

Transcript – Pregnancy and deafness

Meghan:

Hello and thank you for listening to this podcast.

My name is Meghan Luton, I am midwife and a midwifery lecturer at Middlesex university. I am currently doing a PhD exploring the experiences of deaf women in maternity care and I would like to share with you some of the communication barriers deaf women and their families may face while trying to access maternity services.

I will try and give some solutions, but the list is not exhaustive, and I encourage you to think outside of the box but more importantly listen to the women in your care. They have been navigating the hearing world for a long time and are the experts in their own needs.

When I say deaf in this podcast I am referring to deaf, deafened and hard-of-hearing women, unless I specify differently.

I'm going to start with primary care or outpatient services. For example, Antenatal Clinic.

How do women book appointments or change appointments?

If the only option is for women to call the service then this is not accessible. Deaf women should be

During COVID, many Antenatal bookings have moved to phone bookings. It is worth knowing how you will provide the same care to deaf women. If they use BSL, many interpreting services will provide support via Zoom or other online video chat services. However, if they do not use BSL and rely on lip reading, how will you provide this?

For women coming to clinics, how do you call them to the room?

If your current practice is to go out and call out the name, this will need to be revised for deaf women. Ensure the reception team inform you of her arrival and position the women where she can see you.

When we think about the appointment itself, deaf women may require longer appointments. This is especially true for deaf women who use BSL but where you have not provided an interpreter.

It is worth bearing in mind that for deaf women who use BSL, 90% of their partners will be deaf BSL users themselves so we cannot rely on the partner being able to call.

Once a woman has been admitted in labour, how do we continue to give accessible care? Fortunately, a lot of midwifery care relies on more than just the spoken word and can continue to be provided through touch and body language.

Some key things to think about in labour are:

- Some pain relief options can make women drowsy and this will have a significant impact on ability to lip-read, sign and follow an interpreter (especially an online interpreter).
- Epidural siting will take more thought as it needs to be fully explained and communicated prior to starting. You may also need a 2nd person in t

mattress was provided that detects this and alerts the mother through a vibrating pillow. However, other mothers in the bay were able to respond to their babies much sooner and would keep telling the deaf mother to look after her baby.

Consider putting deaf women in a side room to support them in caring for their baby without pressure.

fCfC33 Td(C)-0.40p the 710 main to (b) or a story 5103710891ed) 28 (e) asgbi 45-((m)18-13015 (e)519 (ah-510) 611 in (2019-02-19) 15