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

Response: Ermm I signpost them to the NHS healthy choices website about healthy eating in pregnancy and just in general

Interviewer: so is it at every antenatal appointment or just at the start

Response: at the booking appointment yeah

Interviewer: Have you ever offered healthy eating advice to pregnant Africans, rather have you ever signposted pregnant Africans to the website?

Response: yeah

Interviewer: Are you saying that you haven’t spoken with them about healthy eating?

Response: Noooo, I just signpost them to the NHS choices website

Interviewer: what about when they have low iron levels, do you still signpost?

Response: yeah sure and then I would have talked to them about eating iron rich foods

Interviewer: At that point that you are talking to them about eating iron rich foods, is it the same generic kind of advice?

Response: yeah

Interviewer: would you mind giving me an example?

Response: I would just say that their iron is a bit low and they may need to take iron rich supplements so they can eat iron rich foods such as spinach and vegetables.

Interviewer: Have the African women you have spoken with ever at any point request for specific dietary advice?

Response: No, not really

Interviewer: Okay, What is the general perception that you have about African women especially about the perception of being laid back?

Response: Ermm as opposed to Caucasian women, okay yeah. laid back in what sense?

Interviewer: laid back as in they are not bothered about the pregnancy? They view pregnancy as one of those things and they don’t ask questions about their pregnancy.

Response: Ermmmmm, I suppose ive booked a lot more Caucasian women and I have seen a lot more Asian women. African women the few I have seen, I would say yeah, especially if that is not their first pregnancy they do have a laid back approach but not all of them. I have had some that have been inquisitive on what to know about certain things but majority are more laid back than the others. I think I can only think of 2 out of maybe 10 that I have booked in the last year that have kind of asked more questions about their pregnancy and yeah.

Interviewer: okay, do you think that African women are receptive to healthy eating advice?

Response: I think that they are. I think that if you explain to them, if its something to do with their pregnancy and their health, if you explain to them the risks and the benefits, then I think that they are but if its just generic, I don’t think that they are particularly interested and I think that there us an element of they are gonna do what they are gonna do anyway

Interviewer: is that phrase ‘they are gonna do, what they are gonna do’ based on your perception?

Response: Ermmm, yes but then it doesn’t, I still give them the information, hoping that they will take it on board. For example I have had a couple that don’t like to drink water but then were having like headaches and adverse sorts of side effects from being a bit dehydrated and just talking to them about different ways of getting clear fluids in them rather than not just coffee, like fizzy drinks or other things. They have to take it on board and have tried things like sparkling water or flavoured water which I know is not necessarily healthy but its getting water in during pregnancy.

Interviewer: okay, have you seen the healthy eating guide and the eatwell guide?

Response: yeah

Interviewer: Do you think that it is suited for all cultures?

Response: Its not but the question is whether or not that’s necessarily, its generic and it doesn’t take into consideration the different foods that different cultures eat but then I think what they probably need to do is to give further education about the foods in particular cultures that will fit around the eatwell guide. For example I know that a lot of Caribbean African people eat a lot of pulses like beans and chickpeas and things like that. So you know, its about discussing with those people where that sits on the eatwell plate.

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

Response: I think that the cultural differences and the different cuisines are a barrier in itself because you just don’t know what people, you don’t know what particular cultures what they call a meal. You don’t know what it is and I think that because it is generic it just thinks about the supermarket which is not always reflective of all cultures, just a reflection of British cultures

Interviewer: if an African woman were to ask about the kinds of food she eats in her culture, would you be able to offer that advice?

Response: yeah I think I would

Interviewer: okay, so what do you think would facilitate giving healthy eating advice

Response: talking to them about the food groups and telling them what foods fall into which groups and telling them what food groups to have more of and what food groups to decrease or to have smaller portions throughout the day. For example I know that a lot of black people in general eat a lot of rice, non-caucasian people eat rice and just talking to them about the fact that its carbohydrate and it shouldn’t take up most of the plate. Carbohydrate should be about a third of the plate and there should be, the same amount of carbohydrates as vegetables and then meat or protein. So, talking to them about the food groups and where each item and particular dishes, where they fall in and their food groups.

Interviewer: is time constraint the reason for the signposting?

Response: yeah yeah

Interviewer: so how long are you expected to talk to the women?

