



Government of **Western Australia**
Department of **Health**

Toolkit of resources for the provision of care to Refugee and Migrant Women accessing maternity services

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Contact information

For further information contact Health Networks, WA Department of Health on (08) 9222 0200 or healthpolicy@health.wa.gov.au.

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Background

In October 2012, the Women and Newborn Health Network (WNHN) Continuity of Care Working Group established the Refugee and Migrant Women Working Group (RMWWG) to support and inform the development of maternal continuity of care/r models for all women in Western Australia (WA). The maternal continuity of care/r model was based on the information obtained from a workshop held in September 2012 that identified and mapped current service delivery as well as considering the optimal pathways for support and service provision across preconception, pregnancy, birth and postnatal care. The workshop also considered the education and training needs of those working with refugee and migrant women and their families as well as the information in existence or that is required for maternity care providers.

Further workshops were held at three maternity hospitals – King Edward Memorial Hospital (KEMH), Armadale Health Service and Osborne Park Hospital. The three workshops provided the opportunity to share the knowledge, experiences and expertise of the workers at these services. The aim of the workshops was to inform the development of maternal models of care in WA, looking specifically at the needs of refugee and migrant women and their families. Over the three workshops, in excess of 670 comments were received from stakeholders. The *'Improving maternity care for refugee and migrant women in Western Australia: from 2013–2014 workshops'* report has been endorsed by the Co-Leads of the Womens and Newborns Health Network and is available on the [WNHN website](#).

The findings from the workshops highlighted five key recommendations. One of these included the development of a toolkit of resources to support health professionals to deliver timely, safe, quality and competent care for refugee and migrant women. The proposed toolkit may also include links to primary care services that offer for language specific services and services providing women's health care from a psychosocial perspective.

The RMWWG re-established in 2015 by the WNHN Continuity of Care Working Group to address this recommendation. In order to achieve this, consumer engagement in the form of workshops or focus groups for refugee and migrant women were considered vital. There was consensus amongst the RMWWG that the best format for obtaining information was to hold focus groups rather than workshops. The focus group format proposed included asking women to review the themes from the maternity services workshops and seek validation; ask questions in relation to barriers to care; seeks experiences of care provided in the maternity setting and whether care was seen as culturally appropriate.

Further details can be found in the report, *Improving Maternity care for refugee and migrant women in Western Australia: Report from 2015 consumer focus groups*, available on the [WNHN website](#). The information obtained from the focus groups would be compared to the findings from the health service workshops to determine points of similarity. These themes would then be used as the framework for the Toolkit

Introduction

The Toolkit has been designed as an easy reference guide to assist those involved in the provision of maternity care to refugee and migrant women in WA rather than a comprehensive educational program. The development of the Toolkit was recommended by the RMWWG in response to the findings from a series of workshops for health professionals that were undertaken in 2013. Key themes identified were; resource allocation, information, interpreter availability, education and training and barriers to care. These findings have been validated by a series of focus groups for refugee and migrant women undertaken between May and July 2015.

When caring for refugee and migrant women, current evidence reflects:

- Poorer maternal and neonatal outcomes in women from Culturally and Linguistically Diverse (CaLD) backgrounds.
- Higher caesarean section and still birth rates, along with more frequent obstetric complications.
- Frequency of adverse events increases when interpreter services are not utilized.
- Significantly higher rates of postnatal depression compared to the general Australian population have been identified.

Additional information to support these statements, can be found in the literature review, which informed the *Improving Maternity care for refugee and migrant women in Western Australia: Report from 2015 consumer focus groups*. The report has been endorsed by the Co-Leads of the Womens and Newborns Health Network and is available on the [WNHN website](#).

The Toolkit reflects current evidence based practice and aims to be responsive to the needs of refugee and migrant women and care providers; and assist health providers and consumers to achieve the best, most appropriate care and services, for those women [Having a baby in WA](#). Each section includes a short discussion followed by relevant action points for consideration. Links to current websites and suggestions for further reading are mentioned throughout the Toolkit. Multicultural health in maternity care involves tackling health inequalities and reducing barriers to accessing care. There are a number of organisations collaborating to address the complexities of [multicultural health](#), with initiatives stemming from both government and community groups including resources and information in other languages which can be found in [Appendix 1](#).



