Interviewer: how do you offer healthy eating advice to pregnant women?

Response: So well with my trust. Now we've got, we don't give women a note. So during my booking especially during the booking that's when we we try because that's the first time we are meeting the women. We advise them on healthy eating and we also I sign post them on our leaflet on maternity note mainly is to be honest, it's not just tailored to maybe to the black African is more like in general what I always tell them, so it's more like things to avoid the drinks to avoid what they should be eating so they can get the nutrients they need Which is more like a general thing not just tailored to one woman or one, you know, depending where they're coming from, and which is the same information on our maternity note and also we offer them. Something called the Emma diary as well, which has got some information of what they should be eating and what they should be avoiding

Interviewer: So, Have you ever offered healthy eating advice to pregnant Africans.

Response: A Yes. Uh huh.

Interviewer: It's the same approach i assume

Response: Yeah, so this is this the thing. So I'm saying When I see a woman out I unless they have any other like if they're diabetic or if they have they had diabetes in a pregnancy or any other health condition that will, you know, Make me offer them a different kind of healthy eating. That's when I go into details but if its the normal low risk pregnancy that I'm booking I give them the same advice as everyone does that make sense.

Interviewer: Yes, it does. Yes. So have you ever gone into The details like for somebody that has maybe diabetes or gestational hypertension or something Have you ever gone into the details.

Response: Yeah, I always go yeah I will go into the details as well. Most of them if They have diabetes, most of them we we rarely see them because they are picked up when they book for the booking and they are Always booked by the diabetic midwives, so it's only a few of them. You might see them. Or the ones that have got diabetes in pregnancy, which may be my be after the 28 weeks because that's when the test is done. Those are the ones that you go into healthy eating avoid anything that's sugary, they've got a leaflet with what they should be eating which we tell them. But as I said again that it's not that many because they are picked up before we see them Yeah. So yeah.

Interviewer: I know from your country of birth that you are an African, Even though your nationality is British

Response: I know the food we are eating is different to what the people eat

Interviewer: Okay, so do you. Um, have African pregnant women who asked for specific kind of advice from you.

Response: Um, I don't know, maybe because I haven't been working for a while. I haven't really met the ones that have, like, you know, If im honest, the kind of women that i have had maybe to talk more go into deep with healthy eating that ive seen is more like Asian people Women, where they come and if sometimes they come and will do the test and it shows maybe they have a blood in the urine. Where I asked them what they have eaten and they tell me they have a chapet in the morning, they cakes, they have this and that they have cakes, they have a lot of sweets. So in their food they've got more, but the black African women that i have seen. I haven't had anyone who i had to go really into detail saying you have to avoid what you're eating or this just, you know, look at what you're eating and I don't know. Maybe i have seen them, but I haven't had that, you know, to see that that many

Interviewer: Which trust are you Epsom or St Helier

Response: St Helier

Interviewer: Have you seen the Eatwell guide and the pregnancy healthy eating

Response: Yes, yeah.

Interviewer: Do you consider that piece of material appropriate to all cultures.

Response: Ah, not really because as i said again, not every woman eats that because you know, it depends on where you are coming from They might say, have some cereal in the morning. Whereas, like, you know, if you come in a country where they dont eat cereals in the morning or they dont even have that That that's different. They might eat like yam yam in the morning or a cup of tea or something. So its different again you have to go through with them and talk to them like you know On you know on an average day. Tell me what you're eating like what do you have for breakfast, what you have for lunch, what you have for dinner then you understand what what you know is causing the problem all day but it's not for everyone. Yeah.

Interviewer: So do these women. That you signposts to the Pregnancy app, Do they seem to have an understanding of healthy eating.

Response: Well, This is another issue because unless sometimes we stand close to them, some of them will read those leaflets, others wont It could be maybe I might have where the trust should maybe do an audit to See how many women are actually reading those leaflets and ummmm as I said, again, we, we take the main thing like avoiding caffeine, avoiding sugary stuff. Have like you know, Lots of fruit and vegetable in your in your diet kind of things. But there are other things that they might go and look at it through the app, maybe we might not have the time even to discuss depending over the time that we've got But some of them, they look at their leaflets, others, they, they will come at the end, even though you'll see them when you are delivering the baby, you will ask them. Oh, have you read this. Have you, you know, And it's like, it's something like a new like they haven't had it or because they didn't take the time to read or inform themselves in other ways. Um, so, no. Not everyone. Yeah, yeah.

