This One's For You, Baby!

Interpreting in Pregnancy, Labor and Delivery Settings

An Independent Study Guide

Worth up to 2.0 CEUs as an Independent Study for RID's CMP/ACET Program.

Using the CD-ROMS

All in Due Time: Perspectives on Childbirth from Deaf Parents Discs 1 & 2
Birth Companions: Perspectives on Doulas and Nurse Midwives in ASL and English

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CATIE Center

THE COLLEGE OF ST. CATHERINE

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This One's For You, Baby! An Independent Study Packet for Interpreting in Pregnancy, Labor and Delivery Settings by Marty Barnum and Linda Gill.

About the Copyright

Companion CD information

This packet is designed to accompany two CD-ROMs: *All in Due Time* and *Birth Companions*. If you do need these CDs, visit *www.stkate.edu/catie* for ordering information.

Earning CEUs through RID's CMP/ACET Program

To earn CEUs, you need to have an independent study plan accepted by a sponsor who deals with independent studies. To find a sponsor, visit: *www.rid.org/cmpsp.html*. There is a sample Independent Study Plan in Appendix E. You need to have a plan approved before you begin the indpendent study.

Table of Contents

Study Packet Overview

This Independent Study Packet is designed to accompany the birth-related CD-ROMs created by the RSA Region V Interpreter Education Project. These CD-ROMs include

1. **All in Due Time:** *Perspectives on Childbirth from Deaf Parents*. This is a two CD set. Both CDs are used in this study packet.
2. **Birth Companions:** *Perspectives on Doulas and Nurse Midwives in ASL and English*

The purpose of this packet is to provide a venue for learning the specialty of pregnancy, childbirth and birthing companions and incorporate this knowledge when interpreting.

Study Packet Objectives

Through completing the activities in the study packet, users will be able to:

- Install necessary software and navigate CD-ROMs containing digital video and links to Internet resources,
- Become familiar with anatomy and physiology involved in childbirth,
- Develop a list of specialized childbirth vocabulary for use in source and target languages,
- Identify settings and health care professionals involved in childbirth,
- Explain the changes that occur during pregnancy, labor and delivery,
- Identify the variety of childbirth experiences,
- Utilize resources on childbirth and birthing companions,
- Discuss how the Code of Professional Conduct can guide our ethical decision-making.

Required Materials (Resources and Media)

Computer and Printer

Required for playing CD-ROMs, printing out diagrams and worksheets, and accessing resources on the Internet.

Video Camera

Required for videotaping assignments for use in self-assessment and analysis.

Internet Access

Required to access websites related to childbirth and birthing companions.

CD-ROMs

1. **All in Due Time:** *Perspectives on Childbirth from Deaf Parents* Discs 1 & 2
3. **Birth Companions:** *Perspectives on Doulas and Nurse Midwives in ASL and English*

Earning CEUs for this Independent Study

By completing the activities in this packet you may earn up to 2.0 CEUs for RID's CMP/ACET Program. Prior to starting the packet, you will need to contact an Approved Sponsor and submit an Independent Study Plan. A sample plan is included in Appendix E. To find an approved sponsor, you can visit *www.rid.org/cmpsp.html.*

Framework for this Independent Study

The study packet may be used by an individual, in a study group, in a mentoring relationship, or in an academic classroom. Each setting may require modification to be effective.

The format of this study packet draws on the ideas of **Dean and Pollard's** *Application of demand-control theory to sign language interpreting: Implications for stress and interpreter training* **(Dean, R.K. & Pollard, R.Q., 2001, in** *Journal of Deaf Studies and Deaf Education,* **6(1), 1-14).**

Dean and Pollard apply the framework of Demand-Control theory (Karasek 1979, Karasek & Theorell 1990) to the task of interpreting (2001). They define four categories of demands that interpreters face in their work. These include environmental demands, interpersonal demands, paralinguistic demands, and intrapersonal demands (Dean and Pollard 2001).

For the purposes of this study packet, we are offering information to help you identify some of the demands you will face interpreting for pregnancy and childbirth, and the controls or resources and information that will prepare you for the task. A further step suggested by Dean and Pollard is to observe the tasks in a non-interpreting situation. We encourage you to see what options might be available to you to do just that. If you are able to be involved in someone's pregnancy process – medical appointments, etc. – that will greatly enhance your ability to meet the demands of the job of interpreting. And if you are able to participate in the childbirth process as an observer, that too will better prepare you to interpret for childbirth. If you are not able to participate in this way, try talking with lots of people, Deaf and hearing, who have been through pregnancy and childbirth. There is much to be learned by listening to others' stories!

One "participation" opportunity that should be easy to arrange is to attend a pre-natal class. These are offered by hospitals and OB/Gyn clinics. Contact them and explain your reasons for wanting to observe the classes.

More on the Web:

For more information on the D-C schema, visit the University of Rochester's Deaf Wellness Center's web site at: *www.urmc.rochester.edu/dwc.*

You can also access this link via Page 8 of *Birth Companions* in the box titled *Resources for Analysis.*

Lesson 1: Understanding the Technology

Objective: In this lesson, you will gain familiarity with the technology by:

a. Installing the necessary software, and
b. Navigating the digital video and links to Internet resources on the CD-ROMs.

Step 1: Software Installation

Using the CD-ROMs requires two free software programs: Acrobat Reader and QuickTime.

Acrobat Reader: If you need to install Acrobat Reader 5.1, go to www.adobe.com/products/alternate.html. Adobe Reader 7 is now available. At this time, it does not support playing video in slow motion or pausing the video once it is playing, which is why we suggest using Acrobat Reader 5.1.

Macintosh OS X users need to have Acrobat Reader 5.1 installed. Released October 2002. Adobe Reader 7.0 was released in 2003.

QuickTime: You will need QuickTime 5 or better installed. QuickTime 6 or 7 is more dependable in playing the video in a high quality fashion.

If you need to install QuickTime 6, go to www.apple.com/quicktime/download. When installing QuickTime, e sure to choose the recommended installation and not the minimum one. Choosing minimum will prevent the captioned video from working.

Troubleshooting Software: QuickTime 7 and Adobe Reader 7 have had some difficulties communicating - where Adobe Reader did not recognize QuickTime as a multimedia player. If you have this issue, be sure to have downloaded the latest updates for each version. The bug has been fixed. For more information, visit www.digiterp.com/support.html.

Activity: Installing Software

Insert **All in Due Time** Disc 1 and locate the *Begin* file on the CD. Open it and follow the instructions for the software installation for both programs using the links provided in the file.

For Users with Adobe Reader 6 or 7:

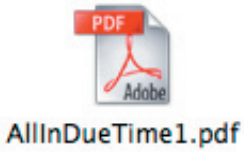
If you already installed Adobe Reader 6, you can still use Acrobat Reader 5.1. Your computer can run both programs. To use Acrobat Reader 5.1, you need to open up the program first. In Windows, there should be a shortcut on your desktop or you can find it in your programs folder. In Macintosh, the Acrobat Reader folder will either be in your in your Applications folder, OS X. Once you open the program, use File>Open to select *AllInDueTime.pdf* on *All In Due Time, Disc 1*. You can also choose to uninstall Adobe Reader 6 or 7, though this is not necessary.

Step 2: Working with PDF Files

All of the information and video on the CD-ROMs are accessed through Portable Downloadable Files (PDFs) that are readable with Acrobat Reader. PDF files are like interactive books, containing text that you can read and print out, as well as links that play movies, guide you through the PDF, and take you to resources on the Internet. In this step, you will learn techniques for maneuvering through the PDF file to access the necessary information.

Opening the PDF File

First, locate the CD-ROM. Windows users should click on "My Computer." Macintosh users should click on the CD icon on their desktop. When you open the CD, there is one PDF file that you can see. On **All in Due Time**, it is titled *AllInDueTime1*.pdf (disc 1) and *AllInDueTime2.pdf* (disc 2). On **Birth Companions**, it is titled *BirthCcompanions.pdf*. It will have an icon somewhat similar to the picture at right. The actual icon varies depending on your operating system and version of Acrobat Reader.



Activity: Insert **All in Due Time** Disc 1 (if you have not already done so) and locate the PDF file AllInDueTime1.pdf. Click on it to begin.

Navigating the PDF File

There are a series of options for moving around the PDF file.

Option 1: Navigation Buttons on the Toolbar

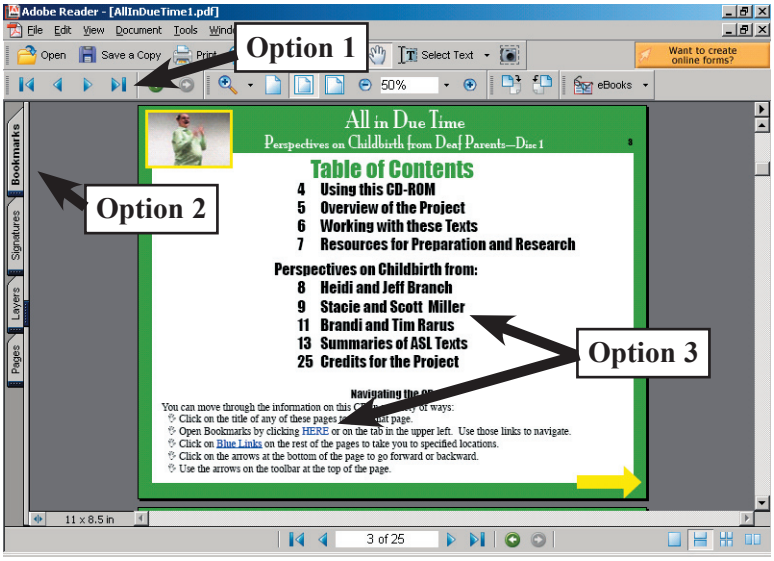
Works like the forward and back buttons in your web browser. You can also jump to the beginning or end.