Interpreter Service

When clients from CaLD backgrounds have access to professional interpreters, communication is improved, they experience greater satisfaction and outcomes and there are fewer clinically significant errors¹.

When accredited face to face interpreter services are available, women find it easier to attend maternity care, are less fearful and report better understanding of procedures, options and antenatal care. Many migrant and refugee women will require an interpreter while attending healthcare services as they may have little or no spoken English. Health care providers should also be aware that some women may have good conversational English but have limited understanding of health terminology. If this is the case, an accredited face to face interpreter needs to be used to obtain informed consent. If an on-site interpreter is not available, a telephone interpreter should be used.

Easy access to interpreting services is vital to ensure women are well informed throughout their pregnancy. Considerations to help improve interpreting services include:

- Ensuring additional time is allocated to appointments.
- Establishing continuity of interpreter.
- When using an interpreter, health professionals should ensure that they still maintain eye contact with the patient and talk to the patient directly rather than to the interpreter.
- Use of friends and relatives to help interpret should be discouraged to ensure the woman is able to open up about potentially sensitive and confidential issues and to ensure that medical information is conveyed accurately.
- Information on language needs should be passed onto all those who will come into contact with the woman during her pregnancy to ensure they are able to arrange interpreting services in advance and identify relevant translated leaflets.
- Information on language needs should be captured in the women's maternity notes.

Consumers and their carers who have limited or no English proficiency or who are deaf or hearing impaired have the right to access interpreting and translating services when using and receiving WA Health services. This includes Aboriginal people and people from CaLD backgrounds, for further information and guidance please see the [WA Health System Language Services Policy](#).

Health service providers must ensure that consumers and carers are informed about their right to access interpreting and translating services. When accredited face to face interpreter services are available, women find it easier to attend maternity care, are less fearful and report better understanding of procedures, options and antenatal care. Many migrant and refugee women will require an interpreter while attending healthcare services as they may have little or no spoken English.

¹ Flores G, Abreu M, Barone CP, Bachur R, Lin H. Errors of medical interpretation and their potential clinical consequences: a comparison of professional versus ad hoc versus no interpreters. *Annals of Emergency Medicine* 2012;60(5):545-53.

Useful Links

[WA Health System Language Services Policy](#) provides guidance about how to implement the Western Australian Language Services Policy 2008 within WA Health taking into account the unique requirements and risks associated with health care.

It is Western Australian Government policy to provide free interpreting services to support Australian citizens and eligible residents who need help to communicate in English. The [Assessing the need for an interpreter](#) site will assist with further links and advice.

The Western Australian Department of Health has developed the [ABC guidelines: Do you need an interpreter?](#), to assist you in determining if an interpreter maybe required for Aboriginal people, people from backgrounds CaLD, and people who are deaf or hearing impaired.

Once the need for interpreting and translating services is established, it is your responsibility to provide competent interpreters and translators. WA health provides guidance around [contracting interpreters and translators](#).

[Information on how to work with interpreters](#), including on site or telephone interpreting is available, which one you choose will depend on a number of factors. For example on-site interpreters should generally be used in situations where complex, sensitive or lengthy matters need to be discussed, while telephone interpreting can be especially useful in emergency situations. [If interpreters are not available in person, arrange for a telephone interpreter](#).

Western Australian '[I need an interpreter](#)' card will let maternity care providers know clients need an interpreter and in which language.

The New South Wales (NSW) Refugee Health Service's online Translated [Appointment Reminder Translation Tool](#) allows you to translate appointment details into your client's language.

The WA Government has a list of preferred providers of [interpreting and translating services](#): a new aid to help access interpreting and translating services has been developed. The [eDecision Aid](#) uses a series of drop down menus to enable buyers to quickly select the preferred language, qualification level, work hours and amount of time required for the engagement of an interpreter or translator [Contacting interpreters and translators](#).

The [Office of Multicultural Interests](#), also have a list of external interpreting and translating services.

