

# Deafness and Pregnancy Guide



In October 2004 the Disability Discrimination Act made it a legal requirement for all service providers to make provision for deaf and hard of hearing people.

There are varying degrees of deafness. Identifying the level of hearing loss is paramount in order to ensure that correct communication support is instigated

The Disability Discrimination Act states ...

21b. It is unlawful for a public authority to discriminate against a disabled person in carrying out its functions.

21d. A public authority discriminates against a disabled person if— for a reason which relates to the disabled person's disability, it treats him less favourably than it treats or would treat others to whom that reason does not or would not apply;

Deaf people have a right to receive the same level of information, treatment and care in equal measure to that of a hearing person. In order to achieve this, healthcare services need to be given additional support and guidance so that they can enhance their service for both their staff and deaf clients.

**IMPORTANT NOTE:** The DDA 2004 was replaced by the Equality Act 2010. The main purpose of the Equality Act 2010 (EA) is to streamline and strengthen anti-discrimination legislation in Great Britain. It provides the legal framework that protects people, including disabled people, from discrimination. It replaces a range of anti-discrimination legislation, including the Disability Discrimination Act 1995 (DDA) and subsequent amendments. Key differences to be aware of are:

1. The DDA provided protection for disabled people from direct discrimination only in employment and related areas. The EA protects disabled people against direct discrimination in areas beyond the employment field (such as the supply of goods, facilities and services).
2. The EA applies one trigger point at which there is a duty to make reasonable adjustments for disabled people. This trigger point is where a disabled person would be at a substantial disadvantage compared to non-disabled people if the adjustment was not made.

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# Introduction

Deafax is a dynamic organisation which was founded in 1985. We understand that, for deaf people, creating a sense of community is essential to building self-confidence and alleviating feelings of isolation, especially among the younger deaf community.

Deafax wants to give young deaf people the opportunity to learn about effective communication, decision making, problem solving and self-advocacy. We provide them with positive role models demonstrating leadership and direction, which is essential for young people who may feel socially isolated. The programmes have also begun to tackle specific issues faced by many young people from ethnic minorities born into and living in the western world, whose deafness may pose its own unique difficulties within their own culture and community values.

Deafax's mission statement clearly identifies our commitment to the deaf community.

“To empower deaf people of all ages to lead fulfilling lives through the use of innovative communications technologies”

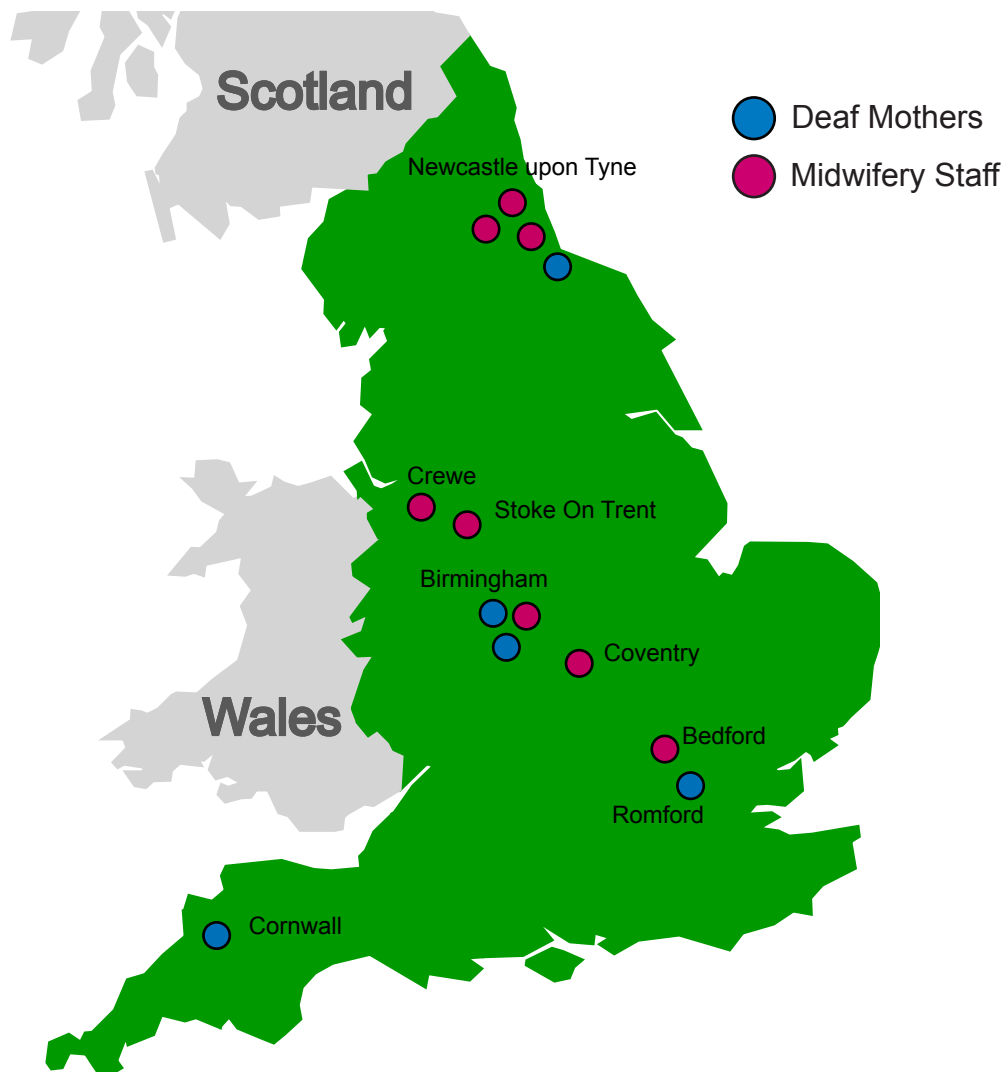
Deafax's research has shown that services currently available in the area of teenage pregnancy issues and support systems focus only on hearing young people. There are virtually no healthcare services that we are aware of, which are culturally and linguistically equipped to adequately and appropriately support young deaf people between the ages of 13 – 30 years.

