Interviewer: I need to ask how do you offer healthy eating advice to pregnant women.

Response: That will be discussion on what they're eating already. What's their understanding of healthy eating and try and Give advice in regards to healthy eating. So, based on what they've told me, because if if finances is an issue. Then, you know, you just have to be realistic about the kind of things that they can afford to eat and what they should try and eat what they should try and avoid. So yeah, so based on based on their understanding of healthy eating and they're sort of sort of financial resources, I suppose.

Interviewer: at The booking appointments or subsequently

Response: You may have a discussion. Discussion at a book an appointment, but it's as you see them through the pregnancy, you may have more in depth information, but at the book an appointment you is very much general information that you give I wouldn't go into too much depth in terms of healthy eating at that point I just get a bit of an overview and just talk about Things that they should try and increase in their diet. Let's try and avoid, talk about vitamins as well. But as you go. I think as we get through the pregnancy, you have more in-depth conversations about healthy eating.

Interviewer: Is this generally or is this like a special pathway.

Response: It is a part of the discussion that you have that as midwives it will depend on how deep you go into that conversation about healthy eating. So it's something that is asked In regards to healthy eating, but it really does depend on the level of the conversation you have with healthy eating, but it depends on what the woman says and what you're saying.

Interviewer: So, um, what approach does this take is it like

Response: It be Conversation. So in my trust we use a digital maternity platform. So we would sign post them to some leaflets, but also if you have leaflets and will be don't like using the digital version of our maternity note. So you may have some Leaflets to give them all or Just signpost them to websites in regards to healthy eating.

Interviewer: Do you offer the same advice to everyone.

Response: Probably have a standard information I give and then depending on what they say, because you could have somebody who might be a vegan or vegetarian or somebody who doesn't do healthy eating at all. So then it will vary the level of information that I then give

Interviewer: Have you seen the eat well guide and the pregnancy healthy eating guidelines.

Response: Yeah, I have yeah.

Interviewer: Do you consider them suitable or appropriate to all cultures.

Response: Or no, not really. No, I don't know, it's just very much It doesn't take into other cultures and what other what other cultures would eat it doesn't it doesn't reflect that.

Interviewer: would you do term African women as difficult to engage African immigrant women, African

Response: Not necessary difficult to engage Probably more information is required. What let's not not to engage with. But the amount of information you get generally is going to be probably a lot more than you would Say in other cultures.

Interviewer: Okay. Have you had to Engage immigrant African immigrants women before

Response: I have. Yeah. Yes.

Interviewer: would you term as difficult to engage

Response: I don't term them as difficult to engage, But I have found from experience that women will relate differently depending who the midwife that they're speaking to. So if somebody that on my staff is a black british woman is probably going to have a more of an easier conversation and dialogue with an African immigrant woman than a white british midwife that is, what did i find is the difference so then it makes the conversation a little bit different.

Interviewer: To you, have you had reflecting on your experiences have you had any African immigrant women come back to ask you questions certain questions about their diets.

response: Not necessarily about their diet. No. No, not, not necessarily about their diet now.

Response:

Interviewer: When, when you offered this advice. Did, did look like they understood where you were asked talking telling them about

Response: Sometimes it was easier if there was somebody else there with them so if it was on a one to one, sometimes it wasn't didn't always feel they fully understood the advice that was given, but often if it was somebody else there with them. It sometimes it just felt that I was having a conversation with two people that somebody is picking up some bit and somebody else was picking up another bit. So, but often not often. But there have been occasions where i haven't always felt that what I said they fully understood.

Interviewer: I'm sorry, let me write

Response: That's fine, that's fine, that's fine, no problem.

Interviewer: it is also asserted that African women generally have a laid back approach in pregnancy. Is that really it. And would you also say that African immigrant women also have a laid back approach.