Information

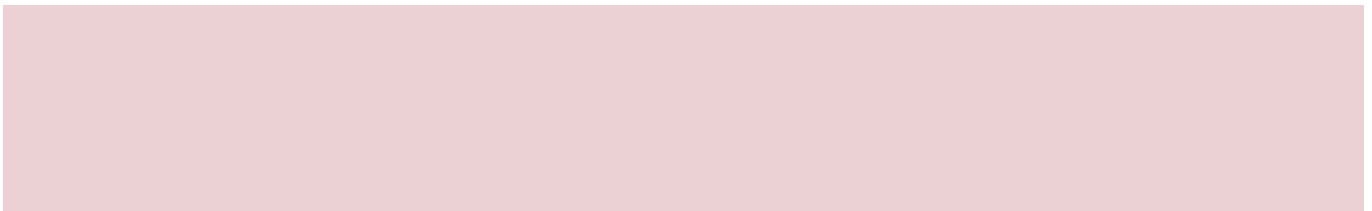
Like all women, refugee and migrant women require access to comprehensive information to help guide them through their pregnancy and into parenthood. Being well informed on the stages of pregnancy, what to expect and what support is available enables women to take control of their pregnancy and seek care when appropriate. Written information in a range of languages is needed to ensure women have access to information. Use of pictorials or multimedia resources can also be used to help increase understanding where reading abilities are limited.

As a minimum, all migrant women should have access to information on the following:

- Pre-conception health information, including on the organisation of the health system.
- Information on how to access maternity services and on the importance of early booking.
- Information on the different stages of pregnancy, including:
 - What tests will be undertaken and why.
 - How to keep healthy in pregnancy.
 - What symptoms are normal and which require further investigation during pregnancy.
 - Information on what ante-natal support is available and how to access it.

Maternity care providers should ensure translated material is provided in the appropriate language if available. The lack of translated materials can prevent women from gaining a deeper understanding of the issues being discussed or if the information provided is incomplete impacting their ability to be well prepared for labour, birth and the postnatal period.

As well as language needs, refugee and migrant women often come to Australia with very different expectations of maternity care. In some countries antenatal care is very limited, whilst in others a more medicalised model of maternity care is the norm with regular internal examinations offered throughout pregnancy. It is important that women accessing maternity care in WA know how the services are organised and know what to expect from their care.



Useful Links

The [Cultural Orientation Resource Centre](#) has produced numerous publications in which key information about various refugee populations can be found. These Refugee backgrounds and culture profiles include a population's history, culture, religion, language, education, resettlement needs, and brief demographic information.

[A Picture Book Guide to Patient First](#) with pictorial information for clients on how to get the best results from their time in the WA health system.

[Health Translations Directory](#) provides links to multilingual online health resources from government departments, peak health bodies, hospitals, community health centres and welfare agencies, on both pregnancy and post-natal care.

[Womens and Newborns Health Service](#) has a list of multilingual health resources for consumers.

[Information on sexual health and blood borne viruses provide](#) referral and language options for the multicultural communities of WA. This link provides access to sexual health services for people in the multicultural community. It is also a resource for service providers in need of multicultural resources and referral options, and provides information on policy and training opportunities.

[Good food for new arrivals](#) is a nutrition awareness program designed to facilitate and improve access to sound and relevant information by newly arrived humanitarian and refugee families with young children.

[Cue cards](#) are available to assist with communication. The Eastern Health Transcultural Services have developed cue cards that cover a range of simple words including 11 categories divided into: Basic, Instructions, Family, Community, Descriptions, Medical, Objects, People, Religion, Time & Dental and includes charts indicating days of the week, months of the year, level of pain scale. They are available in 70 languages. The cards use word translation and supporting illustrations to facilitate communication with people who do not use English as their first language.

[The Victorian Refugee Health Network](#) provides a guide for doctors, nurses and other health care providers caring for people of refugee background (3rd edition). The guide contains sections on:

- Identifying patients from a refugee background.
- Example of questions to ask during attendance at the health service during assessment.
- Engaging interpreters.
- Consultation and management.
- Medical history, examination and catch-up immunisations.
- Diagnosis to consider: a syndromatic approach.
- Physical examination resources.
- Recommended investigations and investigations result tables.
- Settlement support services.
- Asylum seeker health.

