AIMS For a better birth...

Being in-between: An interview with an interpreter

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Katharine Handel *Zori Jeffries*

Interview by Katharine Handel

As we know, AIMS's goal is to work towards better births for all through campaigning and sharing information, to protect human rights in childbirth, and to help women to know their rights, whatever birth they want and wherever they want it. Given the theme of our current issue, I wanted to consider how that might work for women who don't speak English as a native language, so I spoke to Zori Jeffries, a Bulgarian interpreter, to ask her about her experiences of supporting and advocating for Bulgarian women during pregnancy and birth.

Zori moved to England in 2010 and was inspired to become an interpreter because of her own experience of feeling frustrated with being unable to communicate in everyday situations and out of a desire to help those in a similar situation. Her husband is English and she has two children. She lives in Shropshire, where there is quite a large Bulgarian community, and has been working as an interpreter with Absolute Interpreting and Translations Ltd for four years.[1] In her work, she covers many different types of hospital visits, but about 80% of her time is spent on maternity appointments, which is around 30 women a week on average, including all aspects of maternity care such as midwife appointments, scans, and labour. My conversation with her was fascinating and gave me a new appreciation of the crucial role of an interpreter as a mediator in what can sometimes be very stressful and difficult situations.

KH: Hi, Zori, thanks so much for talking to me! How's your week going?

ZJ: Well, it's very busy! Yesterday, I was busy until about 2 pm, and then I got a call that there was a lady in labour, so I ended up in the hospital all night until 7 o'clock this morning, and then I kept going with the rest of my appointments for the day.

KH: Wow, that does sound busy! And it must be a challenge, because you don't know how long a maternity appointment is going to last in the way that you might with another appointment.

ZJ: No, you never know. So they may book you for a labour for, say, 5 hours, but then you end up working

for 24 hours, or some days there might be complications where they need to rush the lady to theatre, so it's very challenging.

KH: So do you have to be on standby if you know you're going to be supporting a pregnant woman?

ZJ: Yes, usually I'm with the women from their very first appointment up until the birth, so if I know that their due date is coming up, then I make myself available so that they can ring me at any time and I can go to the hospital.

KH: What would happen if you were supporting a woman and she needed to go to hospital unexpectedly?

ZJ: I make myself available all the time, but I also cover cancer and other types of surgeries, and if I'm in surgery, then I won't be able to do much. For example, if I'm in the hospital and a pregnant lady needs a last-minute appointment and I say 'my client is in surgery,' then I might run off quickly to the other side of the hospital and help. But it's not physically possible to see all the women; you just have to do the best you can in the circumstances.

KH: And are the appointments conducted entirely in Bulgarian, or does it depend on the woman's level of English?

ZJ: Usually, the appointment is conducted through me. Some of the women have very basic English and they prefer to speak as much as they can, but anything they are struggling to say, they say in Bulgarian. Sometimes they ask the doctor if they can practise their English when they come into the appointment and they speak as much as they are able to, and if they struggle, then I get involved.

KH: And how do you think being there helps?

ZJ: I think it helps because I speak Bulgarian and I'm a very calm person: even in very stressful situations, I try to remain calm. And because we share the same culture and the same language, the women feel more comfortable with me being there. It's very stressful to be in hospital and not speak the language at all.

KH: You must get to know the women quite well, if you get to meet them from their first appointment all the way through? Do you ever feel protective of them?

ZJ: Yes, you get to know them quite well. Obviously, I'm an interpreter and I can't make any personal relationships, because my job is basically to translate, it's not to make personal friendships. And that's a very tricky part because if you involve friendship, then you can't be impartial any more, so you need to make sure that you keep that professional part as well. It's natural to be, not a friend, but closer with somebody, but obviously you can't do that. It's a normal, natural feeling, to feel protective, but of course they're in better hands with the midwives and doctors. The best that I can do is to make sure that I translate and that way they've got the right support.

KH: How does an appointment work? Where are you in the room when you are interpreting?

ZJ: If it's a routine appointment, then I sit next to the woman. During labour, I also usually sit next to her, but I try to be next to her shoulder and head so that she won't feel uncomfortable or worry that I might see something. I try to make it comfortable for her so that she will be able to listen to me when I speak and so I won't be in the way. It's very traditional for Bulgarian men to not be at the birth; it's shocking for them if you ask them to be part of the process. The majority of Bulgarian men are scared and they don't want to be in the room, and many of the women are here without family members who can come with them to the hospital, so I am the support!

KH: And at what point do you stop supporting the women? Do you stay until the baby is born, or do you also attend the health visitor and midwife appointments afterwards?