Option 2: Bookmarks

Initially, what may be the easiest is to use the bookmarks. To view, click on the tab. Then to go to a page, click on the link.

Option 3: Internal Navigational Links

The CDs have a series of links that you can use. Arrows at the bottom of each page take you to the next or previous pages. Certain texts are links as well. You can identify these either by the blue letters and underlining, or when you pass over them with your mouse, they become a pointing hand.



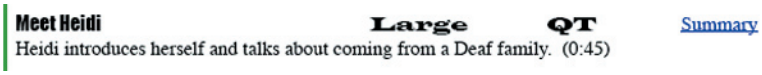
Activity: Practicing Navigation

Use the bookmarks tab (option 2) to view these links, and practice moving to various sections of the file. You can also try moving around using the buttons on the toolbar (option 1) and the internal navigation links (option 3). Make sure you are comfortable moving through the PDF file.

Step 3: Working with the Video

Opening Videos

All in Due Time has three options for opening each video. Clicking on the title will play the video at 480 x 360 resolution. **Large** will play a video at the maximum size for your screen's resolution. **QT** opens the video directly in QuickTime.



Playing and Pausing Movies with Control Bar

The image below is the control bar at the bottom of the video screen. To pause a movie while it is playing, click on the pause button at the left of the bar. The two bars will then change to a triangle that you can click to make the movie play again. You can also use the SPACE bar for both functions. The space bar only serves this function in Acrobat Reader 5.1. Adobe Reader 6 will not allow this, which is why we recommended Acrobat Reader 5.1. You can also click on the control bar to move to a specific point in the movie. The function is immediate fast forwarding and rewinding.

Closing Movies Early

Some movies last over 10 minutes. To close a movie before it is finished, simply press the esc button in the upper left corner of the screen. This technique is necessary for video formatting for consecutive interpreting, as the video remains open even after it stops playing.

Movies in Slow Motion

To play movies in slow motion, click the **right arrow** (→) on your keyboard. Macintosh users hold the arrow key down. Windows users tap on the arrow key. The arrow key plays movies in slow motion in Acrobat Reader 5.1. In Adobe Reader 6 or 7, the arrow key plays fast forward, which is why we recommend Acrobat Reader 5.1. The slow motion function does work if you use the QT link and play the movie directly in QuickTime player. (This avoids the communication issue between QuickTime and Adobe Reader.)

Opening Movies In QuickTime

All in Due Time offers the option of opening the video in QuickTime player. This has added benefit of showing the Time Code and allowing simple resizing, as well as allowing for Slow Motion regardless of Adobe Reader version. When you click on the link, a dialogue box will pop up asking you if it is OK to open the application QuickTime Player. You should allow this as the video file is safe (virus-free).

Activity: Playing Movies

Go to "Heidi and Jeff Branch" on page 8. Practice playing the "Meet Heidi" video in the different formats to see which will be most effective for your system.

Step 4: Working with Resources on the Internet
This next step practices using the Internet links to access additional information.

The first web link on the AllInDueTime1.pdf is at the bottom of page 4 ("Using this CD-ROM"). You may click on this link to visit Digiterp Communications' website for additional troubleshooting tips (such as when new Adobe and QuickTime versions are released).

Activity: Using Web Links

On the bottom of page 4 in **AllInDueTime1.pdf**, click on the link to: www.digiterp.com/support.html.

Clicking this link should launch your web browser. You may get a dialogue box asking you if you want to view the file within Acrobat Reader or in your web browser. You should choose your web browser. Depending on your connection to the internet, you may need to dial in first before clicking on the link. Once you are able to make connection to the internet, other links automatically launch your browser and take you to the appropriate location on the internet.

Troubleshooting

This is the end of Lesson 1. Hopefully, you will now feel more comfortable in navigating the files, viewing the video and connecting to the Internet. If you experience any difficulties, follow these steps:

1. Check the "Using this CD" on page 4 of the PDF file. This has answers to many frequently experienced problems. Most of them can be resolved by ensuring that you have Acrobat Reader 5.1 and QuickTime 6 installed.
2. Visit the Support Page for Digiterp Communications. As new problems and solutions are discovered, this page is updated to reflect the most current understanding of the best ways to work with the CDs. There is contact information on this page if you do not see the answer to the question you have. The URL for this page is: www.digiterp.com/support.html.

Lesson 2: Identifying Anatomical Structures Related to Pregnancy and Childbirth

Objectives: At the end of the lesson, you will be able to:

a. Identify anatomical structures involved in pregnancy and childbirth,
b. Show the size and shape of each organ structure,
c. Describe the location of the anatomical structures in the body, and

Anatomy and Physiology

The ability to interpret in any medical setting requires that the interpreter possess knowledge of anatomy and physiology. Anatomy refers to organ structures and physiology refers to organ functions. Latin and Greek terminology for anatomical structures is also used in the medical field. The next three lessons will focus on anatomical structures and the Latin and Greek suffixes and roots linked to pregnancy and childbirth. Emphasis will be placed on the shape, size, and location of each organ. The following two lessons will focus on the physiology associated with specific anatomical structures.

Step 1: Prior Knowledge

Every person has some understanding of anatomy. You will draw on your own personal knowledge of anatomical structures linked to pregnancy and childbirth.

Activity:

Using the worksheet on page 11, create a list of female genitalia and internal anatomical structures linked to pregnancy and childbirth. Think of all female genitalia and anatomical structures that could have an active role in the process. Next, draw a facsimile of the female genitalia. Label each structure. Now draw an outline of the body. Draw the anatomical structures on the body. Label each structure. Be mindful of the size, shape and location of each structure. (Use pencil so you can make corrections and changes.)

Step 2: Utilizing Resources

After drawing on prior knowledge, conduct research to confirm and expand your knowledge. Resources could include anatomy books, the AMA atlas, and Internet sites. A list of recommended resources is in Appendix D. Look closely at the size, shape and location of each organ structure.

Activity:

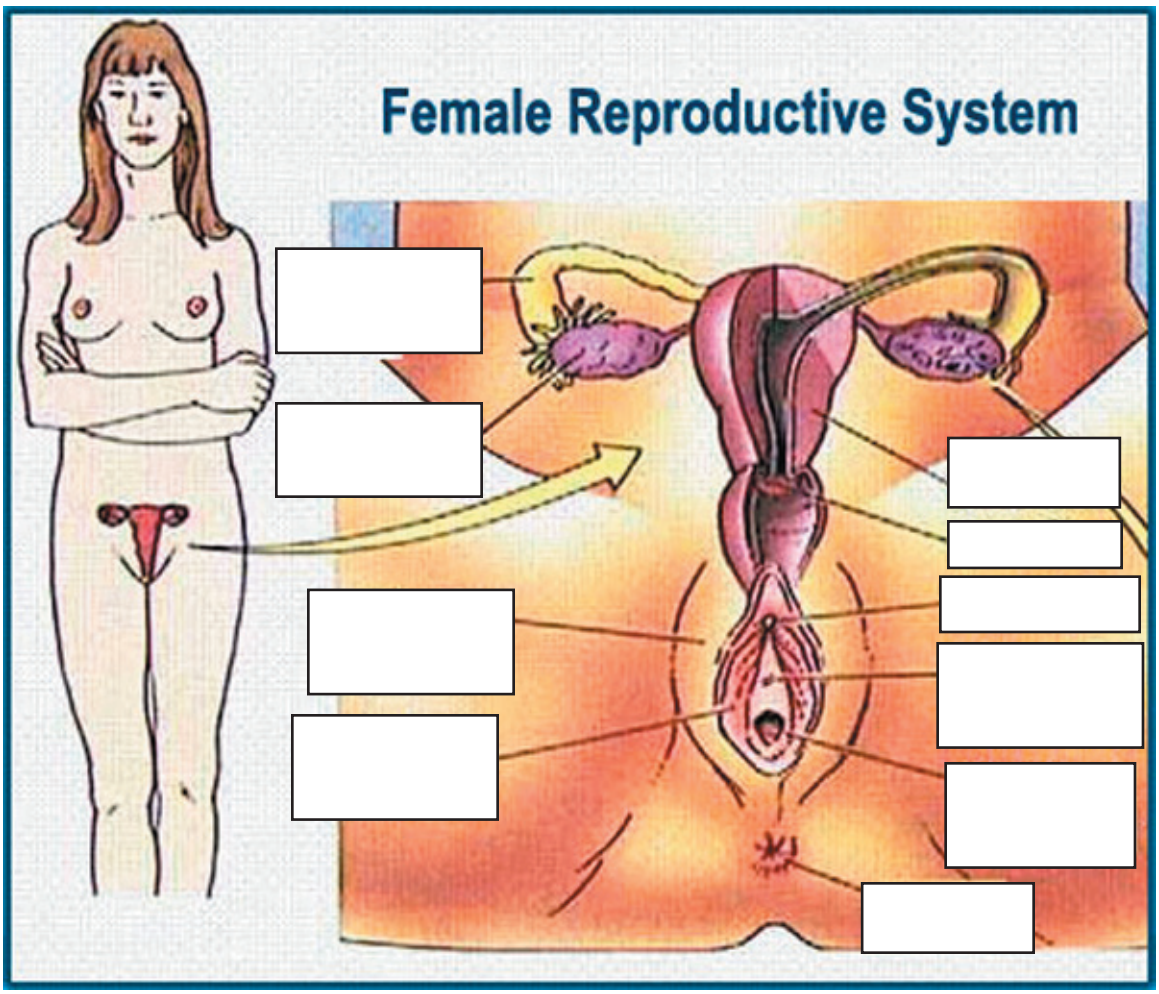
Give yourself a check mark for each anatomical structure that you placed in or close to the correct location, and another check mark if you estimated the size correctly. Make corrections to the organs that need changes to be accurate.