Education and Training

Ongoing education and training allows health professionals to learn about new and emerging communities in WA as well as the changing health needs of more established communities.

It is important that healthcare staff have a good understanding of the difficulties faced by refugee and migrant women coming to Australia. Whilst many migrant women may have come to WA through choice, a large number of women have come through necessity in order to flee difficult circumstances in their home country; and have often undergone terrible ordeals both in their home country and in their bid to reach safety in Australia. Many refugee and migrant women will have been separated from family and friends and may feel extreme isolation when they first arrive in Australia.

There is a need for greater awareness of the issues faced by refugee and migrant women amongst health care workers. Increased awareness will enable better engagement between healthcare workers and refugee and migrant women and will help engender trust and ensure women feel that their issues are being addressed.

Health professionals do not need to have detailed knowledge of all different cultural preferences but should have an appreciation of the importance of culture, ensuring all women have opportunities to express their cultural preferences and feel at ease throughout their maternity experience.

Useful Links

The Department of Health, through the Cultural Diversity Unit, now offers [cultural competency training](#) for working with people from CaLD backgrounds. This training seeks to equip the WA Health workforce (including mental health staff) with the knowledge, skills and tools to manage cross-cultural health encounters and deliver inclusive, timely, safe and effective health care.

[Diverse WA](#): provides cultural competency training for those working with people from CaLD backgrounds.

The [Metropolitan Migrant Resource Centre](#) provides culturally and linguistically appropriate training and information sessions to individuals, communities, government and non-government organisations.

[Your Cultural Lens](#) provides training on cross-cultural communication for sexual health and blood borne viruses. This is an on-line training program about sexual health.

[Madina Village Community Services](#) provide a [WA Health Care Providers' Handbook on Muslim Patients](#)

[Female Genital Mutilation \(FGM\) Booklet](#) covers what FGM is, ethical and legal aspects of FGM, health consequences of FGM, psychosocial issues, practice guidelines, deinfibulation and pregnancy and childbirth.

[Female Genital Mutilation \(FGM\)-A harmful cultural practice](#), is an e-learning package intended for health professionals working with women and children who may have experienced FGM or be at risk of FGM.

Barriers to Care

Due to access issues, refugee and migrant women may only receive partial antenatal care. Refugee and migrant women face a number of barriers to accessing antenatal care such as long waiting times on the day of their hospital appointments, difficulties accessing public transport and childcare commitments. Refugee and migrant women may face one or more of these barriers as well as other issues such as poor physical and/ or mental health that can prevent some women from arriving on time or from attending their antenatal appointments.

Useful Links

[Women's health centres across WA](#) provides a summary of womens health centres for women in WA.

[Ishar Multicultural Women's Health Centre](#) encourages the health and wellbeing of women of all ages and from all cultural backgrounds. It has a holistic philosophy grounded in the 'Social Model of Health' where the 'medical' condition of women seeking services is not separated from the real life interconnections of personal, social, economic, racial, age and gender relationships they experience.

[Princess Margaret Hospital Refugee Health Clinic](#) provides holistic care to recently resettled refugee and asylum seekers, including referral information and other helpful resources.

[TheBumpWA's, Childbirth Education Program for Refugee and Migrant Women](#) provides education in choices in childbirth and expectations for pregnancy care. Based in Gosnells at Women's Health & Wellbeing Services appointments are available on Mondays, Tuesdays & Wednesdays to provide antenatal education (not antenatal care) and links to community support networks. The Program uses accredited interpreter services.

[Womens Health Clinical Support Programs](#) provide a link to guidelines, screening and assessment tools, referral sources, resources, support services and helpful links focused on perinatal mental health for women and professionals.

Conclusion

The development of the Toolkit was an initiative of the RMWWG as a result of health professional and consumer feedback. The combination of these actions has resulted in the creation of a practically based toolkit aimed at providing guidance and directing maternity care providers to useful links to ensure culturally appropriate and evidence based care.