Response: I mean for booking appointments we get an hour and a half and then its back to back booking so you don’t have a space to sort of do the other things that you have to do after every booking appointment. So it would usually take more than an hour and a half and running into the next booking so there really isn’t time to ermm discuss at length about eating healthily and then so antenatal appointments again they are back to back so you don’t really have to talk to women about healthy eating and that’s not the, ive found out that that’s not their priority. I’ve found out that no women would be asking you about what they should be eating in pregnancy except at booking. And I think that the day and age that we live in, people have so much access to so many different things, social media, internet and can find out for themselves what is good for pregnancy and I think that most of them would rather turn to that than sit and have a discussion about eating healthily during the appointment when there is a lot of other things that they are probably more concerned with rather than eating healthily if that makes sense.

Interviewer: Do you think that language is a barrier when talking to African women?

Response: No not for me, never for me, as long as they speak some English and most African women in the UK do speak English so I don’t find that there is any language barrier but wont necessarily say that for some of my non-black colleagues.

Interviewer: okay, do you think that the African diet is unhealthy?

Response: I don’t think its unhealthy but I think it does not always reflect the Eatwell guide as much as it could and again I think that’s probably down to education being about the different food groups to make sure that they increase certain foods and maybe decrease portions sizes for certain food groups.

Interviewer: So I would ask your views about certain things that have come up from previous interviews. Do you think that because African women come from a culture of not questioning things they don’t ask a lot of questions.

Response: I don’t know, its not something that I’ve really thought of.

Interviewer: do you think that a training on cultural competence within the NHS would help midwives understand African women better?

Response: ermmmm I don’t know, im gonna be honest, I think as a black woman my experience of caring for black women is most slightly different to my non-black colleagues. I think that if they had questions they would ask me and maybe that’s because often they just assume that im from an African background anyway so they can identify with me and I do identify with African people anyway, so I don’t find that they don’t ask me questions. I find that they probably know more about themselves and about their health and their culture than maybe some other people would give them credit for and I would just assume that if they don’t ask the questions, its because they know. Why would they not know. You know for example with white women a lot of them they’ve googled things before they have come into the appointment. They know all about certain things so why would I not assume that black African women would have done the same thing.

Interviewer: it is also said that the social media is not a very reliable source of information

Response: yeah, yeah, I suppose things like mums net, you know these support groups for mums, the ones on facebook, I doubt that many black people in general use them, ermmm but I know that lots of different cultures get their information from their older generations and I know that obviously especially with advances in technology and sciences and things like that. That some of the things that we’ve done or that cultures have done in the past are not necessarily you know weve got this education about better ways that we can do things but ermm for example giving a baby cerelac in their milk, I know now that that’s not necessarily, it is not recommended, you don’t need to give cerelac at all with milk and I know that although some new mums have been told this, they probably would still give their babies cerelac because it’s a cultural thing. So I guess it kind of goes back to what I was saying that I know that some cultures will just continue to do, I know that some African cultures will just continue to do certain thing because its part of what they have been taught by their mum, grandmothers, sisters , aunties, ermmm yeah

Interviewer: have you had experiences of old wives tales in pregnancy

Response: I have, I cant think of what they were of on the top of my head, but I have and when they do come up, I do say I understand that’s what has been passed down to you but this is what the evidence shows. I know that it has come up more than once but I can’t think off the top of my head what they were about.

Interviewer: so does it come up with certain cultures or is it just generally everybody?

Response: there are different ones for different cultures and again I cannot think, I know that there are some we’ve. I know that with white people, they would tell you that if they put their baby by the window they wont get jaundice and then there are other old wives tales from different cultures. Yeah yeah, but there are different ones that are specific to each culture.

Interviewer: one of the things that have also come up is about engagement, some people think it would be easier to get the women to open up about things, if it was more engaging, so over the course of the pregnancy, the midwives engaged more with them. Do you think so?

Response: I think so yes, but I also think that whatever the technique of the engagement was so say it was like a regular group, so more of a representation of more of a similar group or women would help. If they were doing like more like the groups like the pregnancy circles, not that it should be exclusive to the African women, but if there were more African women represented because I thik very often, African women might think of certain groups as being for other cultures than themselves because they are not well attended by themselves or by their peers

Interviewer: yeah, yeah which is your trust

Response: Epsom

Interviewer: the women have said that the pregnancy app is patronising, so they don’t use it, what have you got to say about that

Response: no ive never had that information before, I know that there are a lot of trusts that have that app and that a lot of other trusts don’t use it well because it is not well supported by the trust but our trust uses it quite well and the feedback that ive heard from women especially when we ask them has the app been working well for you. They say yes its been fine. I’ve never had anything to the contrary. They’ve never mentioned anything like that. But that’s a fair point actually.

Interviewer: do you have any other thing to say?

Response: no,

Thank you so much for your time.