Have you included: breasts, ovaries, fallopian tubes, uterus, cervix, vagina, urethral opening, labia, vaginal opening, anus, thyroid, vulva, endometrium, fundus, perineum and pelvic cavity? If you missed a few of these, go back and add them to your drawing using your resources for accuracy.

Lesson 2, Step 1 Worksheet

List female genitalia	**Sketch of female genitalia**
List internal female reproductive organs	**Sketch of internal female reproductive organs**

Activity: Label each structure on the following diagram. Compare your answers to the answer sheet in Appendix A.



http://www.sexualityandu.ca/eng/parents/PB/anatomy_female.cfm

Step 3: Internalizing Your Knowledge

Visualize yourself interpreting in an Obstetrics and Gynecology (OBGyn) setting. The physician is explaining to the Deaf patient how the egg detaches from the ovary and travels down the fallopian tube to the uterus. Realizing you possess knowledge of female anatomy, you feel prepared to successfully interpret the information.

Lesson 3: Using Latin and Greek!

Objectives: At the end of this lesson, you will be able to:

a. State the Latin or Greek root work for anatomical structures related to pregnancy and child birth,
b. Translate lay terms to medical terms, and
c. Build complex medical terms.

Step 1: Learn Root Words and Suffixes

Medical terminology can seem like Greek! That's because it is often Greek…or Latin. Medical terminology is simple once you know the system. Each medical term has one or more root words from the Latin or Greek language, a combining form, and a suffix. (Medical terms can also have prefixes, but we will focus on terms with suffixes in this lesson.) One you are probably familiar with is "hysterectomy." You know this means to remove the uterus, but do you know what 'hyster' means? Or whether a hysterectomy means that the fallopian tubes and ovaries are also removed? In the word 'hysterectomy,' 'hyster' means uterus, 'hystero' is the combining form, and 'ectomy' means the removal of the uterus. Let's explore how this all works.

Activity: Learning Roots and Suffixes

Below is a list of anatomical structures. You should create one using your list from Lesson 2. We'll put that list on the left side of our table. In the center column, put the Greek or Latin root word for that structure, and then the combining form following a '/.'

Combining Form Exception

The combining form 'o' is not used if the suffix to follow begins with a vowel.

Structure	Root word/combining form	Meaning if unfamiliar
bladder	cyst/o	
breast(s)	mamm/o	
cervix	cervic/o	Neck of the uterus (Can also mean the neck)
endometrium	end/o + metr/o	The lining of the uterus
fallopian tube	salping/o	
ovary	oophor/o	
pancreas	pancreat/o	
thyroid gland	thyroid/o, thyr/o	Produces thyr/o/xin
uterus	hyster/o	
ureter	ureter/o	Goes from the kidneys to the bladder
urethra	urethra/o	Goes from the bladder to outside the body
vagina	colp/o ***OR*** vagin/o	
women	gynec/o	

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Now we will add a list of suffixes that refer to people, conditions, or actions.

Suffix	Meaning
-ectomy	removal of, excision of
-gram	picture
-itis	inflammation of
-logist	one who specializes in
-otomy	incision into
-ostomy	making a new opening
-scopy	procedure used to look into an organ or body cavity
-rraphy	to stitch or suture

Here are some examples of medical terminology built from the root words and the suffixes using the combining forms.

Lay term or Procedure	Root word / combining form	Suffix	Medical Term
Women's doctor	gynec/o	+ logist	= gynecologist
Vaginal inflammation	vagin/o	+ itis	= vaginitis
Making a new opening between the ureter and the bladder	ureter/o + cyst/o	+ ostomy	= ureterocystostomy

Reminder: Drop the combining form vowel if the suffix begins with a vowel.

See how easy it is! Now you try some.

Lay term or Procedure	Root word(s)/ combining form	Suffix	Medical Term
To stitch the uterus			
To suture the vagina			
To remove the cervix			
To look into the bladder			
Removal of the uterus, ovaries and fallopian tubes			

(One of these words, hysterosalpingo-oophorectomy, does keep the combining 'o' from 'salping/o' despite the subsequent vowels.)

Finding More Resources

If you find this useful and interesting, you can purchase a medical vocabulary book and learn all the medical terms.

One option is *Medical Terminology: A Programmed Systems Approach* Text/Tape Package, Eighth Edition (Plastic Comb) by Genevieve Love Smith, Phyllis E. Davis, Jean Tannis Dennerll, published by Delmar Publishers Inc. in New York.

It's self-paced and easy to follow. Medical terminology books can also be found at the bookstore of any college or university that offers medical-related coursework.

Lesson 4: Using Classifiers for Anatomical Structures

Objectives: At the end of the lesson, you will be able to:

a. Identify the size and shape of the anatomical structures,
b. Show the size and shape of each organ structure by the use of a classifier, and
c. Use the classifiers to show the proximity of one anatomical structure to another anatomical structure.

Step 1: Describing Shapes and Sizes

Anatomical structures have defined shapes and sizes. Classifiers lend themselves beautifully to this purpose.

Activity: Using your drawings from Lesson 2, look at each anatomical structure.

a. Is the shape round? Oval? Tubular? Oblong? ...
b. Is the size like that of a pea? A fist? A pencil? …

Step 2: Application of Classifiers

Having considered the size and shape of the anatomical structures, start applying classifiers to them.

Activity: Using the description on the previous activity, consider the description and try different classifiers to accurately portray the anatomical structure. Ask Deaf people how they would use a classifier to show the anatomical structure. Consider the following handshapes:

- Fist (S)
- Y
- 3
- B

Example: *When needing to interpret information about an episiotomy (the cutting of the skin from the back of the vagina towards the anus to enlarge the vaginal opening during childbirth), try using the handshape '3'. Make a '3' with your non-dominant hand and point it towards the floor. Explain that your thumb is the urethral opening, your first finger the vaginal opening and your pointer finger is the anus. Keeping the '3' pointed towards the floor, demonstrate an incision being made from the back of the vagina towards the anus. Clear, isn't it!?*

Step 3: Use Classifiers to Show Proximity

Visualize yourself interpreting in an OB/Gyn setting. The physician is explaining to the Deaf patient how the uterus pushes down on the bladder during pregnancy and where an episiotomy is performed. Realizing you have a good understanding of classifiers, you feel prepared to successfully interpret the information.

Activity: Practice Interpreting the Following Text

Doctor: Hello Ms. Smith. You are past your first trimester and will now be entering your second and third trimesters. You will be experiencing an increased sense of needing to go to the bathroom. This is due to the positioning of the uterus and bladder. Inside your abdomen, your uterus is positioned above your bladder. As the baby grows in the uterus, there is pressure put on the bladder. Because of the pressure, you will have to empty your bladder more often. You also asked about an episiotomy. During childbirth, the opening of the vagina gets stretched. To prevent the skin from tearing, which could cause nerve damage, the doctor may elect to perform an episiotomy. The episiotomy is a small cut from the vaginal opening towards the anus. After the baby is born, the cut will be stitched. The stitches will be removed at a later date in a doctor's office.

Lesson 5: Identifying the Physiology of Anatomical Structures

Objectives: At the end of the lesson, you will be able to:

a. Describe the physiology associated with the organ structures involved in pregnancy and childbirth, and
b. Compare the physiology of the non-pregnant organ structures and the organ structures during pregnancy.

Step 1: Prior Knowledge

Every person has some understanding of physiology. You will draw on your own personal knowledge of physiology linked to pregnancy and childbirth.

Activity: Using the list you made in Lesson 2, Step 2, now write what you think the function is of each structure.