Interviewer: from interviews with the pregnant women. They have mentioned the fact that those leaflets some of them don't read them because they feel that it's not relevant to their culture.

Response: Okay, yeah, yeah.

Interviewer: Do you think so.

Response: I do think so yeah because Let's say its so different, sometimes there's food there that they haven't even eaten T So if you're telling oh dont eat that or eat more of this, you know, that will help you and they have never even eaten that today, they will continue eating what they have been eating so i think i think is more like The best thing as as a healthcare professional is moving into the details of what the person is eating, to be able to help them. However, as a trust our policy, we still have to signpost them to those leaflets we still have to do that, even though we know that some of them are not going to read that or They might not necessarily do what we tell them or stop what they're eating. If you know so it is hard, in a way.

Interviewer: So if you have a leaflet that kind of identifies African food, would that help in a way

Response: Me yes massively yeah that would help because at least, then they can go and see the food that you know they that they know like know how to remit that food or know how much they should be eating. To tell somebody. Don't eat this, and they have never eaten. They don't even know what it is. That doesn't make sense, does it, but I think, yeah, having a kind of different leaflet to them tailored to them, it will help a lot.

Interviewer: I'm going to ask about social context in relation to the healthy eating guidelines now so social context, the Somebody's environment. Somebody income level and Do You think that's the healthy eating guidelines relates to everybody's, social context.

Response: Not really. It doesn't know because everyone is different, and especially now with a pandemic. There are a lot of people who are suffering, who doesn't have enough money to buy everything that we are telling them to do. I'll say, saying that most, if you go to supermarket vegetables and fruit and vegetables they they're not that cheap. The only cheap things you will get is maybe the frozen one which you want them to eat fresh, healthy food, the frozen that one. Yeah, it's something, but it's not the best is it so No, I don't think so.

Interviewer: Okay, now. So I'm going to start asking questions about issues that have popped up things that have come up from the interview so far.

Response: Uh huh.

Interviewer: So, People have said that sometimes when African women talk. They are saying one thing, but they mean another thing so what do you say about that?

Response: (Laughs)I don't think that's the only thing about African women. I think sometimes you get to all kind of these women in the different races where You tell them something that they will say yes yes yes and you go back and you ask them what they have heard or what you know You mean and they say different things. So I don't think is just African women really

Interviewer: Happens to all the races.

Response: Yes, it does. Yeah, it does. I think sometimes it also it depends on The level of education umm because the ones are say well educated, they, they are more into asking questions and go and read all the leaflets and want to know more, whereas the ones that really kind of live in poverty doesn't have that kind of, you know, income and things they They kind of tend to just want to do what you're telling them not to go and ask or just more Trying. I don't know how Trying to find out more about themselves, if that makes sense.

Interviewer: Do you think that language is a barrier when you're talking to African women.

Response: I don't think so, because unless they don't speak English. I will just say language is a barrier. The ones that speak English. Yeah. No, it's not a problem. I think we find a problem when we are dealing with women who doesn't speak English. And we're speaking English and we have to use the interpreter some Sometimes we have to use the Google Translate because of the time and all that, if it it is something that we need to know. But no, I don't think so.

Interviewer: And some people are also said that African women are laid back In the approach to their they don't take the pregnancy as being very

Response: Okay, I'm Trying to kind of think about right back maybe maybe because I don't know. I'll I don't think they don't. I don't think that's the case. I think is more That they don't want to maybe exaggerate. What is happening. They accept it, if that makes sense. They accept the pregnancy and then They want to go with it. So no thinking like, oh my god, something's happening as you know some people will be pregnant. They will, they will think, like, oh, something is happening. It's not a disease, they see it as is normal. So I see that the black African women take it that way. Because most of them are they have grown up with, you know, their mama cousins sisters and seen all that They're able to deal with most of the things are other you know women here. Sometimes they don't. And yeah.

Interviewer: So, um, don't you think that that's Probably is a problem in itself because hm some of the times the misconceptions about women, giving birth come from the fact that probably am so it is generally assumed that black African women have a higher threshold for pain.