There is substantial research evidence of instances where deaf people have found the process of pregnancy, birth and parenthood upsetting and humiliating. For example, parents have been either misinformed or not informed at all as communication support has not been made available at antenatal classes or during labour and birth. This has left parents feeling distressed, not in control and confused about what was happening. Younger people have demonstrated naivety and ignorance having never received appropriate education and information regarding sexual health in their first language - British Sign Language (BSL), leaving them often grossly misinformed and misguided about the consequences of their actions.

## **‘One Plus’ Project.**

‘One Plus’ Project (2005-2008) focused on research in this area to discover the true extent of these findings and what was needed to improve the situation. This resulted in a Code of Practice designed to improve communication between deaf people - especially teenagers - and healthcare providers about teenage pregnancy issues. The project was funded by a Strengthening Families Grant from the Government.

# Deafness and Pregnancy Findings



Our findings are based on interviews with deaf mothers-to-be, mothers, heads of midwifery and midwives. The interviews took place across England.

## Interviewees

All of the mothers interviewed were profoundly and pre-lingually deaf (refer to page 8 for terms). 83% of them were British Sign Language (BSL) users. 17% used Sign Supported English (SSE) and none of them preferred lip-speaking or written communication. It is important to clarify at this point that there are diverse levels of deafness. While most pre-lingually deaf people prefer to use BSL, other hearing impaired clients may prefer to use a different method of communication. Although many of those women interviewed had partners, only two deaf fathers participated and expressed views. All deaf participants' comments are recorded in [blue](#) throughout the report.

Eight midwives were interviewed from different geographical areas and PCTs. Midwife comments are recorded in [pink](#) throughout the report.

This survey demonstrates the need for specialist communication support when a member of a healthcare team has contact with pre-lingually deaf clients.

*“I never had access to an interpreter and most of the appointments were not clear. Luckily I have 2 sisters who have had children; because I felt inadequate, I just nodded and waited to ask my sister”*

*“We have no specific provisions for deaf parents; we take each case as it comes. They are offered interpreters but we have mainly relied on their family. Some lip-read”*

*“I missed out on most information because of lack of communication”*

### **Impact of deafness on literacy**

95% of the mothers we interviewed said that being deaf affected their literacy skills - hearing people acquire language naturally through listening and incidental learning. Being deaf from birth, or at a very early age, means that spoken language development is impeded. Comprehension, reading and writing skills suffer greatly as a result.

For this reason, written communication is not an appropriate method of communication for a pre-lingually deaf person.

*“Midwives need more awareness, especially around deaf people’s language and literacy issues”*

*“We do what we can, we try and use interpreters but they are not always available so we use written information, rely on family or lip-read”*

*“I wish that I’d have had an interpreter, that there was more deaf awareness for staff and that information leaflets were changed to plain English”*

### **Midwives and communication**

Of all the trusts that participated in our research, only one had a midwife that could sign at a competent level for communication in a healthcare environment. She had funded her own training to a high standard. This knowledge equipped her to implement procedures and practices that ensured deaf clients in her area received equal access to prenatal and postnatal care. She said: (All deaf mothers-to-be are)

*“referred to a specialist midwife (myself). I am trained in sign language to level 3 standard. I am informed of pregnant deaf families and support them, I have accompanied them to antenatal classes but mainly I do 1:1 in the home. We have a minicom system on the main switchboard and many use text to link to me direct”*

This modest statement does not begin to demonstrate the amount of planning, time, and sheer hard work she put in to provide appropriate care for her deaf clients. As the hospital covers a large deaf community it may be said that this support is necessary and justifiable, but without the personal resolve of this midwife none of these services would have been made available.