	Structure	Function
Example:	ovary	expels the egg that will become fertilized

Step 2: Utilizing Resources

After drawing on prior knowledge, conduct research to confirm and expand your knowledge. Resources could include anatomy books, the AMA atlas, and Internet. A list of potential resources may be found in Appendix A.

Activity: Using your resource(s), confirm or correct the physiology of each anatomical structure.

Step 3: Comparison

Using your resource(s), compare how the anatomical structures change during non-pregnant and pregnant times.

Activity: Using the chart on the next page, list the anatomical changes from the non-pregnant state to the pregnant state.

Step 4: Internalizing Your Knowledge

Visualize yourself interpreting in an OB/Gyn setting. The physician is explaining to the Deaf patient how the uterus changes during the pregnancy. After this visualization, interpret the text in the box at left. You may want to videotape yourself.

Activity: Interpret the following text.

(You may want to videotape yourself.)

During the first few weeks of pregnancy, the fetus attaches to the thickened lining of the uterus. The uterus slowly enlarges to accommodate the growing fetus. By 12 weeks of pregnancy, the uterus causes the abdomen to show a bit. The uterus continues to grow to the level of the navel by 20 weeks and to the lower edge of the rib cage by 36 weeks.

There is normal vaginal discharge, which is clear or white. If the discharge is an unusual color or odor, you should call us. These may be signs of an infection. Some vaginal infections, such as trichomoniasis (a protozoan infection) and candidiasis (a yeast infection), are common during pregnancy and can be easily treated.

Chart for Step 3: Comparing Anatomical Structure

Anatomical Structure	Non-pregnancy State	Pregnancy State
Ankles		
Bladder		
Breasts		
Cervix		
Hands		
Intestines		
Nipples		
Ovaries		
Rectum		
Skin		
Stomach		
Thyroid Gland		
Uterus		
Vagina		
Wrists		

See page 38 for answers.

Developing Specialized Terminology for Pregnancy and Childbirth

The ability to interpret in any medical setting requires that the interpreter possess knowledge of specialized terminology. Pregnancy and childbirth have specialized terminology for normal stages of pregnancy, procedures, complications and medications. The next lessons will focus on developing a vocabulary that is commonly used when talking about pregnancy and childbirth.

Lesson 6: Vocabulary Related to Pregnancy and Childbirth

Objectives: At the end of this lesson, you will be able to:

a. Have a list of vocabulary sorted into: non-pregnant, pregnant, possible complications of pregnancy, labor and delivery, possible complications of labor and delivery, and post-delivery, and
b. Be able to define and explain each term.

Step 1: Prior Knowledge

Begin with your lists from Lessons 2-4. Sort the lists into the following categories:

1) Non-pregnancy
2) Pregnancy – normal
3) Possible complications of pregnancy
4) Labor and delivery - normal
5) Possible complications of labor and delivery
6) Post-delivery.

Step 2: Enhance This List

Add to this list additional vocabulary you are aware of that is used in discussing pregnancy, labor and delivery.

Activity: Look at the vocabulary list on page 19. Cross off the terms that you already have on your list. Sort the terms that remain into the appropriate categories on your list (some terms may belong in two or more categories).

Step 3: Utilizing Resources

Circle the terms on your list that are unfamiliar to you (or that you would not be able to explain to another person).

Activity: Research the circled terms and write definitions on your list. Use resources listed in Appendix D, or other sources of information including books on pregnancy, videos, DVDs, the Internet, or medical personnel.

Activity: Explain "toxemia" to another person.

1) Explain "toxemia" to another person using English. Include symptoms and possible dangers to pregnancy.
2) Explain "toxemia" to another person using ASL.
3) Pick three other terms that were new to you and repeat steps 1) and 2) above.

Vocabulary List

A
Amenorrhea
Amniocentesis
Apgar score
B
Bicornuate uterus
Bladder
Braxton Hicks
Breast
Breast changes
C
Cervix
Chorionic Villus Sampling - CVS
Constipation
D
Doula
Dilatation and Curettage - D & C
E
Ectopic pregnancy
Edema
Electrodes to stomach
Embryo
Episiotomy
Estriol
F
Fallopian Tubes
Fetus
Fibroids
Fundus
G
Gestational diabetes
Gestation/gestational age
H
HCG - human chorionic gonadotrophin
Heartburn
High blood pressure
Hormones - estrogen, progesterone, prolactin
Hyperemesis gravidarum
I
In vitro fertilization
J
K
L
Labor
Lamaze classes
Laparoscopy
Lining of the uterus
M
Midwife
Miscarriage
MSAFP - maternal serum alphafetoprotein
Multiple pregnancy
N
Nausea
O
Os (internal and external)
Ovary
Ovulation
P
Pancreas
Perineum
Pelvic cavity
Placenta abruption
Placenta previa
Preeclampsia
Pregnancy test
Pregnant
Preterm labor
Q
R
Rectum
Rhesus incompatibility
Rh Testing
S
Spontaneous Abortion
Striae gravidarum
Stripping/ strip membranes
T
Testing for syphilis, gonorrhea, HIV
Toxemia
Trimester - first trimester, second trimester, third trimester
Thyroid
Triple screening
Two eggs fertilized
U
Ultrasound
Uterus
V
Vagina
Vaginal discharge
Vulva
W
Water birth
Women
X
Y
Z

Step 4: Internalizing Your Knowledge

Activity: Watch **All in Due Time** Disc 1, Heidi and Jeff Branch.

As you watch Heidi and Jeff Branch tell their story, pay particular attention to any specialized vocabulary that they use. Make a list of these terms. Develop an outline of their story. Consider the following:

-Do they fingerspell or use a sign for specialized vocabulary?
-In what context do they use specialized vocabulary?
-What alternative sign could you use to show the same concept?

- Retell their story in your second language (ASL).
- Watch Heidi and Jeff a second time and voice their story. Video or audiotape your interpretation.

Activity: Watch **All in Due Time –** Disc 1, Stacie and Scott Miller**.**

Stacie experienced some bleeding during the second month of her pregnancy. What did they discover was the cause for this? Did Stacie miscarry? (Write your answers below.) As you watch the other couples talk about their pregnancies, watch to see if any of the other women had this unusual condition.

Responses to the questions:

More Practice

Watch **All in Due Time** – Disc 1, Brandi & Tim Rarus, Baby #3. Brandi describes being so sick that she needed to be hospitalized for dehydration. She doesn't use the medical term for this, but see if you can figure it out. (Hint: it's in the H's)

H_____.

Even More Practice

Watch **All in Due Time** – Disc 2, Christine and Roger Kraft. Christine describes how she felt after giving birth to her first child. What is the medical term for this experience? (No hints this time!)

_____

Places Childbirth Occurs and the People Involved

Childbirth is unique in that it can occur in a variety of ways, in a variety of settings, and include a variety of people. The interpreter must be aware of the mother and her partner's preferences and of complications that may arise. Knowing this will help the interpreter to make predictions about what could occur during the labor and delivery. Lessons 7 & 8 will focus on the range of places childbirth can occur and on the variety of people who may be involved during labor and delivery.

Lesson 7: Identify Settings Where Childbirth Can Occur

Objectives: At the end of the lesson, you will be able to:

a. Identify a variety of settings where childbirth can occur, and
b. List the challenges of interpreting in each setting.

Step 1: Prior Knowledge

Every person has an idea of where children are born. You will draw on your own personal knowledge of settings for childbirth.

Activity: Using pages 22 and 23 in this workbook, list childbirth settings that you are familiar with or have heard of in the left column, leaving space between each. In the Potential Demands/Challenges column, jot down any issues related to each setting that you think might be important for you as an interpreter to be prepared for.

Step 2: Resources

Research resources to confirm and expand your knowledge of childbirth settings.

Activity: From your resources, add to your list. Again state the challenges you may encounter if you were to interpret in that setting. Be sure to include the following: emergency vehicle, hospital, operating room, birthing center, home delivery, and water birth.

Activity: From your list, reflect on options for overcoming each challenge. Consider the following:

a. Is there something special you may need to wear or not wear?
b. Are there things you would need to bring?
c. Would having prior knowledge of the setting beforehand be helpful in your preparation for the assignment?

Write your responses in the 3rd column on the right side of the page.

Childbirth Setting	**Potential Demands/Challenges**	**Addressing These Challenges**
e.g. Hospital Room *(Add more to Potential Demands and Addressing These Challenges for this setting)*	Number of people in room – where do I stand?	Talk with nurse about best place for me.

-continued-

Childbirth Setting	Potential Demands/Challenges	Potential Resources

Step 3: Internalizing Your Knowledge

Watch **All in Due Time** - Disc 2, Egina and Jimmy Beldon. They describe the births of their five children. Answer the following questions for each child using the worksheet below or a separate sheet of paper.

1. What is the child's name?
2. Where was the child born?
3. Is this where Jimmy and Egina wanted to deliver? If not, why did the birth happen elsewhere?
4. Who was present at each birth?

