





Tips for Midwives Caring for Pregnant Women with Hearing Impairment



NHS Education for Scotland (NES) is funded by the Scottish Government to provide training and development for staff across NHSScotland.



The Disability Equality Duty (2006) places a duty on the NHS to promote equality between disabled people and others. To achieve this, all staff in the NHS need to understand and remove barriers to communication.

Deaf people choose to communicate in different ways depending on their level of deafness and onset of their hearing loss. These include using a hearing aid or lipreading if their hearing loss is mild to moderate. Severely and profoundly deaf people may also lipread or use sign language as their first or preferred method of communication.

This resource has been designed specifically to support midwives in their communication with deaf women. They are a quick reference guide and more detailed information can be obtained from The Royal National Institution for the Deaf (RNID) www.rnid.org.uk, the Scottish Council on Deafness (SCoD) www.scod.org.uk, or the Scottish Association of Sign Language Interpreters (SASLI) www.sasli.org.uk.



This resource can be accessed in PDF format on the NES website at www.nes.scot.nhs.uk



General Tips

1

- Make a note of whether the woman is D/deaf or hard of hearing and record her preferred method of communication
- Don't shout
- If you are collecting a woman from a waiting area take her to the consulting room – don't just walk away
- Tap the woman on her arm, between the wrist and elbow, or wave your hand in front of her to let her know that you are there
- Always introduce yourself and others to the woman
- Try and talk to the woman in a quiet room where there will be less background noise

General Tips

1

- Think about where you stand. Make sure the woman does not have to strain to see you. Remember a light source behind you may cast a shadow on your face making it difficult to lipread and see facial expressions
- Don't speak with your back to the woman
- Tell the woman about your services, her treatment, medicine and possible side effects in a way that meets her needs
- Make sure that the woman understands any information you have given her
- Whenever possible back up what you have told the woman with visual and written information in an appropriate format so that she can read it later

General Tips

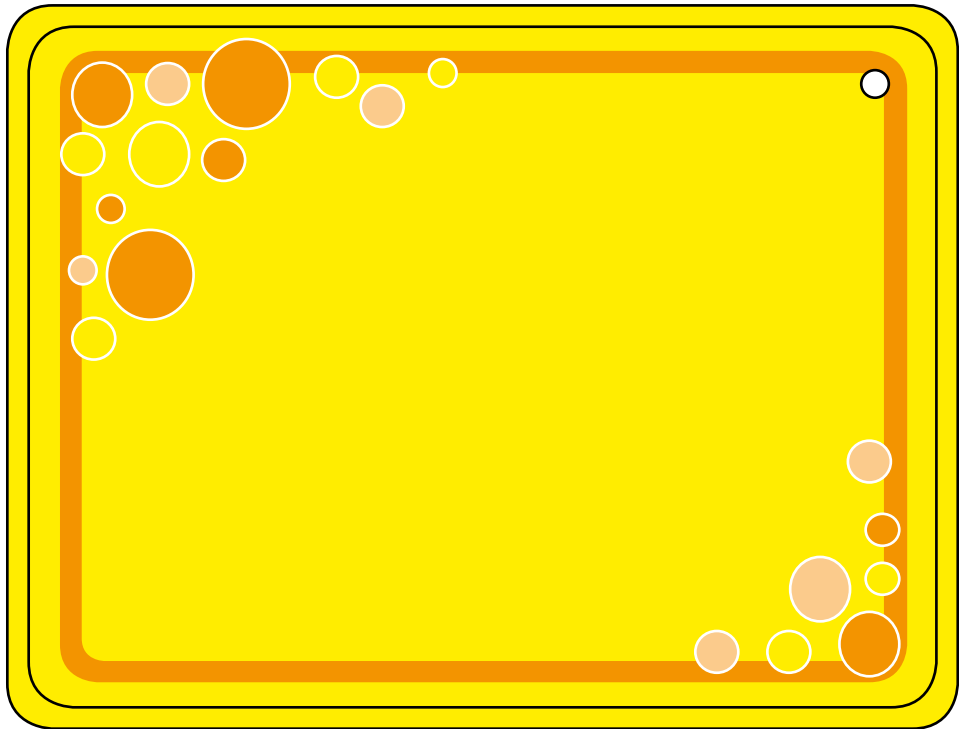
2

- Identify all staff who have had deaf awareness training and if possible assign a deaf aware midwife
- Women do not always have their eyes open during labour. This will make it impossible for them to see an interpreter or lipread. You may have to gain attention by tapping her arm
- If the woman is tired or anxious or has been given pain relief this may affect her concentration and ability to communicate and understand
- Make sure you have fitted special equipment for deaf people or have equipment available such as induction loops or infrared systems and textphones

- Post delivery, provide mattresses that vibrate when the baby cries, teletext televisions and make arrangements for easy access to wards where there are secure entry phones