Our survey highly recommends that this practice is used as a model of excellence for other healthcare trusts wishing to support Deaf patients.

This example appears to be rare. We heard of many negative scenarios both from the deaf patients themselves and the midwives who were expected to support them. Some midwives conceded that they simply had no experience or awareness of how best to support a deaf mother in labour.

*“One lady was very distressed, normally we would talk them through and soothe them but she couldn’t understand so we gave her an epidural”*

*“I collapsed and lost 3 pints of blood, nothing was explained, I was terrified”*



*“The midwife talked to me in the dark, my mother had to help”*

Some health care trusts explained that deaf clients were rare so it was not considered financially justifiable to fund sign language/deaf awareness training. One head of midwifery we interviewed did release funds to train a midwife but then she left shortly afterwards. This understandably had an impact on decisions to invest in training in this area again. These are both valid points. However, ways should be found to ensure that a deaf client can receive a satisfactory

service. This would involve giving staff access to bespoke deaf awareness training, codes of practice guidelines and if necessary consultation with an appropriate support organisation.

### **Using Interpreters**

The use of interpreters can make a real difference to the experience for the deaf patient.

*“We had a birth last week that was very successful. The parents were both deaf and the husband’s family were also deaf. There was an interpreter present who was the husband’s cousin. She has been present for 14 deliveries so it went very smoothly”*

*“Deaf clients are rare, but we’ve never had a problem booking interpreters”*

There have been cases where an interpreter has not been made available. This has caused a certain amount of distress and confusion for patients in labour and new deaf mums.

*“There were too many people talking at once, it was confusing and upsetting”*

*“There was no interpreter, I had no choice, I had a caesarean - I wanted a natural birth.”*

Many mothers struggled to gain information about entitlement to benefits, time off work and equipment, all because of the absence of an interpreter.

*“I had an awful time trying to get benefits, there was never an interpreter”*

## Pregnancy Wellbeing

Advice on healthy eating, foods to avoid, the dangers of drinking and smoking and the need to take necessary supplements is paramount for new mothers and their babies. None of the mothers interviewed felt that they had been given appropriate access to this information. None were aware of the risk of postnatal depression and the effects on the family, or the importance of pre and postnatal check ups.



*“They gave me leaflets (about health in pregnancy) but they were too hard”*

## Antenatal Support

Only two pregnant deaf patients attempted antenatal classes. One was so confused without an interpreter that she gave up after the first class. Another continued with support from her mother. All of the mothers said that they wanted to attend the classes and wished that they were accessible.

*“I went to antenatal classes with my mother, the midwife was very understanding and easy to lip-read, but I would be much happier in a deaf group with communication support as I know I would not miss any information”*

Although many deaf women had partners, only two deaf fathers participated and expressed views.

*“I was angry because we did not have an interpreter at the birth”*

## Postnatal Support

Postnatally, things did not improve.

*“No information was explained; (regarding monitoring baby’s progress) I had to rely on family”*

All the deaf mothers felt very isolated. It is common amongst the hearing world for new mothers to meet and have a chat, form friendships, seek other mum’s advice and share thoughts on their children’s progress. Deaf mothers do not have access to this. Being a new mother can be daunting for any woman, but if you cannot communicate with your health visitor, you have no family to ask, no friends that have had children and no access to parent toddler groups, undoubtedly isolation is the result. A new deaf mother exiled in this way may be more prone to postnatal depression.

*“Being a mum is the best thing in the world but I feel lonely because I can’t get to see other deaf mums”*

*“I would like to see a support network that includes linking deaf parents with other deaf parents”*





## Sex Education

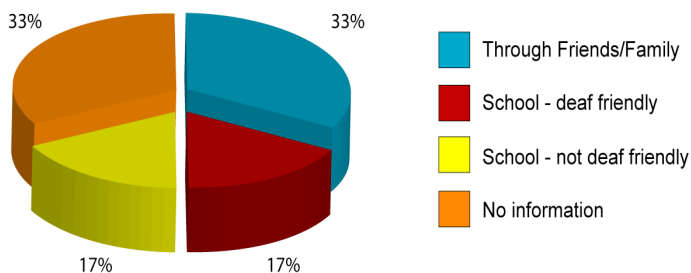
The survey also covered questions around Sex Education e.g. contraception and STI's. The results caused grave concern. Lack of appropriate education at school left deaf young people poorly informed and ill equipped to manage their own sexual health. This impacted on their lives in terms of being unaware of the dangers of unprotected sex until much later than their hearing peers.

