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

Response: when I see pregnant women, it is usually that they come to see me for a specific reason, either they have had a caesarean section and wanting to know the mode of delivery that they will use for the next time. Or they would have had a very difficult time the previous time and they are here to have a debrief and for some counselling in pregnancy. So, they would have been seen, everyone is seen by their community midwife on the continuity pathway who books them. They talk to absolutely everyone regardless if they are BAME women, white or Anglo-Saxon women. The dietary advice at that point, at that level is pretty similar. Its really about what not to eat, what to eat, exercise, not to take that walk if you haven’t done it before and those sort of things and vitamins and folic acid. All of the stuff you give and I think midwives then develop a relationship with a woman or the woman is in a pregnancy circle prior to COVID. And they develop a relationship to talk about what they eat and possibly what the family likes to eat. Are the aware of the nutritional content of that, are they getting their nutrients. And where do they live, how much money do they have. What are all the influences on their diet, can we help? Have they got any problems? Any social problems. Do they need to have some counselling with IAAPS. Are there any eating issues, anorexia or very typical raised BMI, are they motivated to exercise. Have they got access to places to exercise. Are they supported? Its not just diet really but everything put together. You really need to know your women really to give good advice

Interviewer: is this open to all the women or specific women who have gone through caesarean sections

Response: no no, we started a very bad project 2 years ago where women who had a raised BMI were put into 3 categories and when I came I thought that’s awful. They are put into under 30, between 30 and 35 and then 35 and over. I think even being categorised like that is quite punitive really and then that pathway meant that you needed dietary advice and that pathway, you give them free vouchers to slimming world and entry into a gym. What they were doing was very tough. So I came in from a different perspective. It wasn’t really an incentive, it was quite patronising. That’s it. So when better birth came in and we started doing the continuity model, then midwives started taking responsibility for their case load, to see the women very differently as individuals and they would give out the generic advice at first at booking and then as the relationship developed would make it more bespoke and more tailored to that person.

Interviwer: from a few interviews I have had so far, it would seem like the healthy eating advice was stopped after the first appointment.

Response: it used to be the case I think because they were so busy and their antenatal appointments were just a few minutes and it was basically on, is the baby moving, have you got a heart beat you know. How are you feeling and but now I think it is integrated into the whole care and especially because if the women, because you know our BAME community are more prone to diabetes. As shown by the stats so we are really conscious about healthy eating to try and prevent that. So diet is really important. It is an important part of pregnancy so we talk about it all the time and one of the good things that came out of pregnancy circles, women felt much more free to talk about diet, it was less of being talked at and more of it being discussed

Interviewer: so is the pregnancy circle just in Epsom and St Helier?

Response : No, it’s a project by a midwife from….ermmmm, I will have to get the details, in the east of London. She has rolled out to a couple of places as pilot, then COVID came and stopped It because the women couldn’t meet together but it was doing really well on all parts, their mental health, diet, eating, company, in preventing loneliness and isolation. Yeah, I cant see any disadvantages of pregnancy circle apart from the fact that it was a trial so people are randomized to do it so some people missed out on being randomized to a pregnancy circle but it might be a model to adopt in the future. It is much more holistic really and can talk about everything

Interviewer: Did you have an opportunity to offer healthy eating advice to pregnant Africans?

Response: I didn’t run the pregnancy circle but if any woman had a need to come to me for any of the reasons mentioned above, we would talk about those things. So if a woman came to me say at 20 weeks and said she wanted to use the birth unit and her BMI was high, so she couldn’t. so we will try and see if we could try and ensure that she didn’t put on any more weight, maintains a healthy weight, is mobile enough and might have to write an out of guidelines care plan for her to use at the birth centre or if she had gestational diabetes, we would have to look at that obviously from the risks point of view and from our obstetricians they don’t want people with diabetes in the birth centes. Sometimes, I haven’t really got a case of reversing it, but we have definitely stopped it from going from diet controlled to metformin or insulin. So its really a point. I also think that these conversations need to be encouraging and congratulatory. This year has been really difficult with lockdown and women being at home. Its very difficult to go out and shop for healthy things to cook. So we’ve got projects in the pipeline which we want to do around this, around healthy eating and maybe. Have you heard of the Salopian garden. There’s a garden in Hounslow where women used to go from another hospital, from west Middlesex hospital and they do some gardening, some gardening for mental health and most of these women from demographics are Asian women. Its not a lot of big black community there. That’s something that we could do, maybe something about cooking healthy stuff, eating healthy stuff

Interviewer: Have you had a look at the pregnancy app used by Epsom?