The research undertaken by the RMWWG into the experiences of refugee and migrant women accessing maternity services and the views of those delivering maternity services have highlighted the barriers to optimal antenatal care for refugee and migrant women.

The resources in this toolkit should help antenatal care services to put refugee and migrant women at the heart of their maternity care to ensure they are able to access the required information and support to give them and their baby a healthy start in life.

The toolkit highlights the four key areas which should be considered to optimise antenatal care for refugee and migrant women, including:

- Access to clear information for both the woman and those organising antenatal care, ensuring adequate interpretation services are available to improve communications.
- Ease of access to health care services for refugee and migrant women.
- The attitudes and cultural awareness of health care staff to ensure women feel welcomed and supported by maternity services.
- The availability of additional support for women who require it.

For many refugee and migrant women, health care services alone are unlikely to address all their needs. The research report highlighted the complex social situations that refugee and migrant women often find themselves in and how socially isolated many women are. Thus, well developed referral pathways are required to ensure women are able to access the support they need.

Appendix 1: Resources and information in other languages

The following resources provide a diverse range of information in one place that can assist Health professionals in finding information that may assist them in the delivery of care to clients.

[The National Pregnancy Care Clinical Practice Guidelines](#) provide a reliable and standard reference for health professionals providing antenatal care. They take a woman-centred approach, which includes considering the woman's context, ensuring cultural safety and enabling the woman to make informed decisions and choices about assessments and tests.

Anxiety and Depression

The Womens and Newborns Health Service, [Womens Health Strategy and Programs \(WHSP\)](#), provides resources for those working with [CALD Communities](#). Including, using the Edinburgh Postnatal Depression Scale: Translated into languages other than English.

[Perinatal Anxiety and Depression Australia \(PANDA\)](#) provide fact sheets in other languages on anxiety and depression in pregnancy and early parenthood.

Languages include: *Arabic; Chinese; Somali; Urdu; Vietnamese.*

Breastfeeding

The Australian Breastfeeding Association provides a breastfeeding resources in other languages, specifically the [Breastfeeding Confidence](#) resource.

Languages include: *Amharic; Arabic; Chinese; Croatian; Dinka; Farsi; Hindi; Tamil; Vietnamese;* [Queensland Health](#) covers an array of breastfeeding information in the following languages:

English, Chinese, Arabic, Spanish, Serbian, and Vietnamese.

[La Leche League International](#) provides breastfeeding information in *English, Chinese, Spanish, Italian, and Russian.*

[Medline plus](#) provides breastfeeding information in *Arabic, Bosnian, Chinese, - Simplified Chinese, French, Hindi, Hmong, Japanese Korean, Marshallese, Portuguese, Russian, Somali Spanish, Vietnamese.*

Bladder and Bowel

[Continence Foundation of Australia](#) has both videos and written information in a variety of languages on Incontinence.

The Department of Social services, provide both [bladder and bowel factsheets](#) in a variety of different languages to assist with the prevention and management of bladder and bowel.

Languages include: *Croatian; Dari; Dinka; Dutch; Filipino; German; Greek; Hindi; Magyar; Hungarian; Indonesian; Italian; Karen; Korean; Macedonian; Maltese; Mandarin; Persian; Polish; Serbian; Somali; Spanish; Tamil; Turkish; Urdu; Vietnamese.*

Family and Domestic Violence

It is important to remember that people perceive domestic violence differently due to their cultural and traditional beliefs. When dealing with CaLD patients, one should consider the following points:

- CaLD women are less likely to leave a violent relationship as there is pressure to remain in a marriage because of their fear of bringing shame and dishonour to the family.
- Violence can escalate as a result of migration and because of cultural change and the shift of gender roles.
- Fear of isolation and lack of extended family support.
- It is imperative to attempt to understand someone else's perspective of family and domestic violence.
- For refugee women, the experience and effects of domestic violence following resettlement in a new country can be particularly devastating, given that many have endured sexual and gender-based violence prior to their arrival.
- Some women do not access support as they do not recognise that what they are experiencing is domestic violence, due to cultural and traditional views of what violence is and looks like.
- Some women lack knowledge relating to their rights in Australia, which stops them from accessing support.