*"I learned about safe sex through a deaf man when I was 18"*

*"I didn't know that it was not good to have a lot of sexual partners, especially without contraception. Also that people would think I was a bad person"*

Only 17% of the people interviewed received sexual health education in a 'deaf-friendly' way through school. This indicates that 83% left school without being fully educated about sex and the surrounding issues.

### How did you gain this information?



(I learned about safe sex) *"Only through TV. The sex education was mostly talk that I didn't understand"*

*"The information was rushed and there was no time to ask questions"*

In addition, many were not aware of the dangers of STI's or the fact that they can seek anonymous, confidential advice and treatment through 'walk-in' clinics. One

person told us that a deaf friend actually sought help, but walked out when he realised that none of the staff could understand him. A third of the young women interviewed said that they were under the influence of drugs or alcohol at the time of conception.

### Level of service

All of the deaf women that we interviewed felt that they were given a lesser service than hearing mothers-to-be. This is a serious issue that needs to be addressed by individual PCTs to ensure that their service provides the same high quality professionalism to all patients.



One deaf woman in a long-standing relationship had a really negative experience with pregnancy healthcare from the day her pregnancy was confirmed.

*"My doctor said, why have you got pregnant, have you not heard of contraception?"*

*"Health visitor's attitude was so awful, that I moved out of the area when I had my second child."*

# Deafness and Pregnancy Summary

Our survey has revealed what we see as a critical situation in the access to pregnancy healthcare services and support for the Deaf community. We believe that through the provision of appropriate training and guidance for healthcare teams PCTs will be able to ensure that their services are fully accessible for all.

*“You need the right guidance and support. It’s just the extra effort we need as deaf people to access healthcare services.”*

From the findings, we recommend that Healthcare Trusts do the following:

- Consult with an expert organisation to develop and promote custom made deaf awareness training for members of their healthcare teams.
- Train and appoint a peripatetic midwife/interpreter who could work with deaf patients across the Trust’s locality.
- Consider appointing ‘deaf’ mentors/advisors in the areas of sexual health, pregnancy and childcare.
- Refer to and promote agreed Codes of Practice within their healthcare teams.
- Establish policies whereby specialist needs are identified and recorded by the first medical contact [local GP] and the deaf client themselves. An appropriate Pregnancy Support Plan should be implemented. The Plan to be part of the hand-held pregnancy records, so that all members of the healthcare teams are made aware and can execute procedures to ensure correct support is in place (consistent support is essential).

- Ensure that procedures are implemented to give deaf patients access to a named contact person. They will make sure that any appointments relating to pregnancy and birth are covered by qualified interpreters. The nominated person/persons should also arrange easy access to the hospital for the patients with the onset of labour and provide communication support for the birth.
- Explore ways of supporting deaf patients to gain help and treatment in Sexual Health Clinics
- Work in collaboration with experts to produce ‘signed/subtitled’ DVD packs.

**These packs will contain vital information covering all aspects of:**

- a) Pre birth, birth, post birth and childcare.
  - b) The importance of sexual health and how to seek confidential help.
- Establish ways for deaf parents to make contact with other deaf parents for mutual contact, guidance and friendship.



# Impact of Deafness

In October 2004 the Disability Discrimination Act made it a legal requirement for all service providers to make provision for deaf and hard of hearing people.

There are varying degrees of deafness. Identifying the hearing loss is paramount in order to ensure that correct communication support is instigated.

For ease of reference deafness has been divided into two categories:



## Pre-lingually Deaf

- People who are deaf from birth or from a very early age i.e. before learning a spoken language.
- The severe impact on language development means that at age three, deaf children know 25-50 words compared to around 700 for hearing children. This delayed learning influences their future literacy meaning comprehension, reading and writing skills suffer. For this reason written material, and the use of writing as a form of communication, is not always appropriate.
- Most people with this form of deafness will use British Sign Language (BSL) - Britain's 4th National Language. They will need a BSL interpreter during all appointments.
- Some pre-lingually deaf people prefer to use lipreading. However, it is important to note that 40% of vocabulary is not easily lip-read and there will be words that they have never seen or used. This means that extra support and/or time will be required.