	Name?	**Born Where?**	**Is this where they wanted to deliver?**	**Who was present?**
Baby #1:				
Baby #2				
Baby #3				
Baby #4				
Baby #5				

Lesson 8: People Involved in Childbirth

Objectives: At the end of the lesson the interpreter will be able to:

a. Identify the health care professionals involved in childbirth,
b. Identify the non-health care people that aid a mother in labor and delivery,
c. Describe the role of each potential person in labor and delivery, and
d. Consider how an interpreter may work with each individual as a team or ally.

Step 1: Identification of Health Care Professionals

Activity: Pulling from your own knowledge and resource(s), create a list of health care professionals you might encounter in each setting in Lesson 6.

a. What is the role and function of each health care professional?
b. Are there health care professionals that you could use as a resource while on the assignment?
c. What amount of contact does the health care professional have with the mother?

Setting	Health Care Professional	Role/Function	How can this person be a resource?	Amount of contact with the mother

Step 2: Identify Others Present During Labor and Delivery.

Activity: Pulling from your own knowledge and resource(s), create a list of non-health care professionals and non-professionals that may be present for each setting you listed in Lesson 6, Step 2. Please include the following individuals: partner, doula, family members, friends, other children, interpreter, police and fire department, coach.

Consider the following:

a. Who are other individuals that could be present at a labor and delivery?
b. What is their function?
c. Which individuals could be used as a resource while on the assignment?
d. What amount of contact does the individual have with the mother?

Setting	Other Professionals	Other individuals	Function	How can this individual be a resource?	Amount of contact with the mother?

Step 3: First Language to Second Language

Using the list created in Lesson 7, Step 2 (pages 22-23), consider conceptually correct signs for each individual.

Activity: Practice signing each individual and an explanation of their role.

Step 4: Internalizing the Information

Watch **All in Due Time** Disc 2 - Jimmy and Egina Beldon.

Activity: As you watch Jimmy and Egina, take particular notice of settings and individuals that were a part of each labor and delivery. Develop an outline of their story. Consider the following:

a. Who was present at each birth?
b. Do they fingerspell or use signs for each setting or individual?
c. What alternative sign could you use to show the same concept?

Activity: Retell their story in your second language.

Activity: Watch Jimmy and Egina a second time and voice their story. Videotape your interpretation.

Step 5: Internalizing your knowledge

Watch **All in Due Time** Disc 1, Heidi and Jeff Branch.

Jeff and Heidi had a midwife and an interpreter for their birth experience. How much do they say about the midwife? How much do they say about the interpreter? Describe the relationship they had with the interpreter.

Step 6: A Special Look at Midwives and Doulas

Midwives used to deliver almost all babies. Then modern medicine came into being and doctors took over the job. In more recent times, there has been a return to using midwives throughout a pregnancy, labor and delivery, involving a doctor if there are medical complications. Women have many options to choose from these days.

Activity: Watch **Birth Companions.** Start by watching Persis Bristol-Dodson and Jerri Middlebrook-Vogel describe their work as Doulas. Use the table below to make a list for each of the services they provide for expectant mothers and their partners. Compare the lists. Do you see any differences? Circle any services that are different.

Persis Bristol-Dodson	**Jerri Middlebrook-Vogel**

Now watch the segment "An Appointment with a Nurse Midwife" on **Birth Companions**. This is an appointment between Amy and Maria Wolff. (They are sisters-in-law.) List the services the midwife explains that she will provide for the expectant mother.

Nurse Midwife

Circle the services that a nurse midwife can provide that a doula may not.

Finally, watch the interviews that the two doulas have with potential clients. As you watch the couples on **All in Due Time**, think about which couples you think might have benefited from working with a doula.

Labor and Delivery

Labor is the process of birth. The uterine contractions cause the lower part of the uterus to stretch and thin, the cervix to dilate. This forms the birth canal through which the baby descends. We will look at the stages of labor in this lesson.

Lesson 9: The Stages of Labor

Objectives: At the end of this lesson, the interpreter will be able to:

a. State the three stages of labor.
b. Describe what happens at each stage of labor.

Step 1: The First Stage of Labor

The first stage of labor is from the start of contractions to the full dilation of the cervix.

You may have heard someone talk about a mucus plug or the "bloody show." As labor progresses, the muscles of the upper segment of the uterus contract to stretch and thin the lower segment muscles. At this point the cervix consists mainly of fibrous connective tissue. The internal os is the internal portion of the cervix, and likewise, the external os is the lower, outside portion of the cervix. The effacement and dilatation of the cervix loosens the membranes from the region of the internal os with slight bleeding and sets free the mucus plug (operculum). This is what people often refer to as the "bloody show." At this point the amniotic sac is pushing against the cervix.

You have probably also heard the phrase, "My water broke." This refers to the amniotic sac breaking and the flow of amniotic fluid out the vagina. This may happen prior to labor, during labor, or the doctor or midwife may break the sac to encourage or speed up labor.

Activity: Watch **All in Due Time** Disc 2, Russell and Melody Stein.

Start by watching their introductions of themselves to familiarize yourself with their signing styles. Then watch as they talk about their labor with their first baby. How long was Melody in labor? Compare that with **All in Due Time** Disc 1, Heidi and Jeff Branch. How long was their labor? As you watch the other people's stories, take note of the length of their labor. Ask two women who have given birth how long their labor was. There's a lot of variation!

Now watch **All in Due Time** Disc 1, Brandi and Tim Rarus. Brandi delivered three babies (not all at the same time!) – which of her labors were induced?

Step 2: The Second Stage of Labor

The second stage of labor goes from the full dilation of the cervix to the birth of the baby.

When the woman is fully dilated (10 centimeters), she is encouraged to push with her contractions to help the baby out through the birth canal. "Pushing" time can vary from a matter of minutes to a matter of hours.

Activity: Watch **All in Due Time** Disc 2, Jimmy and Egina Beldon, Second Baby.

Were forceps used for this delivery? Why or why not? Return to **All in Due Time** Disc 1, Heidi and Jeff Branch. There is discussion about whether to have an episiotomy, not have an episiotomy, have a C-section, or not have a C-section…what finally happened? From what they said about the interpreter they had for the delivery, what role do you think she played in all of this back and forth action?

Step 3: The Third Stage of Labor

The third stage of labor is from after the birth of the baby to delivery of the placenta (afterbirth).

The placenta, which has sustained the baby for nine months, must be delivered. It sometimes is expelled spontaneously, and sometimes requires some gentle pushing on the mother's stomach to help it along. Occasionally, a health professional needs to reach inside the uterus to free it from the uterus. Whichever way it is delivered, it is then inspected to be sure that the entire placenta has been expelled. An incomplete placenta would require immediate exploration of the uterus.

A Word to the Wise

Never announce the gender of the baby to the parents! Of course, if a nurse or doctor does, then you interpret that. Otherwise – keep your mouth shut! Many people like to discover the gender of their baby themselves.

Step 4: Baby's here!

If there are no special concerns about the baby or the mother, the baby is generally put on the mother's chest. If the woman had an episiotomy, the doctor or midwife will suture it at this point. This is often a time when an interpreter is not needed. It's a good time to step back and take some deep breaths – let mom and partner enjoy a private moment with their new child.

Nurses will be busy evaluating the baby in order to give him or her an Apgar score. This is done at one minute after delivery and again at five minutes. Here's how babies are scored:

	Sign	0 points	1 point	2 points
A	Activity (Muscle Tone)	Absent	Arms and Legs Flexed	Active Movement
P	Pulse	Absent	Below 100 bpm	Above 100 bpm
G	Grimace (Reflex Irritability)	No response	Grimace	Sneeze, cough, pulls away
A	Appearance (Skin Color)	Blue-gray, pale all over	Normal, except for extremeties	Normal over entire body
R	Respiration	Absent	Slow, irregular	Good, crying

Applying an Ethical Decision Making Framework and the Code of Professional Conduct

Ethical dilemmas come at the most inopportune times! An interpreter has minutes or seconds to make a decision. That decision can alter the situation and affect the people involved. The next lesson will focus on the steps we take to make an ethical decision.

Lesson 10: Making Ethical Decisions

Objectives: At the end of the lesson, you will be able to:

a. State the steps in an Ethical Framework
b. List the tenets of the Code of Professional Conduct
c. Apply the Ethical framework and Code of Professional Conduct to make a decision

Step 1: Prior Knowledge

Either you or someone you know has faced the challenge of an ethical dilemma. You will draw on your own personal experience or the experience of another person.

Activity: You are called to interpret for Heidi and Jeff Branch for the birth of their first child. Before the birth, you have a discussion with them on your role as the interpreter. They are looking for an interpreter who will be flexible and not strictly adhere to the Code of Professional Conduct. They want you to help during labor by giving back rubs and possibly take pictures during delivery. You are considering your response. Map out your process for making your decision and response to Heidi and Jeff. Please consider the following questions.

What is the ethical conflict?

What resources do you use to make your decision?

Step 2: Developing an Ethical Decision Making Framework

Ethics is how a moral person would behave in a given situation. To make a good ethical decision, it is helpful to consider the following model.