Response: Yeah. I know This is another issue. Unfortunately, because of that, because they are seen as okay with the pregnancy going with the flow. Sometimes, yes, they're not offered that pain relief when they need it because They might even maybe because maybe they haven't asked them. They're waiting for it or i don't know. Um, yeah. Unfortunately, that happens. or they are seen as they can do it. And they, they don't know go through this C sections or having epidurals and stuff like that because they think they you know they are strong, whereas the other you know races. They will, they will be, they will come through the door asking for pain relief. and they will be the first one to get it.

Interviewer: Yeah, so probably that could also be the same in healthy eating so

Response: yeah yeah you might be right. Yeah, I know. I mean, yeah, exactly.

Interviewer: So what do you think are the barriers to offering healthy eating advice?

Response: Trying to see. So the biggest one, The first one, the fact that we have a general leaflet for every woman that's the first one to be honest Because as I said again as you also mentioned Those leaflets is for everyone, is not tailored to one you know one person or one race and we are not eating everything that the same you know people from Africa we eat a different kind of food from, you know, People here. So I think having different leaflet tailored to them that will help massively And I know you're talking about Africa. And I think Asian people need a different kind of leaflet as well because I tend to i don't know i i tend to see them more than even black African. But I think, yeah, I think those two people, those two races they need different leaflets

Interviewer: What about time do you people have time to offer the advice.

Response: Our time, this is another thing. Yeah, our time is limited so Unfortunately, as well. Again, this is another thing. Every time they ask us to do more and more, but they don't add the time when do you asked to do this and do that and do that by. You still have the same amount. You have to do those things in There will be something that will be missed or not, you know, done properly because of the time. The time it is a real issue.

Interviewer: So, with this pandemic, sorry the questions seem to be coming

Response: Right.

Interviewer: So, with this pandemic. How is antenatal care services with this pandemic?

Response: Ahhh, women are not liking it at all ummmm unfortunately it wasn't good. I wouldnt say its good, we tried our best as as how we can do, but it's hard because some women they have gone up to 28 weeks and they haven't seen any midwives, apart from talking on the phone. Which if there is any issues, if you're asking someone on the phone if there is any domestic violence or any other problem. And you, you might ask them is there anyone with you. They might say no. But if there husband is sitting next to them. They won't, reveal any problems So we have been doing it online, but it's not enough. And the women felt like they were not followed up properly, which I understand, especially the ones who are the first mom. Because its something they're going through, for the first time. So not being able to see the midwife until they're almost 28 weeks is hard. Yeah. And as a midwife. I feel like, well, it's not like we have failed them We don't have a choice with the pandemic, it happened and everyone had to adapt by yeah i think the women suffer from it. Yeah.

Interviewer: As an African midwife do you think that the African diet is unhealthy.

Response: Um, This is the thing I dont know how I would say it Um, it's hard to say because looking back, and what I was eating back home and looking what I'm eating here most of the things that are the same, but I think back home. We eat more fresh food. Which I think it helps and you're doing a lot of things. And there's no much snacking and no much cakes in between, whereas here you've got all those stuff Which which makes it inappropriate I think because we tend to eat more, you know,carbs, a lot so if you eating carbs and then you add the cakes and snacks and, you know not going to the gym. Yeah, it's gonna affect you massively

Interviewer: It's not like the African diet is unhealthy but post migration.

Response: Yeah, I don't think its unhealthy because like, Yeah, I've seen people here who Oh my God, who is eat very unhealthy food than what we get back home. So i would not say do not say this is no no it's not unhealthy I don't think it's because of that I think is, is, oh yeah, like you said, it's all the moving and add other things on top of what we know normally eat which makes it a problem.

Interviewer: I've had people say that it would be better to change the African diets.

Response: Mm hmm.

Interviewer: Do you think so?

Response: Ummmm to what because Most of them, ive seen that we eat carbs but we grew up eating like puddings but whereas here you might have food that is low carbs and then you add the pudding on top with every food which also makes it unhealthy so I don't know. It is hard. But then when you're pregnant, understand what they mean. Because you can't have our carbs, our food that we eat on top of all the other snacks, then you And you know not exercising you know just doing what you were doing back home because lifestyle here is completely different. Which Yeah, which affects all those things. But, um, i dont think its unhealthy.