## Post-lingually Deaf

- People who have gone deaf after gaining spoken language, for example elderly people.
- These patients probably do not use sign language and prefer lipspeaking and written communication. It is possible that the patient will be happy for existing staff to convey information. However, it is important staff receive deaf awareness training to ensure their communication is as clear as possible.
- They may wish to use sign language to support communication, usually Sign Supported English (SSE) rather than BSL. SSE interpreters can be booked.
- Some patients may prefer to have a trained lipspeaker.
- Patients with this form of deafness may have hearing aids and would benefit from using a loop system. A loop system directs sound from a microphone directly into the hearing aid, if the aid is switched to the appropriate setting. Loops can be purchased for rooms and buildings or there are portable loops.

Inevitably there will be patients that do not fall into either area. It is therefore vitally important to establish with the patient the level of support that is appropriate and to ensure that correct information can be communicated between both parties. In the majority of cases outside support, in the form of interpreters, will be required.

# Communication Support Provision

In alignment with the Disability Discrimination Act (DDA), service providers cannot charge patients or other persons who are deaf, an extra fee for any aids to communication, human or otherwise. It is the hospital's responsibility for having arrangements in place and ensuring that qualified language service professionals (LSPs) are readily available, including on-call arrangements for after-hours emergencies.

## Points for consideration

- Staff should be provided with training to ensure that they know when to use and how to obtain the services of LSPs.
- Hospital personnel who have some familiarity with sign language may help with communication. However, if their skills are not at the same level as an interpreter, the patient may be missing information and will not receive the same level of service as a hearing person.
- Making your patient fit your mode of communication can lower their self-esteem in conversing with you, which could lead to the patient suggesting that they understand when they don't.
- It is not ideal to ask family members or friends to interpret for a deaf person. Family members may be unable to interpret accurately in the emotional situation that often exists in medical circumstances. Also like all patients, the deaf client has a right to patient confidentiality; they may not want a family member or friend present.
- Health service frontline staff may need to provide an LSP not only for a deaf patient, but also for a deaf parent/guardian/ spouse or partner of a hearing patient. For example, to discuss prognosis and treatment options or to allow meaningful participation in antenatal classes for a prospective deaf father.
- Depending on the levels of deaf patients, larger facilities may choose to have interpreters as on-site staff. Within many trusts this is not financially feasible, in which case it is a good idea to research local language service providers and establish a contact with them. (You can also contact Signature for their Directory of Interpreters)



# Effective Communication using Language Service Professionals (LSPs)

(An LSP could be a BSL or SSE interpreter or a lip-speaker.)

Approximately 70,000 deaf people use sign language. The role of a qualified interpreter is to competently, accurately and impartially interpret information, providing a communication bridge between deaf and hearing people.

Some deaf individuals prefer lip-reading to sign language and can understand spoken words fairly well. However, it is important to remember that good lip-reading relies on good lip-speaking; new words and jargon cannot automatically be read and understood.

A lip-speakers' role is to convey a speaker's message to lip-readers as accurately as possible. They are specially trained to articulate speech silently and clearly, sometimes rephrasing words or phrases to give higher visibility on the lips. Natural body language and gestures are also used.