1. Identify the ethical conflict
2. Identify the known facts of the situation
3. Identify the internal and external factors that may act as an influence
4. Identify the people who will be affected
5. Identify a corresponding Code of Professional Conduct Tenet(s)
6. Identify options for a resolution
7. Identify the consequences of each option
8. Make a decision
9. Reflect on your decision

Activity: Circle any of the steps you listed in Step 1. Consider any of the steps you did not list. Answer the following questions:

How would the steps have affected or altered your decision?

Would your decision be the same or different? Why?

Step 3: Understanding the Code of Professional Conduct
As interpreters we have the Code of Professional Conduct as a guide to ethical dilemmas. You will draw on your understanding to help in the next activity.

Activity: Look on the RID Website, www.rid.org and look up the Ethical Practices System, Code of Professional Conduct. Read through the code and become familiar with the structure and the tenets.

Activity: Circle the Code of Professional Conduct tenet(s) (below) that would apply to the ethical dilemma in Step 1. Describe how they would apply.

TENETS

1. Interpreters adhere to standards of confidential communication.
2. Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
3. Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.
4. Interpreters demonstrate respect for consumers.
5. Interpreters demonstrate respect for colleagues, interns, and students of the profession.
6. Interpreters maintain ethical business practices.
7. Interpreters engage in professional development.

Step 4: Apply Your Knowledge
Having an ethical decision making framework in mind and a working knowledge of the NAD/RID Code of Professional Conduct, you are now armed to make ethical decisions.

Activity: Pick one or both of the ethical dilemmas:

Dilemma #1
You are friends with Stacie and Scott Miller. They approach you and want your advice. They are expecting their first child in October. They are concerned about the clinic's choice of interpreter referral agency. It is not a referral agency that works specifically with Sign Language Interpreters. They are also very concerned about the interpreter that the clinic has hired. She has a hard time understanding Stacie, but does not seem to notice. When Stacie schedules the next appointment, the interpreter schedules herself for the appointment. Stacie does not want to offend the interpreter, so does not say anything. During an ultrasound evaluation, Stacie was found to have a bicornuate uterus, which could result in a miscarriage. She feels she needs an interpreter who understands her signing style and has a good knowledge of her interpreting skills and limitations.

You know the interpreter well. You know that she did not interpret for six weeks because of a broken arm. She did not have short-term disability insurance. The only reason she is working with the other agency is because she is broke and needs the work.

She is a little rusty after being off of work for six weeks.

Dilemma #2
You are called to relieve an interpreter in a birthing situation. You are informed by the referral agency that you will be interpreting for a Deaf doula, Jerri Middlebrook-Vogel and a "low functioning" Deaf mother. You leave for the assignment.

You arrive at the hospital. When you check in at the nurse's station, you are told that the hearing impaired mom is in room #200. You go to the room and the interpreter, who has a CT, asks to speak to you privately. The interpreter says that she has never worked with a doula before, but she seems to be quite controlling. The interpreter feels that she has a better understanding of what the Deaf mom needs and has helped her by telling her how to breathe and what the baby monitor lines mean. The Deaf mom is "low functioning." The interpreter wants you to call her as soon as the baby is born so she knows if it is a girl or boy.

You know the doula, Jerri Middlebrook-Vogel very well. You have worked with her on two other labor and deliveries and had good experiences. You know that Jerri meets with the Deaf mom several times before labor and delivery.

You enter the hospital room. You know the Deaf mom and she is not "low functioning." She is an emergent ASL user, who emigrated from Russia.

Jerri pulls you aside and respectfully states that the situation with the previous interpreter was not going well. The interpreter became too involved in the situation. This made it difficult for Jerri to do her job. She is looking to you to work with her and the rest of the team to make the remainder of the labor and delivery a positive one for the mother.

For the dilemma(s) you picked, answer the questions on the following page.

Questions for Ethical Dilemmas

1. What are the facts?

2. What are the ethical issues?

3. What are the internal and external factors that may act as an influence?

4. Who will be affected by the situation?

5. What tenet(s) of the Code of Professional Conduct would apply?

6. What are some options for a resolution?

7. What are the consequences of each option?

8. What is your decision?

About the Authors:

Marty Barnum**,** *MA, CSC,* has worked as an interpreter since 1978. Her educational background is in linguistics, intercultural communication, interpreting and psychology. From 1985 to 2000, she was the Director of the Health Care Interpreter Program (now the Bachelor of Interpreting Program), then housed on the Minneapolis Campus of the College of St. Catherine. It was under her direction that the former A.A.S. degree program became a four-year degree program.

Marty currently does some freelance interpreting, mainly in medical and mental health settings, presents workshops internationally on the topic of interpreting in medical settings, and co-directs a contract with Deaf and Hard of Hearing Services in Minnesota to improve interpreter provision for medical and legal emergencies. Under her leadership, hospitals and urgent cares in the greater metropolitan area of St. Paul and Minneapolis and suburbs, formed the MN Hospital Consortium. The Consortium contracts with CSD, Minnesota, to provide 24/7 interpreters for medical emergencies. The Consortium has been up and running since November of 2005 and has filled 100% of emergent requests.

Marty lives with husband Rubin Latz and their two daughters, Katie and Hannah. She has six other children who are older, and Rubin has one older daughter. So life is always busy and full of kids and grandkids!

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Linda Gill, BS, CI, CT, has worked as an interpreter since 1979. She completed a certificate in Interpreting from St. Paul College in 1979 and graduated from the University of Minnesota with a degree in Elementary Education in 1982.

She currently is an adjunct faculty member of the College of St. Catherine Interpreter Program and St. Paul College Interpreter Program. She works as a VRS interpreter and provides community interpreting. She presents workshops nationally on the topic of interpreting in medical settings. She co-directs a contract with the Deaf and Hard of Hearing Services Division in Minnesota to improve interpreter provision for medical and legal emergencies.

She provides volunteer time for RID as a mediator and serves on the Professional Standards Committee. She recently helped revise the Ethical Practices System Policy Manual.

She lives with her husband, Michael Levitz, two daughters, Hannah and Olivia and two dogs, Maggie and Jag. Every day provides something new and fun!

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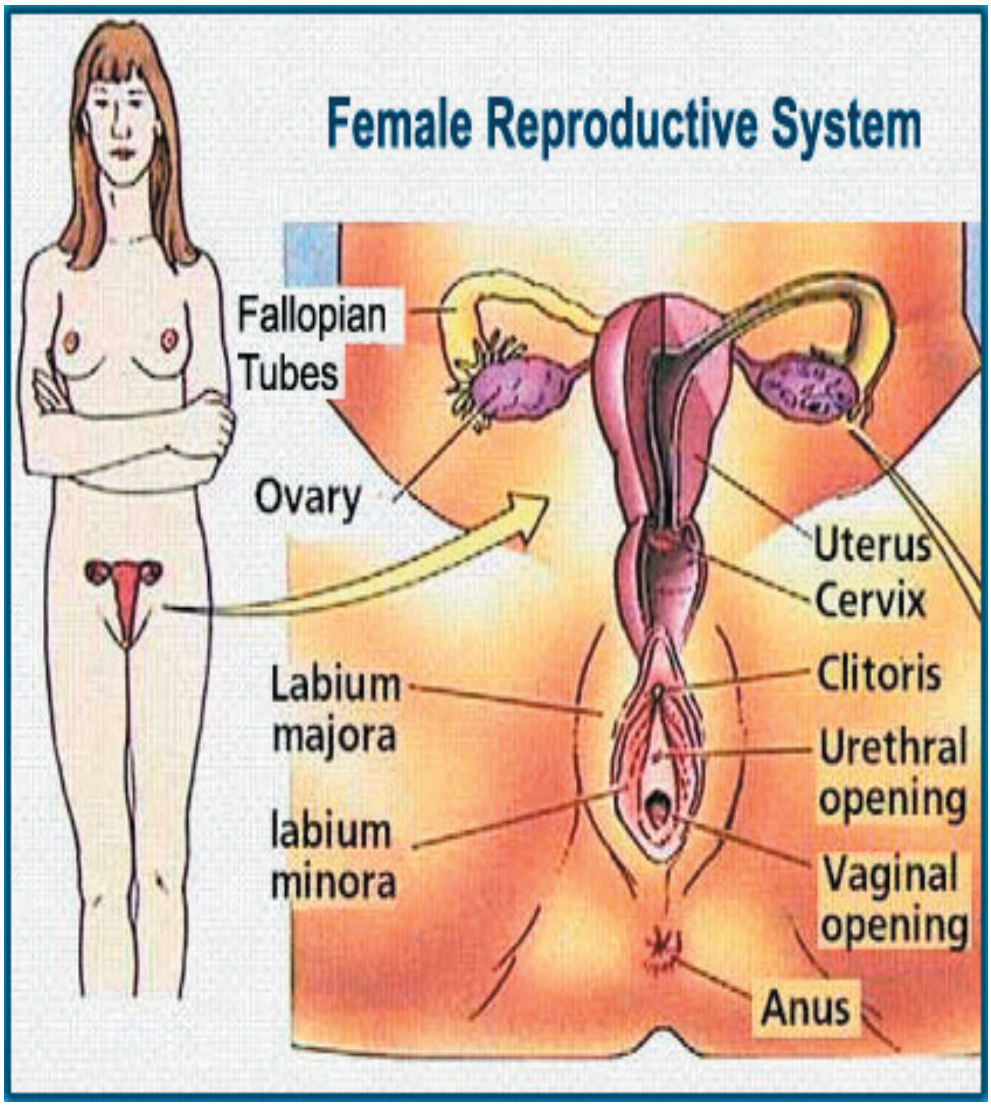
Appendix A



http://www.sexualityandu.ca/eng/parents/PB/anatomy_female.cfm

Appendix B

Answers to worksheet on page 17.