Response: Not that not the women that I've Met I don't know if that's because I worked with a lot of African midwives, so their care will be, they will be seeing a lot more African midwives. And so where there may be problems or advice for quality when you're somebody who speaks your language. For instance, in a professional manner. Actually, then you're, from my observations. The Women's response were that we're taking things a little bit more seriously. But, but, yeah, so the in terms of the where I work. Now, we don't have a lot of African midwives so Maybe How we would be seeing their pregnancy might be a little bit different, from where I worked. Previously I didn't. I never got a sense of, they will have a laid back attitude. But I think maybe because there was a lot of African midwives, a lot of African doctors so where there were issues They'll take it more seriously because somebody was able to speak their language and explain to them sort of in a very cohesive way in terms of what they need to do in terms of where the issue was being raised or being discussed, but I didn't. I didn't. I never got the sense of them being quite sort of relaxed attitude in regard to their pregnancy and health generally.

Interviewer: This is a very important point. When you say speak your language. Are you talking about their Languages as in language. Their dialect or are you talking about physical representations of The person like the person looks like you

Response: I think the scenario that I was talking about is in terms of of the language and dialect. So if you yeah rather than yeah Because sometimes it was even though I've been in situations where the midwife is speaking English to the woman cos she can speak English. Suddenly they would switch into the woman's dialect. And then after the discussion, I would have initiated. It was just easier to speak in the woman's natural tone to get her to understand what needs to be done. And that, to me, makes perfect sense. So if you're if it's clear that whatever if a woman, if I got a colleague, if I'm looking after it or seeing a woman and I know that there's a colleague in another room. who speaks the same language as woman and I don't feel that what I'm conveying the woman is fully understanding what I'm saying. If I'm aware that, actually, I know there's somebody next door who speaks your language. I'm going to ask her to come in and just relay what I said. So that leaves them. I know the woman has a clear understanding of What we've been talking about rather than worrying that actually she might have got some of it, not necessarily all of it, but that's not in all cases, some women absolutely Fully understand what I'm saying and this had not been an issue, but there's been cases where having somebody speak their language has been advantageous

Interviewer: Do you feel that these women might feel that they were probably labelled? By being treated like that?

Response: It depends how as as the professional how they bring that information across. So if I'm having a conversation With ummmm and I say to you, Do you know. Do you understand what I'm saying. And if I've known you so if we've met. So what we're trying to, if we're working now is that women get to know their midwives, if a woman gets know the woman. And it might be that she gets a sense of actually maybe she might have asked her something for her next appointment. And the next time the woman comes in and it's not been done and that makes you think, does she fully understand what I needed her to do. Say you wanted her to bring a urine sample in and she doesn't Because she wasn't quite sure what she needs to do that then I think I've got a responsibility to ensure that where I can If language is a barrier or i think it is a barrier in terms of care, then I should get someone in whether it's using the language line or a colleague who speaks the same language to help me relay what I need. To tell the woman, but it depends how you approach it. I don't make the assumption that every woman. that I see. You know, an African woman that i see. Is not gonna be able to understand what I'm saying. Because sometimes you can have a conversation and it's very clear by what I asked and what her responses back. But if I feel That actually communication could be an issue or she says to me, she doesn't really understand what I'm saying. And I've got a clinic, you know, professional responsibility to ensure that I put in place. Support to help her understand what you know her pregnancy or what advice am giving so then she goes away, understanding what she needs to do. Yeah. But it depends how it depends how you as the professional relates that back to the woman, but I can see where sometimes an assumption has already been made before the discussion has actually been had

Interviewer: when we talk about language as a barrier It's, it's been asserted that language isn't really a barrier in with African women. So would you want to explain a bit more

Response: Well, when i say that language could be a barrier, it can be it can be the language in terms of say the professional words that I use.

Interviewer: Thank you. Thank you. continue please, you just said something

Response: Yeah. So yeah, in terms of the professional dialect. I'm using what I'm talking about issues related to pregnancy, it's She may understand what I'm saying. Otherwise, I have to change the language that I use to enable her to understand what you say, but also if I felt during our two-way conversation that maybe she still not understand what I'm saying. And maybe in terms of Having someone who speaks her native tongue, would help that would help make my communication with her better then i will i don't see that as an as an issue. I think that actually, that's my professional responsibility, but it's also in terms of the language that I use when I'm talking to me.

Interviewer: Okay. Okay so African women or immigrant women, let me not use African women, because we have a lot of African women, so immigrant women, Do you think that their Extended family, especially their mother. So the matriarchy system has a huge effect on them.

Response: Absolutely(laughs) it can ummmm The mother can be a huge Influence and i will use the term barrier. Because sometimes the mothers can be a barrier to aspects of care from my experience. And yeah, I think that If, if the professional doesn't understand the family dynamics that within certain cultural groups. You know, the, the mother or the father or the husband or, you know or even the Family Network. This is how, these are how families are because every family dynamics and every culture or every family dynamics or every culture is different then that can be a challenge for the midwife, but I from a point of view, say, And they were talking about health but you know when you're looking at women in labor. And moms experience has been different that that sometimes can cause a little bit of conflict because you can see that the woman is trying to listen to mother, but also, you got a midwife also saying something different for yay can be

Interviewer: So when you talk about barriers. Do you want to mention other barriers to offering healthy eating advice.

Response: Well i suppose It's the professional, not understanding the types of foods that women will eat. What's that what you know we we just assume That I think some midwives would assume that a lot of women here in the UK, regardless of what their ethnicity would eat the same kind of foods and we know that's not the case. You know why certain foods are more predominant diets, you know, whether it's starchy foods or rice or potatoes, that kind of thing. So it's having an understanding of what The National Diet is I don't think as midwives, we're not really taught that in even in our training in terms of diet and the different cultural groups and what would be Part of a sustainable diets, we're not really disciplined up talks about that, is all about the fruits and the vegetables and meat and fish and that kind of thing. And so I think sometimes there's a lack of understanding of our part as professionals in terms of Foods, of you know African women eat and then that can sometimes be difficult than when you're trying to you know someone's got i don't know say a high BMI, BMI and pregnancy and you want to talk about diet and trying to keep her BMI level sort of stable and talk about the kind of foods that we're encouraging them to eat, but actually they wouldn't normally eat so that control can be quite difficult.

Interviewer: What do you think should be done.

Response: Sorry, what was that last bit. So me

Interviewer: What do you think should be done.

Response: I think that In training to start off with. There should be a they, you know, sort of healthy eating is discussed, but there should be more emphasis, particularly now You know, we're looking after so many different cultural groups And, you know, certainly, you know, trust will be able to tell you which is your, your five top languages, that's in your trust in terms of women's care. So there needs to be more discussion on the diversity of foods that That women eat and in terms of sort of African women and their diets. What would, what is perceived as their normal diet. And the advice that you give around their normal diet in terms of whether it's they eat or the portion size things that they can add to the diet, how they could versus just It just makes it a bit easier as the professional if you have a bit of a more of an understanding of the types of food that they eat in terms of the advice that you can then give

Interviewer: Do you think that the African diet is unhealthy.

Response: No no ummmm not Unhealthy it's it's it's ummmm I think if you look at it in terms of sort of Western food is it's it's starched is heavily starch base, if I'm, if I'm correct, correct me if I'm wrong. Heavily spiced, lot of oil in their cooking and i don't know i don't It's like anything you can make little changes. I don't think overall it's, it's an unhealthy diet. I just think changes can be made, I suppose. Yeah.

Interviewer: I'm going back to the healthy eating guideline. Do you think it's appropriate to all social context. So you have income level education, environment.

Response: Sorry what was the question you're asking me, do I think it's

Interviewer: the healthy eating guideline and the eat well guide. Do you think it's appropriate to all social context in terms of income level, education, environment.

Response: We're gonna take a while. Just to familiarize myself with it, but from recollection I think it sort of assumption is made that everybody knows what healthy eating is, how to cook. You know, have got the the finances to be able to buy the right foods when actually, in reality, we've got a lot more people using foodbanks. So we got a lot more people/women who actually don't know how to cook and you know just i have people that I work with who say i don't cook, i don't know how to cook, these are professionals and, you know, I work with women who, when you talk to them and you hear what they eat or you see their children. And you make assumption that child is overweight, just by looking at them. And then you see them sort of drinking Coke and you think wow does mama understand about healthy eating if she doesn't understand it for the children how would she understand it for herself. So don't think. As always, I don't think it's realistic in terms of the, you know, The social sort of women finance. Can they cook, how to cook, what's healthy eating, do they understand what's healthy eating. I think it's probably just a bit too simplified.

Interviewer: You talked about Asking for help, you know, when you were faced with any woman that you felt couldn't, language is a barrier, you know, where Do you think that we need more African women in maybe midwifery roles that We could sign posts or ask for help or do you think that generally an instruction on cultural competence would be okay.

Response: Definitely, definitely cultural competency is a must within an organization, within the maternity service absolutely particularly more now with The risk of black age of the black Asian minority women in terms of COVID 19 and The MBRRACE report in terms of black women are 5 times more likely to die during pregnancy to cultural competency is a big thing. Now in London, I have to say we have a lot of black midwives, black heads of midwifery far more than we have down in the south so Within the African community in terms of maternity the presence is definitely there But I think in terms of The general midwifery population. I work in a Epsom and St Helier, I don't know if you know the area, is a two sided hospital. So you've got Epsom, which is a very white middle class area very much women who either are professionals, Professional working women or women who don't work, but will have help within the home, whether it's looking after the children, nannies, all sorts. While St Heliers is it's very much a diverse cultural group of women. So, you have your working mums. You have your professional women, you have your areas of deprivations we have a large Black and Asian minority ethnic group. But within our within, within the maternity service. Sorry Generator just gone off but within maternity services, We do need more training in regards to unconscious bias. We need to do more training in terms of micro aggression, not only just with each other, but also with women that we looking after We have something called the MVP maternity voices partnership we have hardly any representation from the black Asian minority ethnic, which is what we need. And, you know, I'm one of them the matrons and I do make a point that we have a large, in St Helier we do have a quite a large African community making up, they may not actually come from the same Cultural background. But actually there's somebody who looks like you. He's in a senior position that if you have issues or concerns that's where we are also in London there's definitely they're definitely more of African midwives, in particularly in senior positions than ever before. Like I said, not so much down in the south so They're definitely there, we definitely more of them. But I think actually what we need. What is more important. Or is just as important is the unconscious bias training of staff because just you hear conversation and you think you haven't actually realize what you said and how that affects women that you just make it so that's what we definitely more.

Interviewer: Thank you so much. Thank you so much for your time. This is like the second to the last question. What do you think is the best way to communicate healthy eating advice to women, is it leaflets or spoken words.

Response: I think Number of different factors really because we're moving into the digital age now. So, like I say, our trust. Now, we now a maternity digital platform so women don't have their maternity notes. This is all on Digital so they use their iPhones. So, first of all, is ensuring that the women are so we can use paper notes if need be. So, if women are happy using a digital system make sure that you explain to them how it works. explain to them that actually, a lot of the information leaflets and things will be digitally, so they know how to get the information We've also got to be mindful that somebody would do like having paper, they do like having that so having that information available to them. Making sure that you have lots of posters and things. I mean, at the moment, we do. We are going back into clinics. What we are doing lots of sort of still doing sort of virtual appointments, but in the clinic settings on the ward setting having lots of leaflets and information in different languages so that women can see, you know, so they can also get sign posted because there's so much Information out there for women, not just within the maternity services, but other organizations that I think we have a responsibility to signposting to because while we can give information in regards to healthy eating women need to take responsibility themselves about healthy eating so actually So it's it's it's a two way thing.

Interviewer: So, do you have any other thing to say?

Response: do i have anything else to say. Yeah. Now, you actually have quite some tough questions there, but Yeah, no. No, it's quite it's quite interesting. It's quite interesting, food, food for thoughts.