Please refer to the [Reference Manual for Health Professionals. Responding to Family and Domestic Violence](#).

Gestational Diabetes

[Diabetes Australia](#) provides general information related to healthy living for any type of diabetes, including the [Gestational Diabetes - Caring for yourself and your baby e-booklet](#), and [Life After Gestational Diabetes e-booklet](#).

Languages include: *Arabic; Chinese (simplified); Chinese (traditional); Greek; Italian; Korean; Spanish; Turkish; Urdu; Vietnamese.*

Having a baby – A guide to pregnancy and childbirth

[MultiCultural Health Communication](#) provides a very comprehensive books cover health, pregnancy, labour, pain relief and the first few weeks of having the baby.

Languages include: *Arabic; Chinese (traditional); Khmer; Korean; Vietnamese.*

Immunisation Information

The Australian government also produces publications and resources including some translated resources. Visit the [Immunise Australia program](#) publications and resources.

The Victorian government has [immunisation fact sheets](#) in a range of different languages.

Newborn Screening

[Your Newborn Baby's Screening Test](#). WA Newborn screening pamphlets. Scroll to "Pamphlets and Information Sheets".

Languages: *Arabic; Chinese; Indonesian; Thai; Vietnamese*

Nutrition and healthy eating

[Healthy Kids - Eat Well, Get Active](#) provide fact sheet translations on healthy lifestyles and eating.

Pregnancy, birth and the postnatal period

The Multicultural Health communication, '[Having a baby – A guide to pregnancy and childbirth](#)', provides very comprehensive books covering health, pregnancy, labour, pain relief and the first few weeks after having the baby

[Health Information Translations](#), provides translated health information around pregnancy and baby care, although some languages have more translated information than others.

Languages include: *Arabic; Bosnian; Chinese (simplified); Chinese (traditional); French; Hindi; Japanese; Korean; Marshallese; Portuguese; Russian; Somali; Spanish; Tagalog; Ukrainian; Vietnamese.*

Perinatal mental health services

'[My Perinatal Journey – From strength to action](#)' booklet from Ishaar describes how early identification, engagement and the provision of culturally relevant and targeted perinatal mental health services improves a woman's mental health and builds her capacity to impact positively on her children, family and wider community

A booklet providing information on perinatal mental health and with links to multicultural resources:

http://kemh.health.wa.gov.au/health_professionals/WHCSP/pimh_toolbox.php#Resources.

Sexual and Reproductive Health

[Sexual and Reproductive Health WA](#) provides a range of useful multicultural and pregnancy links.

Languages include: *Amharic; Arabic; Burmese; Chinese; Dari; Dinka; French; Indonesian; Persian/Farsi; Swahili; Tamil; Thai; Vietnamese.*

[Family Planning NSW](#) provides a range of reproductive and sexual health information with a range of fact sheets in community languages.

Languages include: *Arabic, Assyrian, Burmese, Chinese, Dinka, Farsi, Khmer, Korean, Lao, Serbian, Swahilli, Thai, Turkish, Vietnamese.*

[Sexual Health Information Networking and Education SA \(SHINESA\)](#) (Sexual Health information, networking & education) reflecting the expansion beyond traditional family planning services. Specifically providing information on supporting [multicultural communities](#).

Languages include: *Arabic; Chinese; Dari; French; Hindi; Swahili; Vietnamese.*

[Department of Health, Sexual health multicultural fact sheets](#) provides a variety of information on sexual health topics.

Languages include: *Arabic; Burmese; Chinese; French; Indonesian; Thai; Vietnamese.*

Sleeping

[Red nose](#) provide safe sleeping information in other languages, including making up a baby's cot, safe wrapping and cot-to-bed safety.

