Interviewer: So, some of the questions are the original questions of the Interview Guide. But some of the questions I'm going to ask Later going to be questions that have come up as Themes from the previous from previous interviews that i have conducted, you know, how do you offer healthy eating advice to pregnant women?

Response: So for our booking system when they first get booked and we offer information. We just talk about their and their diet general diet. And then just offer them advice and we have NHS website as well, which we refer them to um for more information um previously before COVID we had antenatal classes. And during the antenatal period where we would discuss everything about their pregnancy, including the segment of Their diet and nutrition um advice. And so that's kind of the outlets, which will use to provide them information.

Interviewer: Okay. So have you ever offered healthy eating advice to pregnant Africans.

Response: Yes, I have. Yeah.

Interviewer: What's about to pregnant immigrants Africans.

Response: Yes, all my ladies, we offer it but it quite hard because some of them are very um Not, not dismissive at all, but just How do I explain it um They don't really, that's not an important factor for them. If that makes sense, said they're quite brief with like healthy eating a lot. Oh yeah, we know, we know what to do. We, we have what we have and then just kind of leave it like that but i just give them general advice and And then refer them all to NHS but most of them just say they know what they're happy with how they're eating and stuff like that. And we just obviously emphasize the importance um of it in their pregnancy.

Interviewer: Yeah, so This is Spoken advice. Right.

Response: Yeah yeah

Interviewer: You wanted to say something.

Response: Yes, it was. Yeah, it's very good advice in their, in their bookings appointments or antenatal classes as well. or we refer them to the NHS websites as well

Interviewer: Um, do you offer the same advice to everyone.

Response: in regard to diet, yes and no I guess for African women as well and I have, I kind of like push more vitamin D a bit more because most of them don't really know that they have to take it. They just think it's just multivitamins so i kind of just push with D much more to Our African ladies and iron as well and talking about how they can just incorporate even if because most of them say, oh, we don't want to eat healthy, we have we have You know home meals. And i say, that's absolutely fine. Just you know you can add stuff like spinach like leafy greens. Just to add those they can just facilitate it around to their diet. They don't necessarily have to have like a statement healthy eating greens and stuff. They can just incorporate into their into their meals I push more iron and vitamin D for these African ladies.

Interviewer: So, they actually tell you that they already have their own foods.

Response: Some of them. Yeah. i realise. Like some of them. And also, I think it's harder as well where and like second time moms and forever and They like they know the process or they know they've been through it, so they know and Certain things, not really keep it brief but keep it brief. And because they already tell me that they're aware and they know but I just emphasize those two things, especially

Interviewer: So how do you know which women are immigrants’ women and which of them are black like black British women

Response: Oh, it's one of the questions we asked at the bookings.

Interviewer: okay Do you feel that the women identify more with you because probably of the color of your skin. So they are more free to ask question.

Response: Okay, yeah, I think, I think some of them feel more comfortable that they it's really more relatable and that maybe I can understand it a bit better. but I think it just depends on the individual themselves. And it could be the case, but they might just feel comfortable, I guess, um the personality or Yeah. Just make that safe space for them to ask any question that they feel comfortable with.

Interviewer: Yeah which trust are you

Response: Epsom

Interviewer: are you a part of the pregnancy circle.

Response: No, I'm not. Okay, so when it first started we were offered most couple of us were offered to join, but I didn’t need it. And I think it was they needed one midwife per team and it was already allocated. For the time yeah I was offered

Interviewer: Okay. Have you seen the eatwell guide

Response: Yeah, the healthy. Yeah, I have. Yeah.

Interviewer: Do you consider the guidelines appropriate to all cultures

Response: I'm if I'm honest, not really because I think it's quite generic um I think it will be I think it would be good if they like just emphasize the importance of, you know, recognizing that everyone's um meals are different and what they can do to incorporate it into their meals. I think if they emphasize that then there'll be a bit more better, but I think I don't know whether it could be possible, but maybe just have like different graphs of different types of Countries types of food and how it can be healthy and stuff and just so they can see visually in a representation and but yeah I think it could be. I think it could be improved.

Interviewer: So, I'm going to talk about social context so the context of an individual's income level.

Response: Yeah.

Interviewer: Life and environment. Do you think that it is suitable for all Context.

Response: Do you mean the healthy eating guide?

Interviewer: Yes.

Response: I think so, I think so, i think they have. They also have, I think it's the healthy start programs scheme, if I'm correct, um which helps people from and low economic backgrounds and stuff, who can't afford. So I think generally and I think it it does. Yeah.

Interviewer: But some of the immigrant women that come in are not qualified to

Response: have them, to have the scheme. Okay then maybe not then

Interviewer: African women have been termed as difficult to engage

Response: To. Sorry what was the last part.

Interviewer: Difficult to engage so African women have been termed as difficult to engage, what would you think about that.