Interviewer: Ummm do you also feel that The African women Their mothers have so much of an influence in their pregnancy.

Response: Um, That's a tough questions because Yeah, culture It does. It does play a big role. However, because of as I said again because of us. You know how many percentage of African women have got their moms here. So once you come here. Sometimes you adapt to different kind of, you know, life. But the culture. Sometimes it can, you know, it, it plays a big role because you might feel that you grown up seeing your mom or your whatever family doing this and you carry on doing that as well. So I'll say 50/50 Yes and no, if I answered your question.

Interviewer: A pregnant woman was talking about African myths, like eating okro in pregnancy, she was told by the midwife that Okro was okay to eat but she ended up not eating okro because she was told by her mother not to eat it.

Response: I dont think its just the mother, i just think it is the family kind of thing because as i slaid again we see them in other races like Asian race , they are very influences by their family a lot even ummmm and i have have seen them saying, oh, my mother in law. you know most of the time they will have their mother-in-law not their mum doesn't want me to do this doesn't want me to do that. And, you know, they will stop doing those things because their mother in law has Said it Again it is your first pregnancy. Most of the time you tend to listen to everyone, because everyone is telling you, different kind of stuff. Don't do this. Don't do that to do this and do that. And sometimes, some women will follow it without even asking health professionals. So yeah, is that 5050 thing. So, yeah.

Interviewer: I think with each with each Interview. I've had with midwife depending on Probably the midwives. Origin. So it's usually different because I mean as a black person you'd understand it from a different perspective.

Response: Of course, yeah, you're right.

Interviewer: So, have you ever attended to recent immigrants?

Response: Oh no, I can't remember the last time i did to be honest I might have, but maybe not a black African no i cant remember the last time I did. It might be a while now

Interviewer: Yeah, you have you ever had a midwife ask for advice for Probably a pregnant woman umm healthy eating advice for a pregnant women or referred a pregnant woman to you because they needed you to offer advice

Response: No. No i haven't

Interviewer: Okay. I think that's It's interesting. And then somebody said that because what she was talking about. People have talked about doing a pregnancy circle. That will involve more Africans not that it will be just Africans but involve more Africans and then another person said that they would feel like they were being labelled. Do you think so.

Response: I don't think that they will feel, but I think it would maybe encourage them maybe to talk more. And yeah, to listen to others and try, try it. Yes, try to work it together. I don't think there will be labels. To be honest, I think will be a good idea. I think so. Yeah.

Interviewer: Do You have any other thing to say?

Response: Oh, No, but I think, I think the only thing I got from this is that next time. If I got any kind of black women, it doesn't matter if its immigrant or not I think then I'll be more into going through their plan. Unfortunately, I might not have time to do that but now i understand that we don't really go into the details. About their healthy eating and all that we sign yeah we are sign posting them to the same leaflets we give to everyone, which as i said again might not work for them. So what's the point of going to look at it if it's not gonna help them. So, yeah.

Interviewer: Ive had a pregnant woman that said she was asked to take spinach And she doesn't take spinach. She really takes spinach if she has to cook our vegetable soup, she's a she, she was I think she's from South Or Nigerian or something. So, so she said she was told her iron levels were low so she should take spinach and all that. And she said, no, she couldn't take it. You know, yeah, and She was also asked to take cereal and she she don't know how to take cereal

Response: Again, thats what i am saying because unfortunately most of women to have low Iron in pregnancy. So, and will always want to make sure that they have, you know, Normal levels of iron. So this question of spinach, i might have said to many women like have green vegetables , especially the spinach, because you get it from from it as a, you know, natural But if you tell a woman. you know, this is why you should be eating and they don't say anything, then You wouldn't know. But if they come back to you and say, I don't eat that I have never been tried, try using a different way. As health care professional. You should check the other ways as well. No, just say, oh, you have to eat it if they dont eat it, they dont eat it. They are not just gonna eat it just because you said so So yeah, i understand is making sure that while we advising that's what they're eating because otherwise they won't use it. They will not eat it.

Interviewer: Thank you so much for your time.

Response: Bye