Languages include: *Arabic; Bosnian; Burmese; Chin; Chinese; Croatian; Dari; Dinka; Farsi; Greek; Hindi; Indonesian; Italian; Karen; Khmer; Korean; Laotian; Macedonian; Malay; Mandarin; Maori; Nuer; Portuguese; Russian; Serbian; Sinhalese; Somali; Spanish; Sudanese; Arabic; Swahili; Thai; Tigrinya; Turkish; Vietnamese.*

[Raising Children Network](#) – The Australian parenting website provides some great links to the following information, specifically looking at [choosing good food](#), [promoting good sleep for children](#), [children's sleep](#), [sleep problems – sleep and learning](#), and [parenting videos](#).

Languages include: *Arabic; Auslan (sign language); Burmese; Cantonese; Chinese (simplified); Dari; Dinka; Karen; Hindi; Indonesian; Karen; Korean; Mandarin; Nuer; Persian; Vietnamese.*

Women's Health including: Contraception, Having a Baby, Breastfeeding, General Health Information

[The Royal Women's Hospital Victoria](#), provides A-Z fact sheets on a wide variety of topics. Some of the languages have limited information available. Scroll to bottom of page to select a language.

Languages include: *Amharic; Arabic; Assyrian; Burmese; Chinese; Croatian; Greek; Hindi; Italian; Khmer; Macedonian; Serbian; Somali; Spanish; Tigrinya; Turkish; Vietnamese.*

[Women and Newborn Health Service Library](#): a comprehensive website, although some of the languages have more translated information than others.

Languages include: *Amharic; Arabic; Bosnian; Burmese; Chinese (simplified); Chin Haka; Croatian; Dari; Filipino; French; Greek; Hindi; Indonesian; Italian; Japanese; Karen; Khmer; Kirundi; Korean; Lao; Macedonian; Persian/Farsi; Polish; Portuguese; Punjabi; Russian; Serbian; Somali; Spanish; Swahili; Tamil; Thai; Tigrinya; Turkish; Urdu; Vietnamese.*

[Selected Patient Information in Asian Languages \(SPIRAL\)](#)

Languages include: *Cambodian Khmer; Chinese; Hmong Hmoob; Japanese; Korean; Laotian Lao; Thai; Vietnamese.*

[Medline Plus](#) is a comprehensive website providing health information in multiple languages. Click on the topic and it will show you what information is available in which language.

Languages include: *Amharic; Arabic; Armenian; Bengali; Bosnian; Burmese; Chamorro; Chinese (simplified); Chinese (traditional); Chuukese; Croatian; Farsi; French; German; Gujarathi; Haitian Creole; Hindi; Hmong; Ilocano; Italian; Japanese; Khmer; Korean; Kurdish; Laotian; Marshallese; Nepali; Oromo; Polish; Portuguese; Punjabi; Romanian; Russian; Samoan; Somali; Spanish; Swahili; Tagalog; Thai; Tigrinya; Tongan; Turkish; Ukrainian; Urdu; Vietnamese.*

[National Health Service](#) is a comprehensive website with an A-Z index on Conditions and Treatments. Any information on the website can be translated by clicking the "Translate" drop down button at the top of the page.

Languages include: *Afrikaans; Albanian; Arabic; Armenian; Azerbaijani; Basque; Belarusian; Bengali; Bosnian; Bulgarian; Catalan; Cebuano; Chichewa; Chinese (simplified); Chinese (traditional); Croatian; Czech; Danish; Dutch; Esperanto; Estonian; Filipino; Finnish; French;*

Galician; Georgian; German; Greek; Gujarati; Haitian Creole; Hausa; Hebrew; Hindi; Hmong; Hungarian; Icelandic; Igbo; Indonesian; Irish; Italian; Japanese; Javanese; Kannada; Kazakh; Khmer; Korean; Lao; Latin; Latvian; Lithuanian; Macedonian; Malagasy; Malay; Malayalam; Maltese; Maori; Marathi; Mongolian; Myanmar (Burmese); Nepali; Norwegian; Persian; Polish; Portugese; Punjabi; Romanian; Russian; Serbian; Sesotho; Sinhala; Slovak; Slovenian; Somali; Spanish; Sudanese; Swahili; Swedish; Tajik; Tamil; Telugu; Thai; Turkish; Ukrainian; Urdu; Uzbek; Vietnamese; Welsh; Yiddish; Yoruba; Zulu.

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