Response: um I would say, in my experience, I've seen where an African woman can be quite closed off and guarded and Especially our skin with regards to questions that have been asked and some of the questions we asked for their first appointment are very invasive and some people would think why we why are we being asked these questions that they're very guarded and worried what would happen with this information. So in my experience I have Seen that quite a few. And I feel like it's a very guarded. I think it's important. In fact, where we're explaining why we're asking this information and what its been used for. And how that's been a support for their pregnancy, rather than just ask them the questions and them not understanding why I asked it. But to answer your question, yes, I have seen their African woman are quite guarded.

Interviewer: Now, are you going to, can I ask, like, um African women. Is it like black British African women that are guarded or immigrant women that are guarded with their information.

Response: um I'm going to say both. Okay, thinking about it, I'm gonna say both. Yes. And I think in young black African ladies, I think they're more open and they're more open, but I think in more the older generation they are quite guarded. Yes, or I think with the younger generation they are now questioning but what why is this relevant why you asking this information. And what's it going to be used for. Whereas I find that in immigrant ladies, maybe, for example, and when it comes to with regards of if they had any previous children or um or like FGM or Questions like that they like No some of them. Some of them like say no but probably later in in their Pregnancy, they might reveal to have had it. And I think it's just it just, it just depends on the individual themselves if they feel comfortable. But definitely, I have seen that Women are very guarded and actually thinking about it now, especially with like um domestic violence, abuse, you ask them, those questions and they say no. ask them if they have experienced that in their previous and they say no and then you might find later on their pregnancy. They might just, you know, tell you And then want some support or I think some of them fear, what, what would happen. If they tell you if anything will happen to their children if they taken away by social services, I think they start thinking Ahead potentially what could happen with all the questions and would be cautious if they were to tell you. So yeah, to answer your question. Yeah.

Interviewer: its basically about a distrust of the system

Response: yeah

Interviewer: So how do you explain healthy eating in relation to body size, So African women believe that being healthy means having a bigger body size You know, so how do you explain healthy eating relation to body size or BMI.

Response: And I just think about the health, about a healthy BMI and I think obviously in pregnancy. And there was a chance of, you know, obviously you're going, you're going to add on weight because of baby's growing inside you and everything. And so I just explained to them, you know, no drastic changes, but just to adapt the healthy eating um and that it's important you know and to maintain um a good weight during pregnancy and just explain it to them in that way, really.

Interviewer: have you had any woman You know, come back to ask specific questions about their diets any immigrant woman.

Response: No No

Interviewer: Do you feel that when you're talking about healthy eating with women that they have an understanding of what you are talking about

Response: Yeah yeah whether they choose to Do or not. they do have an understanding

Interviewer: So people have said that sometimes our African women or immigrant women say one thing and mean the other. So they're telling you one thing, but it could mean another thing. Is that your experience

Response: Experience. Yeah, I've had that. For many, many times. But then you realize do they actually understand it and then just go over and just be like, this is what I mean is this how you Understand what I'm saying. And then they'll tell you, or you might gather what they're saying is this, and you say is this what you mean. And they say, oh, yes, yes. Or you might cos you might say something and then they might answer completely different, like they didn't understand the question. And then you reiterate So yes, I've had that quite a few times. It's hard because it might just be the way that I personally word it, and they might not understand the way but it's just important just understand that they understand what you're what you're saying.

Interviewer: Is the fact that they understand very important in midwifery?

Response: Exactly, yeah. Exactly, especially with like language barriers and stuff or people who don't speak English generally as well. It can just be misconstrued what you're trying to say.

Interviewer: So do you think that English is a barrier to immigrant women.

Response: Yeah.

Interviewer: Could you explain more

Response: um just in general and practice. What I've seen is that some people umWho don't speak English or found have difficulty in speaking English. They don't. But you'd be giving them information and they just nod and say, yep, yep. And you don't know how much information they taking in, or how much of that information that they understand So you having to you know to say do you understand this, are you happy with this. And they say yes. And then you might tell them to do something which you've asked and i will say what's this for but you have explained it to them. So i will say It can be a barrier. If they don't understand English fully um I think in that case if they really don't speak English, then it's important to either have an interpreter or just Get them to talk and understand it from their perspective and then try to provide information to facilitate them how they understand it, if that makes if that makes sense. Yeah, it can be hard sometimes. Not knowing if they're actually Getting the information that they need, because they're just like, yeah, yeah, or if they've had multiple pregnancies before they're like, Yeah, I know. Yeah, I know. So you don't you don't know

Interviewer: which of them do you find easier to deal with recent immigrants or immigrants that have been in the country for a while?

Response: I don't think there's, I don't think. i think they are Equally, the same. I don't think What you mean in terms of difficult. Do you mean like just

Interviewer: Like offering explanations.

