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

Response: I think it is mainly at the booking, at the first appointment they have a bit longer to talk about different things. So they usually talk about things that they are not supposed eat so you cover a bit of what they should be eating. Heres to say I don’t think at any other appointment we talk about this unless obviously they are diabetic or over weight and then they would be seen at the specialist clinic.

Interviewer: okay so its just at the first appointment

Response: yes I will say so

Interviewer: at what BMI do the women who are referred get referred

Response: at a BMI of over 30, they are referred to te high BMI clinic and they have the card there and if they are diabetic obviously they get referred to the diabetic clinic

Interviewer: have you ever offered healthy eating advice to pregnant Africans?

Response: yes

Interviewer: what form does the advice take?

Response: its just an explanation of what they should be eating and what they should be drinking. It always covers alcohol and caffeine, always talk about eggs because its always a big thing. Is it okay to eat raw eggs or is it not and just talking about making sure you eat lots of vegetables and fruits, not too much sugar, try not to put on too much weight during pregnancy without being specific how much weight is recommended in pregnancy. There is no dietary guideline about this

Interviewer: okay, that means its spoken word

Response: yeah, we don’t give any leaflet anymore because everything is online in our trust so theres no paper given at all. We don’t have a leaflet about healthy eating really. Theres the app on the phone but you can see all the maternity notes and all the leaflets that you need to give in the pregnancy would be on the app but we don’t have any leaflet or anything

Interviewer: so is there anything about healthy eating on the app?

Response: no, I don’t think so

Interviewer: is the healthy eating advice different from other types of advice given in pregnancy?

Response: there are other conversations about smoking and exercise

Interviewer: do you offer the same advice to every one

Response: yes, yes, I have to say that I never thought to be more specific with different types of diet. Maybe if someone is vegetarian, because we ask them if they have specific requirements so if they are vegetarian or vegan then we would talk about this, kind of trying to make sure that they still get what they need to get and not specifically depending on ethnicity. I don’t think so. I think that it’s the same advice for everyone.

Interviewer: do you usually have women who come back to ask specific questions about their own cultural diets

Response: no, they might ask about things like old wives tale, like some people say, you are not supposed to eat dates in early pregnancy because it might cause early labour. Specific diets to them? No not necessarily. You know actually when I read your proposal I thought I don’t really know whats different in African diet because you know Asian women, they would after giving birth, they would have their own food after, they wouldn’t eat what we give them in the hospital. They would have the food brought for them from home but I think African women, they would just order what we offer. They don’t kind of require anything specific. They don’t ask for it and I don’t see them really eating anything different.

Interviewer: so the old wives tale in pregnancy, do you get it from particular ethnic groups?

Response: the last person I got it from, I think she was from Pakistan. I know that in my country, there would say different things about what you are supposed to or not supposed to eat in pregnancy or when you are breast feeding

Interviewer: do you get it from Caucasian women as well?

Response: yeah

Interviewer: have you had a look at the eatwell guide and the pregnancy healthy eating guideline in the UK?

Response: Not recently no

Interviewer: but you have seen the eatwell guide

Response: yeah

Interviewer: do you think that the eatwell guide is appropriate to all cultures?

Response: probably not, using the examples before. It is definitely not inclusive. It does not include everyone, every culture

Interviewer: what about social context for instance income level and socio economic

Response: I think that regardless of how much you are spending on the food, you are still supposed to eat the different food groups so I wouldn’t think about it as per the food but more like the different ethnicities. I cannot maybe say for African women because like I said I am not sure what their typical food is. I know a lot of people from south America, I know that they have very specific type of food but you know here in Europe we don’t even hear about it and sometimes for me, it will be really difficult to say which group it is because I don’t know exactly what it is that you are eating.

Interviewer: is language a barrier when talking to African women?

Response: No, No they all speak very good English

Interviewer: has covid affected antenatal care services for pregnant women?

Response: yeah definitely because we have fewer face to face contact now, only recently that we restarted the booking appointment as being face to face and for a couple of months It was on the phone and you know obviously talking on the phone is not quite the same because you cant see this person. Even now some of the antenatal appointments are done on the phone not face to face

Interviewer: do you think there would be later repercussions

Response: yes definitely, yes, we are worried about this. We are worried that we might miss something and usually when you see this person, they are not very open about things. They are not going to ask you as much. You don’t see their reaction, you kind of talk to them but you don’t even know if they are receptive or not

Interviewer: Not very open about things, is it all ethnic groups or particular ethnic groups?

Response: I would say probably the same ethnic groups that are usually a bit more difficult to get to like Asian women, they are not very open, its quite difficult to get anything out from them, difficult to engage and as well often their English is not very good, so that’s another thing. You know probably educated Caucasian women are the easiest to talk to on the phone and face to face because they … I kind of have the feeling that they know what they want.

Interviewer: literature has also mentioned African women as hard to reach or difficult to engage, has that been your experience?

Response: I kind of feel sometimes that they are showing that they are accepting everything that you are telling them but I feel that they are not really accepting. They will say yes yes but … you know. Sometimes I feel that she is just telling me yes so that I go and leave her in peace so that she will do her own thing anyway.

Interviewer: do you want to talk about the feedback about African women being kind of laid back, is that your same kind of experience and do you feel that that affects their receive of care?

Response: maybe sometimes but I would not generalise, but I would not say they are always like that. I would say that they appear to be. Like sometimes I feel that they have a different time frame for things and that’s not only for pregnant women, that’s for midwives as well. They are never in a rush. I always feel like you know I walk I run and some of my colleagues will you know take their time.

Interviewer: That’s the end of the interview. Do you have anything else to say?

Response: like I said you made me think about this. Your idea made me think about…shall we be more specific and kind of give advice according to ethnicity because you know I had no idea about a traditional African diet and as well African is very broad because there must be different things in different parts of Africa and its not only rice and chicken. Do you think that the African women that come here retain their African foods

Interviewer: yes, so all of the women I have interviewed so far have retained their traditional eating pattern.