

# Multilingual communication in maternity

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## Introduction

This study hopes to explore language discordance along the midwifery journey i.e., antenatally, intrapartum and postnatally when the midwife (service provider) and the childbearing mother (service user) do not speak the same language. Hence, a deployment of multilingual communication practices (MCP) to offer language support. MCP can be placed on a continuum from less to more 'technologized' from using one lingua franca to ad hoc interpreters to professional interpreters, either onsite or remotely connected, to relying on speech-to-text and speech-to-speech translation applications (Davitti, 2019). The maternity settings are a specific type of institutional setting focused on a therapeutic relationship, defined as a partnership built through, mutual trust, respect, empathy, professional intimacy, appropriate use of power, through safe, effective, ethically correct, and non-discriminatory communication (NMC, 2019). This entails complex communication both to transfer specific terminology into laymen's terms but also to establish a rapport with the childbearing mother (House & Rehbein, 2004, p. 5). Different approaches to the communication analysis have captured how rapport is co-constructed in dialogic, interpreter-mediated scenarios across different settings, highlighting the importance to account for the interplay between verbal and embodied resources in rapport building (e.g., Davitti & Braun 2020). Thus, research combining both midwifery and interpreting disciplines collaboratively is arguably called for (Susam-Saraeva & Spišáková, 2021).

## Research Questions

- 1) What current practices are being implemented by midwives to meet multilingual communication needs of women in maternity?
- 2) How do midwives and women perceive satisfaction during the childbearing journey with the adopted multilingual practice?
- 3) How are midwives and women's communicative goals affected during multilingual communication in terms the therapeutic relationship and maternity care?

## Methodology

A Constructivist Grounded Theory (CGT) methodological framework was used during the study (Charmaz, 2000). Semi-structured interviews were conducted with 29 service providers during May-August 2022 they included experienced midwives (2-15+years) from the University Hospitals Sussex NHS Trust, who have worked directly, one-to-one with language-discordant service users (childbearing mothers). Afterwards, four participants had a follow-up interviews to clarify their data in line with CGT (covering different departments from antenatal clinic, community, delivery suite and postnatal) . Then 15 Service Users were interviewed during September-October 2022 they had their babies during 2018-2021 and seven of them were their first pregnancy and eight their second pregnancy or more. Their mother tongue languages were either; Arabic (6), Bengali (2), Polish (2), Lao (1), Thai (2), and Turkish (2). Diversity is essential during CGT. Again, follow-up interviews of three participants were conducted to clarify their data. Professional interpreters were employed for the service user interviews in Arabic, Bengali, Polish and Turkish, but for the Lao and Thai participants they spoke directly in their mother tongue without a professional interpreter input. Service User verbatim transcripts (in English) were analysed.

## Quotes

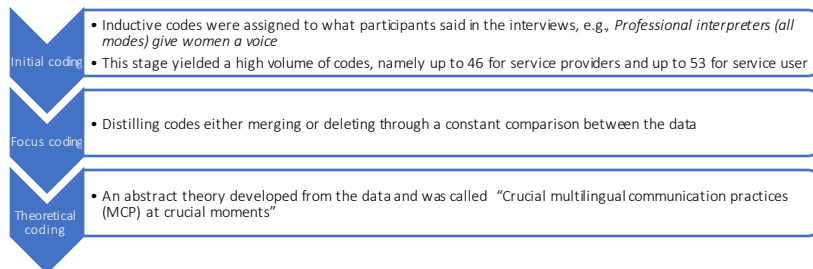
MIDWIFE

"And then the interpreter just translates that and then translates back. And so, I think it's building that rapport building that relationship that makes the kind of the service function quite well. "

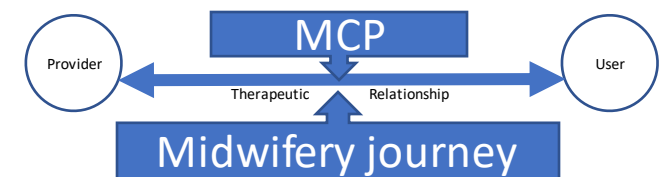
MOTHER

"I know it was a tough time at that moment (labour and Covid-19 restrictions) and unfortunately every time I had a new midwife come in and, uh there was no bonding (rapport/therapeutic relationship) because it was a different person every time"

## CGT Coding



## ABSTRACT THEORY Crucial MCP at crucial moments



## REFERENCES

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