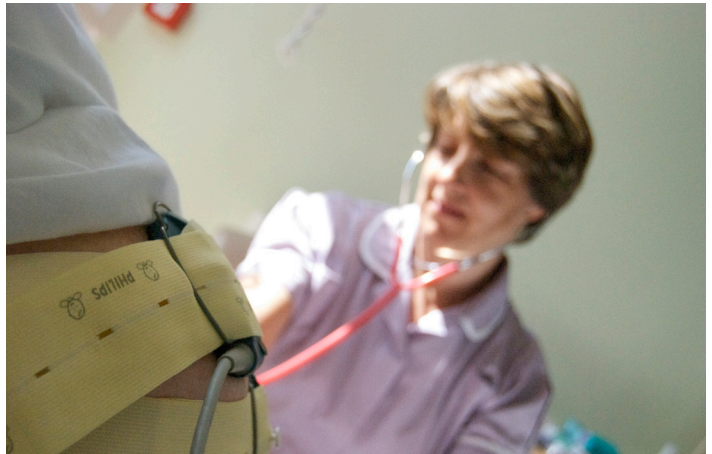
## Points for consideration

- The most common support need for a deaf patient is an LSP. When meeting any deaf patient for the first time it is good practise to provide an LSP.
- Give extra clarification when necessary, so that the appointed support person is familiar with any medical terms, jargon and concepts. They must be able to understand the information in order to convey it to the patient. Ensure that the LSP is given time to look at any written information before the information is gone through, in order for the deaf person to receive adequate information.
- When an LSP is present look directly at the deaf person and not at the LSP, maintain eye contact at all times.
- The interpreter is human, so provide breaks after 30 minutes to an hour.
- Be aware of the literacy barriers that most pre-lingually deaf people face. Handing them an information leaflet is unlikely to be helpful if they do not have an appropriate level of reading skills.
- Keep the conversation and language straightforward and to the point.
- The deaf person cannot look at objects, pictures, papers, etc while watching the LSP at the same time.
- During classes or question and answer sessions, make sure deaf patients have a good view of the LSP. Allow more time for the deaf person to respond or to ask questions because the LSP will be slightly behind the speaker. Try to ensure that only one person speaks at a time.

# Recommendations for Midwives

Many pre-lingually deaf people have difficulties with literacy. It is vital that any written information is translated.

Prior to the birth, liaise with your client and social services, ensuring that they have all of the relevant equipment needed to support them in caring for their child. This includes baby monitors that can be linked to powerful strobe lights or that can vibrate, to alert a deaf parent when the baby cries. There are also 'baby cams' which connect to your TV set enabling a parent to check on their baby from another room.



Refer your patient to the following website:-[http://www.deafparent.org.uk/baby\\_care.html](http://www.deafparent.org.uk/baby_care.html). It is not a substitute for having an interpreter in place when relevant; however it does have basic information related to pregnancy, parenting and equipment. All information is written and signed so it enables a BSL user access to the information in their language.

Ensure that a Pregnancy Support Plan is in place, see page 17 for an example. This can be carried with their hand-held pregnancy notes and will highlight key information when meeting with new members of staff and/or when handing over to the health visitor. The Plan will clearly clarify communication support needs. Please make certain that a trained interpreter is in place when completing this form with the patient. It is imperative that the information entered on the form is correct and fully understood by the patients.

## Key points to remember are as follows:-

- Clarify and record the patient's communication support needs on their Pregnancy Support Plan.
- Identify the preferred method of contact and record relevant contact details for yourself, the patient and the hospital.
- Ensure an interpreter is present when the deaf mother-to-be is making a choice about her birthing options.
- If your patient uses a loop system, check that there is one on the ward and that it is working.
- Check that your patient knows what to do when she goes into labour. Arrange an individual tour of the hospital so they know where to go and can ask questions or discuss practical issues.
- Make sure that she has means of getting in touch with the hospital or a named contact person. [Minicom phone number or an SMS number].
- Ensure that when your patient arrives at the hospital, whatever time that they can gain access to the ward. A door buzzer alone is not appropriate as they cannot hear what is being asked of them and they in return may not be understood.

- Ideally you will be there at the birth of your patient's child - however, inform ward staff that you have a deaf patient as the end of her pregnancy approaches. Check that staff have an emergency interpreter service number, and prepare them for the textphone call that they may receive and that they have the necessary records to hand.
- Make sure that your patient knows what she has to bring including her specialist equipment. It is useful for the patient to test the equipment at the hospital after birth, while support is at hand.
- Liaise with ward staff to prepare them for your patient's needs. Many deaf mothers have expressed distress at the fact that they were not woken during the night when their baby cried, feeling as though they were missing out on a chance to learn and bond with their baby. Staff can offer help to set up any equipment to enable the deaf mother to have equal opportunity to care for her baby, and to enable smooth transition when the deaf mother goes home. In the instance of no equipment, midwives should wake the mother and give her the choice to care for her baby.
- Give any information relating to contraception and sexual health in a format that is appropriate. Research shows that many young deaf people do not have a clear understanding in this area, mainly because it has not been explained in their language.
- Consider an extended handover period with the health visitor; it would be a shame to let the support mechanisms that you have established crash when you are no longer involved. Meet face-to-face to give a full understanding of what you have learned about your client's needs and how you have arranged support throughout the pregnancy.

## Written/filmed materials

Due to the literacy issues that affect many pre-lingually deaf people it is important to consider using written/filmed materials. It may be necessary to translate any written information into signed video/DVD or to ensure that the appropriate communication support is available to translate or clarify.

For spoken video/DVD presentations, it may be necessary to have an interpreter present, add signing to the film and subtitles. Subtitles are useful for videos but additional aids and services may need to be considered.

*"Because my first language is BSL, I really wish all information on pregnancy and birth was available in BSL, but nothing is available. It was difficult to access information from any bookshop, library or parenting books because of the high level of English and I had to rely on my husband or someone to explain the information from English into BSL."*



# What Can Deafax Offer?

## Deaf Awareness Training

'...it is impractical for every Healthcare Frontline Service and the staff associated to provide a comprehensive service to the Deaf community. However, there was consensus that it was reasonable to expect some minimum requirements'

### Aim

To understand how deafness and attitudes affect deaf people with regards to communication, accessing Information and to develop different ways of making your service "deaf-user friendly".