Response: I don't, I would say equally. Yeah, I think I'd say equally

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

Response: um I'm trying to think now, I would say. Them not knowing that they could access it that they need it I guess if we're talking in relation to African immigrants them not knowing that they need specific vitamins and For them personally um not accessing the information or not understanding information um we have them. at Epsom, we have the maternity app. um where we provide links and stuff from different topics in pregnancy and Sometimes women come in and they Don't own phones. So, it's difficult for them to access that. So obviously, yes we have paper copies but It's things like that, or I'm not being able to some, I know some of them say, oh, healthy eating is too expensive. So, I guess not being able to Them thinking they're not able to have a healthy lifestyle because it's, it can be expensive. I guess that's why, that's why it's important for us to just to enlighten them and let them know that they can have a healthy lifestyle with the foods with their with their budget or with different foods that they can have I think time as well. If I'm honest um in the appointments, there's so much information that we have to give them. So, I think there's not enough time to explain. about healthy eating and you find that most of the time. It's like, give them a general information and say these are the leaflets as well. These are the websites, you can go into and access and read on. um cos as you don't spend enough time, you don't have, especially during the pandemic. antenatal classes, face to face, where we can finally go through each topic like diet and explain to them so really and truly, its kind of left in their hands to go and Further, their, their research about diet. So definitely time I'd say, as well,

Interviewer: I want to go back to something you said so. so asking the women to go to those sites to access healthy eating information. What if it's not something that they're used to eating. Are you saying that they could, they could change their diet to adapt to the traditional English diet so that they can follow the healthy eating guideline.

Response: Oh. No, I'm not saying that they should change like change to completely from their norm, because that's, that's not that's not realistic for them. I'm just saying with those links and stuff. It has like a generic of like um portion sizes. What types of foods and food groups that that should be having. And, you know, the quantity of it just like a as a guide. um just to know things that they can and can't eat in pregnancy or to limit like and fish and cheeses um and stuff like that. Just to get a guide and they can adapt it to what they eat, and like I said, like if its iron adding more spinach or more meats and stuff, which they are generally prone to eating you know um or just think that that really Rather than completely changing their diet to the generic information that we give

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

Response: I think the portion sizes(chuckles). But yeah, I think. Yes or no. Yes, yes. Yes.

Interviewer: Do you think that Immigrant women, African immigrant women are more Influenced by their extended families, especially their mothers In pregnancy.

Response: umm Yes and I guess the issue is that its their culture, what they know their, their foods and um i guess their mothers, That's what I ate when I had you or that's what that's what we ate during pregnancy. This will help you have this. This will help you so yes I think they have a strong influence from there. From there from their family. and sorry going back to your other question as well. Yes. I think it they can be unhealthy, but also I think because the most of the foods that are cooked are fresh and from scratch and not necessarily fast foods. So in that aspect as well um It could be healthy, as well that’s why I said yes and no yeah, yeah. Going back to this question, they have, they do have a huge influence from there from their family members. Yes.

Interviewer: I think the main problem is the quantities size. We like huge portion sizes.

Response: Exactly. And that's we are used to It's actually and there's nothing else being done and like also, it's always drummed into you like the more food you eat the more good you look. its like they are forcing you to eat In that aspect you thinking, you've got to keep keep eating to be healthy. It is hard because you can't maintain a healthy, healthy diet or lifestyle because you're constantly eating, and then obviously that's going to cause things that could be diabetes or gestational diabetes just things like that complications, you know, and it's hard. It's hard because it's easy for a healthcare professional to tell you in like a 20 minute appointment you should eat this, but your whole life you're used to what you know and what you eat. Yeah.

Interviewer: Do you feel that the women have a lack of knowledge of the risk and consequences of unhealthy eating. Like you talked about vitamin D and the fact that, you know, they are prone to vitamin D deficiency and all of that. So, um African women are prone to gestational diabetes, Hypertension and all that. but is it that the women do not have a knowledge of the risk and consequences of unhealthy eating.

Response: Yeah, I think so, I think. I don't think they have Especially obviously the first time moms, they're not aware they just think oh I just got to eat healthy, they're not aware of what it could potentially cause or like their, risk factors themselves because most of them have like a generic How do i explain it. um before that, before they're like, for example, their mothers could have had a family history that she's just like a baseline. You know, adding unhealthy eating adding into that I don't think, they're aware of what implications It can cause or increase. And so I think, first time moms. Not really, I think obviously moms who have had more couple of babies, they've been through the experience. They might have had, you know, the complication had been explained why this was caused or how they can adapt it in pregnancy to, you know, help with that.

Interviewer: Do you have any other thing to say

Response: Um, No. Not really, no. I think it just I think it'd be, I guess, more important, of having more representation for these women. And You know, just I guess to have like an antenatal classes um it's hard because you don't want to start segregating but I guess I think more people might be comfortable if They had like antenatal classes for like BME BM me, you know, but it's hard because I didn't how we get around that. Because It could be like to segregating people, but I think people will be more comfortable if they had that, having safety space where they could be more open about talking about things like this and you know from experience, learning from each other. And I think that would be important, or just, you know, having more antenatal classes where they have more time to discuss these things and healthy eating stuff. So, yeah. Yeah, I think that's it really

Interviewer: Thank you so much

Response:

Interviewer:

Response:

Interviewer:

Response: