortality rate.[1]

In 2011 The Centre for Maternal And Child Enquiries report listed professional interpretation services as a top 10 recommendation stating: "Professional interpretation services should be provided for all pregnant women who do not speak English. These women require access to independent interpretation services because they continue to be ill-served by the use of close family members or members of their own local community as interpreters. The presence of relatives, or others with whom they interact socially, inhibits the free two-way passage of crucial but sensitive information, particularly about their past medical or reproductive health history, intimate concerns and domestic abuse."[2]

The National Institute for Clinical Excellence found that 2/3 of pregnancy related morbidity and mortality was because "recent migrants… not proficient in English, did not readily access medical help and are particularly vulnerable"[3].



The latest *Mothers and Babies: Reducing Risk through Audit and Confidential Enquiry 2014* report found maternal mortality higher amongst migrant women, making up greater than 1/3 of all maternal deaths[4].

A review of the health of migrants in the UK conducted by the University of Oxford migration observatory in 2014 found "Barriers [to access, resulting in poor statistics] include inadequate information, particularly for new migrants unfamiliar with health care systems in the UK, insufficient support in interpreting and translating for people with limited English fluency… and cultural insensitivity of some front line health care providers (Phillimore et al. 2010; Johnson 2006). [These] cut across length of residence, affecting longer established migrants as well."[5]

With 4 million migrant women in the UK[6] – a quarter of whom lack proficiency in English –