### Benefits

Participants will be able to understand the different types of deafness and how it should influence their mode of communication in their work environment. They will learn useful tips to enable them to support deaf and hard of hearing individuals with appropriate information, communication and human resources.

### Course covers:-

1. Explaining how deafness and attitudes affect communication.
2. Identifying deaf and hard of hearing people.
3. Identifying their preferred methods of communication.
4. Demonstrating the ability to use communication tactics with deaf people.
5. Using an LSP (Language Service Provider) effectively.
6. Using 'BSL Signs for Sexual Health' effectively.
7. Identifying different ways of accessing information.

Recommended time - 3 hours to full day

### Additional Information

The contents of this module can be tailored to meet the needs of your organisation. We are expected to discuss the contents with you to determine your staff needs.

### Costs

Deafax can tailor-make sessions to match your staff needs. Cost of workshop depends on number of attendees. Please contact us for further information.



## Consultancy and advice

Deafax offer a consultancy service whereby the deaf members of our team can make an assessment of your frontline service and offer suggestions to develop a more comprehensive service especially with reference to access to information.

Please contact the Deafax team for more details [training@deafax.org](mailto:training@deafax.org)

## Further Resources

- Glossary which comprises of vocabulary linked to sexual health, which can be downloaded from the Deafax website.
- 'BSL – Signs for Sexual Health' DVD, which is available to buy from the Deafax website and selected bookstores. It covers most of the vocabulary used in this particular topic in BSL to help explain and visualise the content better for students who find the English language difficult to understand.
- 'BSL – Signs for Sexual Health and Pregnancy' Flip-book. Again, this is available to buy from the Deafax website and selected bookstores. This Flip-book is designed to be a support for all those working with deaf people in the sensitive area of sexual health.
- Sexual Health Package – Safe Sex, which highlights the different methods of contraception and how to be sexually safe. This package complements the STI package helping to provide greater awareness and understanding of sexual health.
- Sexual Health Package – Sexually Transmitted Infections (STI), which highlights the different types of infections that can be caught and their impact. This package complements the Safe Sex package helping to provide greater awareness and understanding of sexual health.

Please see [www.deafax.org](http://www.deafax.org) for more details.

# References

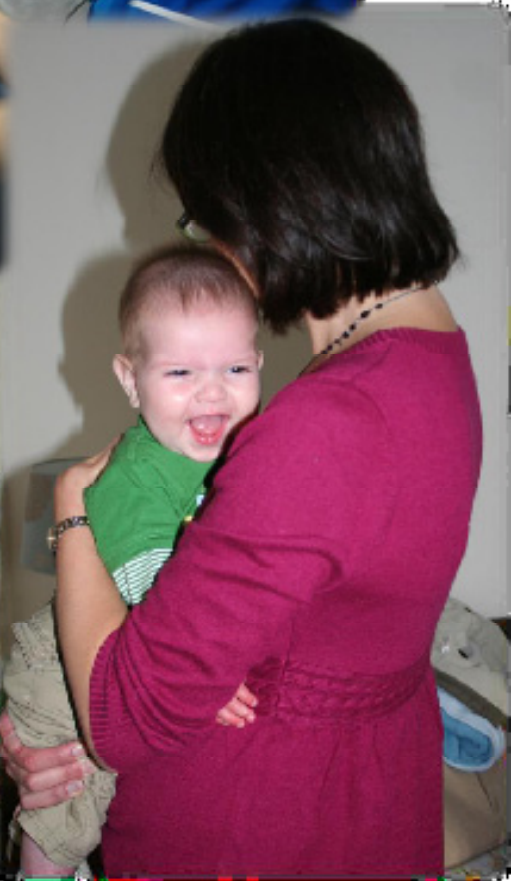
*Primary Care - Mental Health and Deafness*, Department of Health, March 2005 pg.14

Iqbal, S. *'Pregnancy and Birth: a guide for Deaf women'* 2004 RNID



Supported by





# Appendix 1: Pregnancy Support Plan for Hearing Impaired Women

MIDWIFE TEXT NUMBER

HOSPITAL TEXTPHONE NUMBER

INTERPRETER CONTACT NUMBER

EMERGENCY CONTACT NUMBER

Patients Name

SMS number

Textphone number

Fax number

Email address

## Communication Support Information

What is your level of deafness?