Anatomical Structure	Non-pregnancy State	Pregnancy State
Ankles	Normal	May swell
Bladder	Normal	Increased frequency of voiding due to increased vascularity and enlarging uterus.
Breasts	Normal	Increased vascularity, sensation of heaviness; at about 16 weeks, colostrum may be secreted.
Cervix	Normal	Softens due to increased vascularity and changes in connective tissue – due to estrogen. Mucus thickens, forms a protective plug (operculum) in cervical os.
Hands	Normal	May swell
Intestines	Normal	Reduced motility of large intestine – increases time for water absorption, which can cause constipation.
Nipples	Normal	Nipple and surrounding area become more pigmented.
Ovaries	Normal	Stop releasing eggs
Rectum	Normal	Increased vascularity, pressure from enlarging uterus. May develop hemorrhoids from straining with constipation.
Skin	Normal	Areas which are already pigmented become more so – nipples, external genitalia and anal regions. Some fresh pigmentation appears on the face and abdomen. Also, striae gravidarum are depressed streaks on the skin of the fat areas – abdomen, breasts, and thighs.
Stomach	Normal	Relaxation of sphincter and pressure from enlarging uterus can lead to reflux, which can cause heartburn.
Thyroid gland	Normal	Both hyper- and hypothyroidism can develop during pregnancy; In 70% of patients. Hypertrophies and is palpable (can be felt). Due to increased thyroid stimulating hormone from anterior pituitary.
Uterus	Normal; normal weight about 50 g.	Enlarges: At 7 wks size of large egg; 10 weeks size of orange; 12 weeks size of grapefruit. Fundal height increases progressively; weight increases to 1000 g.
Vagina	Normal	Increased vascularity, muscular hypertrophy & softening of connective tissues. Increased secretion of cervical mucus, increased discharge.
Wrists	Normal	May swell; possible carpal tunnel

Appendix C

Vocabulary by stages of non-pregnant and pregnant

Anatomy	**Latin/definition**
Breast	mamm/o
Bladder	a sac that holds urine
Cervix	The neck of the uterus
end/o/metr/ium	Lining of the uterus
Fallopian Tubes	salping/o
Fundus	The upper end of the uterus
Gonads	Ovaries secrete estrogens and progesterone; testes secrete testosterone
Ovary	Oophor/o
Uterus	hyster/o
Vagina	colp/o
Vulva	The external parts of the female genital organs
Women	gynec/o
Pancreas	Behind stomach. Controls use of sugar and starch. Islands of Langerhans secrete insulin.
Pelvic cavity	Cavity within hip bones that contains uterus.
Perineum	The area between the anus and the posterior part of the exterior genitalia.
Rectum	Last section of the colon before anus.
Thyroid	Endocrine gland, thyr/o
Pregnancy	
2 eggs fertilized	Fraternal twins
Amenorrhea	Not menstruating, overdue; one of the first signs of pregnancy
Amniocentesis	Amniotic fluid is withdrawn transabdominally from the amniotic sac which surrounds the fetus; then analyzed for specific fetal abnormalities
Braxton Hicks	Irregular, painless contractions from the 9/10th week on. Become more frequent as pregnancy advances.
Breast changes	Sign of pregnancy – increased vascularity and sensation of heaviness – appear about 6 weeks. By 8 weeks, nipple and surrounding area – the primary areola – have become more pigmented. By 16 weeks a clear fluid (colostrum) is secreted.
Chorionic Villus Sampling	CVS may be performed between the 9th and 14th weeks of pregnancy, if there are risks for specific chromosomal or genetic conditions (Downs Syndrome, Tay-Sachs).

Common tests	MSAFP: maternal serum alpha-fetoprotein - commonly measured between 15 & 21 weeks HCG: human chorionic gonadotrophin Estriol All 3 together may be called triple screening.
Embryo	A baby in the early stages of growth and differentiation.
Fetus	A developing baby in utero.
Gestation/gestational age	Period of pregnancy – 280 days in humans (40 weeks)
Hormones	Estrogen, progesterone, prolactin
In vitro fertilization	Instilling or implanting fertilized ovum into uterus.
Lamaze classes	Pre-natal classes
Nausea	Some women experience in early months of pregnancy, especially early in the morning; often called morning sickness.
Ovulation	Time at which egg is released from the ovary.
Pregnant	Containing unborn child within the body.
Pregnancy test	Various tests used to determine pregnancy.
Rh testing	(Rhesus) testing for Rh incompatibility (see complications of pregnancy).
Striae gravidarum	Depressed streaks on the skin of the fat areas – abdomen, breasts, thighs – due to stretching.
Testing for syphilis, Gonorrhea, HIV	Typically testing is done in order to rule out any type of disease that is present and could potentially be passed on to the baby.
Trimester	First trimester (first 14 weeks) Second trimester (weeks 14-28) Third trimester (weeks 28-40)
Ultrasound	Procedure of using high frequency sound to produce an image of a fetus or other organ. Pioneered by Donald in Glascow in the late 1950's. Used for fetal assessment.

Complications of Pregnancy

Bicornuate uterus	A uterus formed with two horn shaped cavities at the top. For additional background on potential complications resulting from this condition, visit the following link: http://www.gentlebirth.org/archives/bicorn.html.
Constipation	Hardening of the stools due to decrease in water.
Doula	A woman who helps other women in childbirth; does not perform any medical duties.
Ectopic pregnancy	The products of conception develop outside the uterine cavity; the most common site is the fallopian tube.
Edema	Swelling of the feet and ankles; also face and hands. May be an early warning sign of developing pre-eclampsia.
Fibroids	Benign tumors of uterus.

Gestational diabetes	Appearance of diabetes during pregnancy in a previously non-diabetic woman.
Heartburn	Reflux of acids from stomach causing burning/pain in esophagus.
High blood pressure	Hypertension: pre-existing hypertension – elevated blood pressure before pregnancy or in the 1st 20 weeks.
Hyperemesis gravidarum	Beyond ordinary nausea and vomiting, rejection of all food and drink.
Laparoscopy	Main method of diagnosis for suspected ectopic pregnancy. Laparascope inserted through small incisions in abdomen to examine pelvic cavity.
Midwife	A woman who helps other women in childbirth; may perform some medical duties.
Miscarriage	Medically referred to as a spontaneous abortion.
Multiple pregnancy	Pregnancy with more than one fetus.
Placenta abruption	Separation of a normally situated placenta during pregnancy.
Placenta previa	Placenta is implanted low in the uterus. Are different types/degrees depending on whether internal os is covered and how much it is covered.
Pre-eclampsia	Presents in second half of pregnancy – Blood pressure of 140/90 or greater and demonstrate a rise of 25mmHg over the diastolic level in the non-pregnant state or in the 1st 20 weeks of pregnancy.
Preterm labor	The onset of labor before 37 completed weeks of pregnancy.
Rhesus incompatibility	Hemolytic disease of the newborn occurs when antibodies formed in the mother, in response to the introduction into her circulation of foreign antigen, cross the placenta and destroy fetal cells bearing the foreign antigen. One of these antibodies could be the Rhesus antibody. Rhesus negative women are given an injection of Anti-D immunoglobulin.
Toxemia	Toxin (poison) in the blood; a condition dangerous to mother and fetus.
Vaginal discharge	Increase is normal in pregnancy.

Labor and Delivery

3 stages of labor	First stage: start to full dilatation of the cervix. Lasts up to 12 hours, sometimes longer. Second stage: full dilatation to birth of baby. Lasts about one hour; contractions become more powerful with a desire to bear down. Third stage: birth of baby to delivery of placenta.
Afterbirth	Placenta
Amniotic fluid	Fluid inside the amniotic sac, which contains the fetus inside the uterus.
Amniotomy	Artificial rupture of membranes.

Apgar score — Done at one minute after birth and again at 5 minutes; A score above 7 indicates good condition; a score of 3 or less at 1 minute indicates need for active, full resuscitation – may require intubation or ventilation.

	Sign	0 points	1 point	2 points
A	Activity (Muscle Tone)	Absent	Arms and Legs Flexed	Active Movement
P	Pulse	Absent	Below 100 bpm	Above 100 bpm
G	Grimace (Reflex Irritability)	No response	Grimace	Sneeze, cough, pulls away
A	Appearance (Skin Color)	Blue-gray, pale all over	Normal, except for extremeties	Normal over entire body
R	Respiration	Absent	Slow, irregular	Good, crying

Baby blues — Feelings of depression after the birth of the baby.

Breech presentation — A malpresentation of the baby at delivery. Can be butt first or leg(s) first.