General Tips - Hearing Aids

- Make a note in the woman's care plan that she is a hearing aid user and let all staff know
- Women lying on their side may be covering their aid which will make it harder for them to hear you
- If a woman has an epidural she can keep her hearing aid(s) in
- If a woman has a caesarean section reassure her that she does not have to remove her hearing aid(s) until she has been anaesthetised
- Hearing aids should be kept in the recovery room



BSL Users

- Make sure you know how to get hold of a BSL interpreter, lipspeaker or other form of communication support, including those available out of hours
- If a woman's first or preferred language is BSL remember English may be her second or even third language. Write and speak in plain English – keep it simple
- If a woman uses BSL keep a finger spelling chart, sign language chart or pen and paper handy.
- Ask the woman about the signs she would like to use during labour for example 'pain', 'okay' etc



BSL Users

- Always ensure patient confidentiality. Only ask a family member or friend to interpret as a last resort and if the mother gives her permission first and record this in her notes
- If you have to insert an IV drip remember that deaf women use their hands to talk



Working with an interpreter

- Speak directly to the woman, not the interpreter
- Use a room with good lighting so that the woman can see you and the interpreter clearly
- Let the woman and the interpreter decide where they would like to sit so that it is easy for the woman to see the interpreter
- Speak as you normally would and use normal facial expressions
- Do not say anything that you don't want interpreted. The interpreter will interpret everything that you say



Working with an interpreter

- Remember that the interpreter is a few words behind the speaker. Allow the interpreter time to finish before asking questions or starting a discussion
- Where possible, provide the interpreter with background information before entering a room. They are bound by a strict code of practice

Lip Readers

- Find a suitable environment with good lighting, away from noise and distractions
- Make sure the woman is looking at you before you speak
- Sit or stand at the same level as the woman
- Face the light or your face will be in shadow
- Keep your face visible – do not put your hands near it or turn away when talking
- Speak clearly at a moderate pace without raising your voice or over emphasising your speech
- Use natural facial expressions, gestures and body language

Lip Readers

- Use plain English and repeat or rephrase something if the woman finds it difficult to follow
- If you wear a face mask the woman won't be able to lipread you
- Check that the woman knows what you are saying
- If she is anxious or tired this may interfere with her lipreading ability

Be patient

- Some birth positions are difficult to lipread from or view lipspeaker/communication support. Midwives may have to work in pairs
- Lipspeakers may only pick up on part of a conversation and other forms of communication should also be used



Local Information

Communication Support: BSL Interpreter, Lipspeaker, etc:

Phone: _____

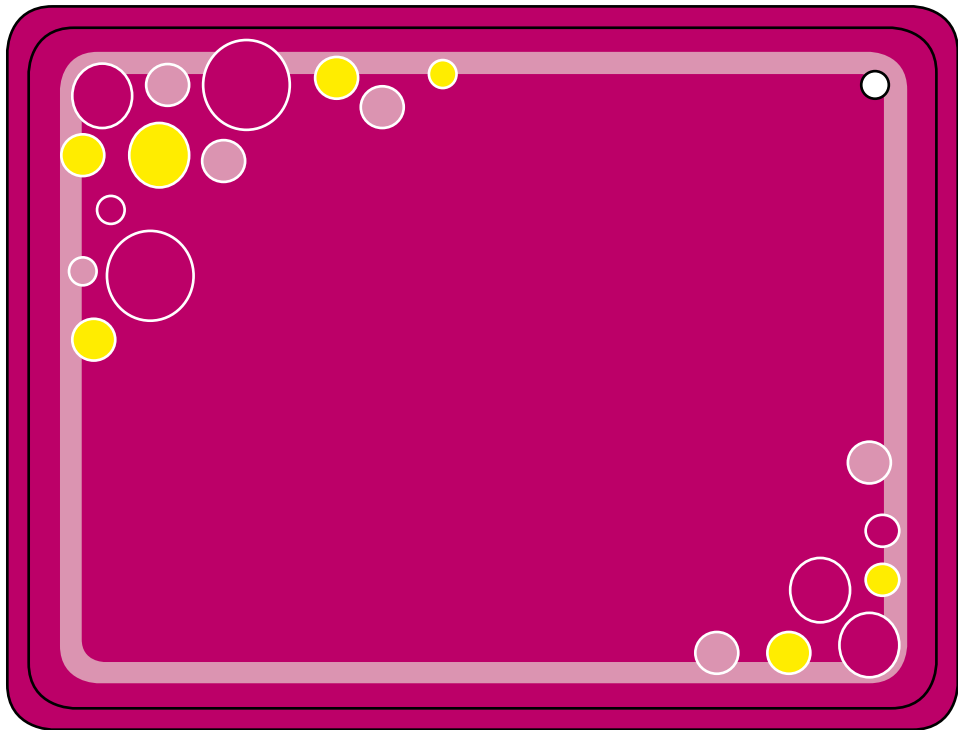
Information and alternative formats:

Phone: _____

Other contacts:

Phone: _____





Finger Spelling



Finger Spelling



n



o



p



q



r



s



t



u



v



w



x



y



z