ZJ: Once everything is ok with the baby, my job finishes. In cases where there are ongoing appointments, I keep going: for example, I work with a couple of families who have babies with Down syndrome and I attend their appointments for speech and language therapy, physiotherapy, all sorts of appointments.

KH: So you might be seeing the same client for years and years, if you're supporting them with a long-term condition?

ZJ: Yes, exactly.

KH: What's your favourite part of your job?

ZJ: Seeing the babies!

KH: And how about the most challenging part?

ZJ: For me, probably the most challenging thing is the differences between the typical Bulgarian culture and the culture here in England. Sometimes I have to stop the midwives or the doctors so that I can explain to the women why, for example, they ask so many questions here, because some of the questions are quite personal, and in Bulgaria that's not normal. The other thing that I find challenging is that most Bulgarian women prefer more natural things. For example, during their pregnancy, most of them will be vegan, and they'll be extremely healthy. They also don't believe in vaccines.

KH: Oh, really?

ZJ: Yes, I can say that 90% of pregnant Bulgarian women refuse vaccines and vitamin K, because they believe in their immune system and being healthy through healthy eating and activities. In Bulgaria, we prefer a more natural approach and don't necessarily take pills or injections if there is no need for it; if we're not ill, then we don't take anything, and even if you're ill, you try to heal yourself more with natural stuff instead of with medications. So I have to explain to the midwife how typical Bulgarian women prefer to go through pregnancy, and that for them, offering vaccines all the time, for example, or telling them how to eat – though I'm not saying what is right or wrong, because it's not up to me – is not normal. I just

try to smooth the conversations between the midwives and the pregnant woman.

KH: And how do you approach that? That sounds like quite a tough situation.

ZJ: Yes. The majority of the time, the frustration comes from the ladies: it comes from the fact that you see a different midwife at every appointment, so you get asked the same questions again. Of course the midwives will recommend these things, because they believe that they are something that will help the baby. So the challenging thing is that in every appointment the women will be pushed and reminded that they have to have it, and most of the women get very frustrated and they say, "It's my choice, I don't want to hear that any more," and then they are challenged again in the next appointment. In our culture, people are very direct, so if they have to answer the same question for a second, third, or fourth time, they start to get very agitated: you can see it in their body language, and they start to become more aggressive. And here in England, everyone is so calm, you might repeat yourself a thousand times and nobody minds. So I think that is a difference in the cultures, so I have to manage to be able to smooth that aggression.

KH: How do those conversations normally resolve?

ZJ: The doctors and midwives are very understanding and accept all sorts of cultures. As soon as I explain to the Bulgarian woman that this is how it is in England and to the doctors how it is in Bulgaria, then everything is usually fine.

KH: How has your job changed during the pandemic? Were you still able to go to appointments in person?

ZJ: Last year, when the pandemic started and we went into full lockdown, a lot of appointments were cancelled. And they were doing appointments over the phone, which is really difficult, because when you haven't got that visual contact and you're speaking another language, I think it's quite challenging, not for me, but for the medical staff and the patients. But I think everything is back to normal now. And I think the other thing that made a lot of women frustrated last year was that they weren't allowed to have partners during the birth. So I ended up having a lot of negativity on me, because usually that's what happens, because they only speak Bulgarian, and they can take all their frustration out in that language.

KH: That must put you in a position of tremendous stress sometimes, being in the middle of these difficult conversations.

ZJ: Yes. And sometimes, I have to be careful, because the doctors' and midwives' jobs are more stressful than mine. I mean, they're responsible for a person's life and a baby's life. So I try not to translate all of the bad things that have been said, because I don't want to put them under that extra pressure, because sometimes extra pressure can make you make mistakes. So if it's not important and somebody's been very nasty and it's only words, I will try to avoid saying it at that moment, and maybe when everything finishes I will tell the doctor or the midwife what has been said. And that's very important, I think as well, to think of the mental health of the doctors. Because you can see that they mean it: sometimes medical

staff can ask questions just to be nice because they've been told to be nice, but I can see that all the midwives and doctors are not asking questions to be nice, because they've been told to be nice; you can see that it's because they really care. And speaking personally, when my children were born, I had a brilliant experience with the NHS, I can't say anything bad about it. Spending so many years working in the NHS and seeing different situations, I can say that they are absolutely brilliant.

KH: I'm really pleased to hear that you had such a positive experience! Thank you so much for your time, Zori, it was lovely talking to you.

ZJ: Thank you!

Author Bio: Katharine Handel is an editor and researcher. She is one of the editors of the AIMS journal and is also one of the co-ordinators of The Motherkind Café, an Oxfordshire post-natal peer support group. She lives in Oxfordshire with her husband and son.

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[1] Absolute Interpreting and Translations Ltd homepage:www.absolute-interpreting.co.uk