Profoundly  
Deaf

Severely  
Deaf

Hard of hearing

Preferred method of communication:

Signed

Spoken

What support do you prefer to have?

SSE

BSL

Interpreter

Lipspeaker

Other

Would you like us to book the support every time?

Yes

No

If no, do you have somebody in mind that will provide support? Can we take their telephone number?

How do you want us to contact you?

Email

SMS

Textphone

Fax

Other

Do you need support with written information?

Yes

No

## Birthing information

Have you contacted Social Services for the specialist equipment you might need?

Vibrating  Flashing baby Monitors  Baby Cam  Other

### Please bring your equipment with you to the hospital when you go into labour.

Do you know what to do when you go into labour?  Yes  No

Do you know where the labour ward is at the hospital?  Yes  No

If No, would you like a tour before the birth?  Yes  No

Do you know how to get into the labour ward?  
(we can have a practice run during the tour)  Yes  No

Would you prefer a natural birth if possible?

How do you feel about the drugs that will be available? Is there anything you definitely don't want to have?

## Appendix 2: Doctor's Checklist

A photocopyable checklist

	Not started	Under way	Achieved
Identify type and level of deafness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarify and record communication support needs. Ensure it is provided at each appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrange specialist support meeting with mother to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete Pregnancy Support Plan with mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liaise with relevant PCT staff to provide appropriate and consistent support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure copy of Pregnancy Support Plan is carried with hand held notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide communication support for all appointments to ensure clarity of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Appendix 3: Midwife's Checklist

A photocopyable checklist

	Not started	Under way	Achieved
Ensure Pregnancy Support Plan is in place with hand held notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liaise with client & social services prior to birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarify and record communication support needs and identify the preferred method of contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record relevant contact details for yourself, the client and the hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give client a choice of birth options and record on the Support Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check that your client knows what to do when she goes into labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make sure that your client knows what to bring, including her specialist equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrange a tour of the hospital and labour ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make sure that she has means of getting in touch with the hospital or a named contact person. [Minicom phone number or a SMS number]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that when your client arrives at the hospital (whatever hour of the day or night!), that they can gain access to the labour ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not started	Under way	Achieved
Inform ward staff that you have a deaf client as the end of her pregnancy approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check that staff have an emergency interpreter service number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare them for the textphone call that they may receive and that they have the necessary records to hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liaise with ward staff to prepare them for your client's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that deaf mothers are given a choice on how to care for their baby including nighttime feeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give information relating to contraception and sexual health in a format that is appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrange an extended handover period with the health visitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Deafax Courses

Deafax has workshop courses to suit the needs of both deaf and hearing people whether online or in person. Our high-quality training courses and presentations are suitable for all ages and range from Information Communication and Technology to Personal Development and Health all delivered to match each learner's needs and level.

Our training is delivered by qualified deaf and hearing trainers who demonstrate our positive attitude to deaf-hearing partnerships. We believe that everyone can be a high achiever but they need information delivered in a method to suit their learning style.

Our training courses are visual, interactive and fun - why not try some online learning or book us to deliver to your school, college or organisation?

Are you interested? Check out our website for more information or contact us directly:

Email: [info@deafax.org](mailto:info@deafax.org)



# Deafax Supporting the Deaf Community

Deafax exists to empower deaf people through the use of technology by:



Providing workshops to help teach life skills

“If a person gets their attitude toward money straight, it will help straighten out almost every other area of their life!” - Trainer



Researching how technology can help virtual learning

“Innovative use of ICT for both educational and social purposes has acted as a catalyst for change in the lives of deaf people and their families, improving both literacy and communication skills. Deafax has been the key factor in this research.” - Educational Technologies for Deaf Learners Conference



Helping families

“Thanks to the Deafax team - I can see and communicate with my daughter using a web-cam” - Deaf mother



Specialist mentoring

“It’s wonderful to develop new skills with people who believe in me” - Deaf adult



Educating professionals

“What I liked is that Deafax provides good practice, using lively, friendly deaf trainers which made the experience real and eye-opening!” - PCT Health Professional



Breaking down barriers

“Deaf-hearing integration, that’s what Deafax stands for. Working with Deafax was the first time I’d met deaf children” - Deafax Volunteer



Pioneering deaf-friendly resources

“It’s so user friendly - both for children and adults! You don’t have to sift through a long manual, but can just load and start. Great!” - Parent and Teacher of the Deaf





## Head Office:

Deafax  
167-169 Great Portland Street  
5th Floor  
London  
W1W 5PF  
United Kingdom (UK)

Email: [info@deafax.org](mailto:info@deafax.org)

Website: [www.deafax.org](http://www.deafax.org)

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