Caesarean section — The delivery of the baby through incisions in the abdominal wall and uterus. Use epidural block for anesthesia.

Cervical dilation — Opening of the cervix.

Cervical effacement — Thinning of the cervix.

Colostrum — A yellowish fluid produced in late pregnancy and in the first post-natal days; contains greater quantities of protein than mature milk. High in antibodies.

Contractions — Increase in frequency, strength and duration as labor progresses.

Cord around the neck — Condition where baby presents at birth with cord wrapped around his or her neck.

Cubicle/isolette — An incubator-like environment, which keeps a prematurely born baby warm.

Cut the cord — The cord connecting the baby to the placenta is clamped off and then cut.

Electrodes to stomach — Used to monitor heart rate of fetus.

Episiotomy — Incision to perineum to facilitate delivery and avoid tearing. Timing of episiotomy is important – too soon may increase blood loss, too late may cause tear of the vagina.

Fetal heart monitor — Provides a continuous printed record of the fetal heart rate and uterine contractions.

Forceps — Designed to grasp the fetal head when it is in the vagina and effect delivery by traction and guidance.

Induction of labor — Artificially stimulating labor.

Jaundice — Occurs in about one third of normal babies between 2 and 5 days old; due to functional immaturity of the glucuronyl transferase enzyme system in the liver.

Labor — The process of birth.

Low birthweight baby — Baby weighing 2.5 kg or less at birth.

Meconium — Black tarry substance; first bowel movement of newborn.

Natural childbirth — Vaginal delivery with no medications.

Placenta	Transports nutrients and respiratory gases to fetus; has some endocrine functions.
Preterm labor	Onset of labor before 37 completed weeks of pregnancy.
Routine newborn screening tests	Congenital dislocation of the hip (CDH); and Phenylketonuria (PKU) PKU: a rare congenital metabolic disorder
"Show"	When the mucus plug (operculum) is freed and presents; this allows the amniotic sac to push against the cervix.
Small-for-dates baby	A baby whose birth weight is below the 10th percentile for its gestational age.
Spina bifida	Congenital defect in spine.
Stripping/ strip membranes	Pulling the amniotic membrane away from the cervix in order to induce labor.
Transverse	The baby is in a horizontal position in the uterus when labor begins. If the shoulder is pointed towards the birth canal, may be referred to as a shoulder presentation. If the baby does not turn a Caesarean section is necessary. Occurs in less than 1% of births.
Tubal ligation	A loop of tube is ligated with catgut and the top of the loop is excised.
Vacuum extractor (ventouse)	A traction instrument used as an alternative to the obstetric forceps. Adheres to the baby's scalp by suction.
Vaginal massage	Massage of vaginal opening during 2nd stage of labor to encourage vaginal opening – often can be used instead of episiotomy.
Vernix casesa	Covers baby in utero; protects the skin and has antibacterial properties.
Water birth	Giving birth in water (e.g. a bathtub).
Water breaking	Rupture of the amniotic sac.

Appendix D - Resources

Internet:

Anatomy

http://www.innerbody.com/htm/body.html interactive and educational

http://www.instantanatomy.net/ view of anatomical structures and anatomical lectures

http://www.netanatomy.com/ anatomy for health science students, includes gross anatomy

http://www.msjensen.gen.umn.edu/webanatomy/ provides questions and answers for anatomical structures

http://www.sexualityandu.ca/eng/parents/PB/anatomy_female.cfm

Organizations

American Medical Association www.ama-assn.org/

American Nurses Association www.nursingworld.org/

Childbirth and Postpartum Professionals Association www.cappa.net/

Doulas of North America www.dona.org/

CATIE Center at the College of St. Catherine www.stkate.edu/catie/

Digiterp Communications www.digiterp.com/

Mayo Clinic www.mayoclinic.com/health/pregnancy/PR99999

Ethics

www.josephsoninstitute.org

www.scu.edu/ethics/practicing/decision/framework.html

www.rid.org

Books:

Anatomy

Kapit W., & Elson, L. (1993) *The Anatomy Coloring Book (2nd ed.).* New York: Harper Collins.

Netter, F., & Hansen, J. (2003) *Netter's Atlas of Human Anatomy (3rd ed.).* New York: Elsevier.

McCracken, T. (2003) *New Atlas of Human Anatomy: The First 3-D Anatomy.* Based on the National Liberation of Medicine's Visible Human Project. New York: Sterling.

Rohen, J., Yokochi, C., & Lutien-Drecoll, E. (2002) *Color Atlas of Anatomy: A Photographic Study of the Human Body (5th ed.)*. Hagerstown, MD: Lippincott Williams & Wilkins.

Ethics

Cartwright, Brenda E. (1999). *Encounters with Reality: 1,001 Interpreter scenarios*. Silver Spring, MD: Registry of Interpreters for the Deaf, Inc.

Fishberg, N. (1990). *Interpreting: An Introduction*. Silver Springs, MD: Registry of Interpreters for the Deaf, Inc.

Humphrey, J. (2001). *So You Want to Be an Interpreter: An Introduction to Sign Language Interpreting* (3rd ed.). Amarillo, TX: H&H Publishers.

Dictionaries

Dox, I. (2001). *Melloni's Illustrated Medical Dictionary* (4th ed.). Oxfordshire: Taylor and Francis.

Medical Terminology

Smith, G., Davis, P., & Dennerll, T. (1998). *Medical Terminology: A Programmed Systems Approach Text and Tape Package* (8th ed.). Florence, KY: Delmar Thompson Learning.

Appendix E: Independent Study Plan for RID's CMP/ACET Program

Independent Study Plan

Note: All Independent Study Activity Plans must be approved by a RID Approved Sponsor *prior* to the onset of the activity.

CMP Participant Name: _____

Address: _____

City:_____ State:_____Zip:_____

Phone:_____ RID Member #_____

Fax:_____ E-mail:_____

1. **What do I want to do?** *Briefly describe the activity you will complete for CEUs.*

Using the CD-ROMS, "**All in Due Time***: Perspectives on Childbirth from Deaf Parents Discs 1 & 2,* and "**Birth Companions:** Perspectives on Doulas and Nurse Midwives in ASL and English" I propose to work through the study packet, "This One's for You, Baby! "

2. **Why do I want to do it?** *Personal needs? Professional growth? Skill enhancement in a specific area? Increased general knowledge? Remaining current in the field?*

I wish to develop my skills for interpreting in situations that involve pregnancy, labor and delivery.

3. **What are my specific goals?** *Keep your goals measurable, observable and tangible!*

- Install necessary software and navigate CD-ROMs containing digital video and links to Internet resources
- Become familiar with anatomy and physiology involved in childbirth
- Develop a list of specialized childbirth vocabulary for use in source and target languages
- Identify settings and health care professionals involved in childbirth
- Explain the changes that occur during pregnancy and labor and delivery
- Identify the variety of childbirth experiences
- Utilize resources on childbirth and birthing companions
- Discuss how the Code of Professional Conduct can guide my ethical decision making process.

4. **How will I accomplish my goals?** *Briefly describe your action plan.*

Using this study guide, I will go through the process of studying pregnancy, labor and delivery. I will study the specialized vocabulary and individuals involved in this interpreting specialty. I will analyze the signed texts and interpret sequences on the CD-ROMs.

5. How will I show my sponsor what I learned? *Describe your evaluation process.*
I will document the time spent on this study guide using the Time Documentation Sheet.

(Be sure to confirm with your sponsor what evaluation procedure will fulfill their requirements for processing the CEUs.)

6. **How many CEUs is it worth?** *Remember, in an educational setting, 10 contact hours = 1 CEU. Consider how much time you will devote to this study. A maximum of 2.0 CEUs can be earned for each project. (Larger projects may be broken into components and each component filed as a separate independent study project earning up to 2.0 CEUs each.)*

Working with this study packet has a value of up to 2.0 CEUs, depending on the amount of time spent studying and learning in this process.

Please Note: It will be up to the individual RID Approved Sponsors to determine the amount of time necessary to complete your Independent Study and the CEU value which should be assigned to your efforts. Some sponsors may require that you document 1.5 or more hours of study for each .1 CEU earned. Negotiate this with your sponsor prior to initiating your independent study plan.

I agree to implement the Independent Study Activity as outlined in this plan and to submit all the necessary documentation of successful completion to my Sponsor. I certify that this activity for CEU credit toward the RID CMP requirements represents a valid and verifiable Continuing Education Experience that exceeds routine employment responsibilities.

_____ _____ _____

Participant's Name **Date** **Participant's Signature**

I will insure that this Independent Study Activity will be overseen and evaluated by individual(s) with the relevant expertise. I, or my designee, have discussed the Independent Study Activity outlined in this plan with the participant and agree that it represents a valid and verifiable Continuing Education Experience. Further, I or my designee, agree to assess the documentation submitted to me by the participant upon completion of the Independent Study Activity and award the appropriate CEUs if completion is satisfactory.

_____ _____ _____ _____

Sponsor's Name (please print) **Code** **Date** **Sponsor's Signature**

Appendix F: Time Documentation Sheet

Date	Time	Description of Activity