Mother Tongue Doula Project

Mother Tongue (MT) is a project which aims to offer culturally appropriate and language-specific doula support to women who do not speak English, who are in disadvantaged situations, and are pregnant, birthing or newly mothering.

Doulas Without Borders (DWB) has created this project in direct response to interrelated crises within maternity care. Some women with refugee status are going through their 'entire maternity care experience without language support'. (2) The lack of shared language contributes to the disparity in survival rates between women during the childbearing year. Women from ethnic minorities are twice as likely to die in pregnancy and birth compared to white women in the UK (1).

Beyond the increased death rates, lack of shared language during pregnancy and birth has further negative consequences. Poor communication and insufficient information impact on women's ability to choose appropriate care options and provide informed consent (5, 6). An inability to converse in the local language also means women find it difficult to establish a relationship with their care provider and this impacts upon women accessing care (5). Women who are giving birth without shared language support are traumatised by the lack of opportunity to understand paperwork or procedure, and are unable to give or refuse consent, participate in decision-making, self-advocate, be informed of interventions carried out or communicate their needs during pregnancy and childbirth. In the words of an Albanian mother:

"It was critical for me and the baby. They had to do something. I didn't understand anything […] I just signed blindly. I did not know what happened to me, what happened to the baby. Is my baby still alive or has it died? I had no idea what help I should get, I was scared, I started to cry". (7.2)

Pregnancy, childbirth and new mothering can be a time of great vulnerability and isolation when the mother-to-be is away from her extended family, her home and her culture. For the traumatised, non-English speaking new mother, social isolation can follow, setting up patterns of inter-generational trauma. (5)

The situation also has a direct negative impact on healthcare providers:

"We had to bring a woman in for an emergency operation. I felt like I was raping her, terrible, violating, crossing a line, forced to use some kind of catheter without being able to explain her the why and wherefore". (Midwife) (7.1)

On the rare occasion an interpreter is accessed, the service is delivered without specific training in either birth support or advocacy for the labouring woman, since interpreting skills are taught without the nuance of the subject matter and training in advocacy is actively avoided due to long-held beliefs in objectivity and distancing within the profession of interpreting. Time constraints further limit the use of interpreters:

"What I find difficult after having organized an interpreter any number of different people come: nurses, the midwife, the paediatrician, the obstetrician… How can the woman take it all in such a short time? But we're not allowed to have an interpreter twice, so we're all packed into one meeting". (Nurse) (7)

The situation is currently exacerbated by the deeming of interpreters as 'non-essential' during the Coronavirus pandemic. (3)

In 2017, NHS England published Implementing Better Births: A resource pack for Local Maternity Systems, setting out in greater detail how the vision would be achieved in local areas. This guidance states that "vulnerable women will need extra support to ensure they receive high quality personalised care and are empowered to make choices'. Migrant women need culturally competent healthcare providers who provide equitable, high quality and trauma-informed maternity care, undergirded by interdisciplinary and cross-agency team-working and continuity of care. New models of maternity care are needed which go beyond clinical care and address migrant women's unique socioeconomic and psychosocial needs.

As a contribution to such new models, MT aims to offer a training resource to educate marginalised, bilingual women of ethnicity towards the role of the MT Doula; offering support, culturally-aware nurturing and advocacy for women who are disadvantaged by language and cultural barriers during the childbearing year. We aim to bring a 'culture of respect for each woman' through language-specific Doula support. (4)
Doulas are trained lay supporters who have an understanding of the needs of the labouring woman. They help women have familiar and trusted support, and feel safe, as well as offering robust advocacy. Doulas offer continuous support for women during childbirth, which 'has clinically meaningful benefits for women and infants..' (6) DWB has supported migrant and refugee mothers throughout the UK. Feedback from these women highlight the significant influence of being heard, supported and educated on maternity care, and the impact of the birth upon them and their families:

'I had no one here, all my sisters and mother are still in Syria. I had never been to hospital for birth and I was very scared. I did not know what I was being asked. When the Doula's came, they were like angels, they explained to me, they listened to me, they always made me feel safe. Everyday I thank God for them. I could go to have my baby and not worry about my children or my husband.' (Syrian woman, mother of 4).

The perinatal period is one of great opportunity when, with the right support, families can make changes in their lives in order to improve outcomes for themselves and their babies.

Through this project, our objectives are to:

- Work towards the improvement of maternal and neonatal wellbeing by offering continuous, language-specific and culturally appropriate support
- Help populate our organisation (DWB) with linguistically and culturally knowledgeable MT Doulas, by inviting our graduates to offer some voluntary service after training
- Provide the opportunity for further employment for MT Doulas via our certificated training
- Support towards social inclusion, empowerment and enriched community for (and between) service-users and MT Doulas.

In the area of maternal health, it is well-known that continuity of carer, i.e. the consistency in healthcare providers who support a woman and her baby throughout pregnancy, labour and the postnatal period (10), increases women's satisfaction, trust and confidence, and improves communication. Similar projects to the one proposed here by MT were undertaken in Sweden and the US, with the aim of providing such continuity of carers to immigrant women. Foreign-born bilingual mothers (mainly non-European immigrants) who could attend births were trained as doula/interpreters to support their peers before, during and after childbirth (11, 12). The results of these projects have been highly encouraging. Midwives in the Swedish project note that they regard the doula-interpreters as 'assets', 'facilitators' and 'part of the team' (11). They appreciate the continuous physical presence and involvement of the doula-interpreters, the support and assistance they offer to the midwives, the interaction and affinity between the mothers and doulas, as well as the doulas' interest in and knowledge of childbirth and related terminology and procedures. According to the findings of this project, a doula-interpreter coming from the same linguistic and cultural background as the mother can also 'create a sense of community'.

MT Doula training will be offered via a Zoom and E-learning package, taking place twice a week over 8-10 weeks for small groups (no larger than 6), rolling out with 3 months between cohorts. The time between trainings will be utilised for feedback reviews and improvements of the course.

The training will be facilitated by

- Kate Woods (accredited Doula Educator, Mother Tongue project founder and DWB National coordinator)
- Grace Collins (Arabic speaking DWB Doula and Midwife)
- Amina Hatia (specialist Midwife and DWB Community Elder),
- Şebnem Susam-Saraeva (Doula and Senior Lecturer in Translation Studies, University of Edinburgh)
- Mark Brazier (ESOL specialist consultant)
- Hazel Williams (DWB co-director and specialist in the refugee and humanitarian sector).

The training model is accredited by Doula U.K. DWB will be offering funded places to women of ethnicity who are passionate about supporting others within the childbearing year and are willing to consider offering a few voluntary hours back to the organisation. Completion of training will also mean gaining access to DWB membership. Each graduate will be able to continue receiving support via either organisation, post-training.

MT intends to begin teaching our first cohort in March 2021. The first cohort will be a pilot and will include women less marginalised by language barriers. The pilot will be used to learn and grow towards our goal, which is to offer the training to women with refugee and recently settled status, as well as other women who are from ethnic groups and are without funds to self-pay.

For more information contact info@doulaswithoutborders.com

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