Response: yeah, which one. Not the baby app is it?

Interviewer: the baby buddy or something

Response: yeah, the baby buddy

Interviewer: do any of these apps contain healthy eating advice?

Response: Not sure to be honest because most of our women don’t like it. The Epsom women think it is a little bit patronising and babyish and the st Helier women just cant be bothered to use it. On our own bagionnete app, we have our own healthy eating leaflets which are just really bland and not enticing you know. I don’t think it is the best way to get information across. The best way is to ask someone how they eat, what is their eating habit. Do they eat well, you know, those kinds of things.

Interviewer: Do you offer the same kind of healthy eating advice to everyone?

Response: No

Interviewer: So its specific

Response: its specific, so we are getting better at using motivational interviewing technique and trying to see how committed women are in wanting to maintain a healthy diet. They have got to be on board you know so they don’t go home and do whatever they like. So I think that if you are interested in them, they become interested in themselves as well. So I think it’s a relationship, its best to determine what goals they would like to achieve, are they realistic you know. Is a woman with a BMI of 35 going to be able to get into a size 10 post pregnancy, we don’t think so. So we have to be realistic with their goals. Some of them might just be cutting out the high fat spread, maybe they are eating a lot of bread and butter. It might just be the case of altering a little bit and adding a bit of fruits and veg and also portion control thing. Its not really realistic to move from a large plate to a tiny plate. It might just be this is what we are going to work through this week and this is what we are going to work through next week. It even gets to the point where we swap recipes. Very fluid.

Interviewer: Have you worked on any African recipes

Response: Never tasted them, but I could not instruct anyone to make African food because I cannot make it.

Interviewer: Do you consider the eatwell guide appropriate to all cultures from your experience

Response: No No or to all women really, everyone is different and we are not all going to adhere to that.

Interviewer: what about to all social context like income level

Response: Actually if you are looking at buying really healthy grains and fresh fruits and vegetables, it is quite expensive. There are a lot of south Asian women or women from the states that will buy in bulk and they will buy offers and they will buy less healthy foods because they can get more of it. They are budgeting, they are budgeting for their kids, they often aren’t interested in looking at the labels for sugar contents. You know one was astonished when she found out sugar was added to tomato soup, to tinned beans to all those things. There should be much awareness as to what else is put into food. They seem to think that, a lot of them consider that when you buy tinned peas, its just peas and its not. Its high salt, its high water. So theres a thing about looking at your food, eating fresh. Eating fresh is hard to do for the women in Cotham but the women in Epsom have a very sophisticated and rich diet. They are affluent, rich, middle classes so its really different on 2 sides, its different.

Interviewer: Is language a barrier when you are talking to African women

Response: Ermm, in my perspective, I don’t think it is. The thing is when you are talking about something. I am just thinking of one person in mind, she was just saying I love rice, I’ve always eaten rice, I can’t give up rice. She’s just laughing because she knows, she’s had 3 portions of rice that day. So, her defence is to laugh about everything, and she’s really lovely. So we will say why don’t we just lock it down to one portion this week and she will go like, she will say yes, but she wont

Interviewer: so talking about engaging the women, which is what I have gotten from you. Do you think that there is enough time during the midwifery appointment to do that?

Response: no not really, and when you said is language a barrier, I mean I am talking about educated black women who speak English, I mean there are people maybe its st Georges or in our hospitals who probably would need maybe an interpreter or better someone from the community and their community that did know about healthy food and could be incorporated into the pregnancy circle to talk about what they usually ate in their culture, maybe the Nigerian culture, do you think this is safe in pregnancy. That would be better than making a midwife in an antenatal meeting talk about that. I think the setting needs to change really.

Interviewer: Do you think that COVID has affected antenatal care services for pregnant women?

Response: Yeah, I do a lot online and a lot via the phone and whilst it has some benefits. Its always nice to see somebody face to face and look at the communication in their body language and in their face rather than over the phone. And also there are risks aren’t they with safeguarding and mental health. You cant get all those cues over the phone. You don’t know who else is in the house when you are talking to them. You don’t know what they are faced, whether they are happy with what they have just said or whether they are saying what they think that you want to hear. Its difficult. I think it has a place, because its good sometimes because they don’t have to bring their children to the hospital and they can concentrate on just you. And when you give an advice on something like diet. It’s a physical thing, you show things. You have to build your own relationships really. I think just telling somebody what to eat over the phone is not gonna work.

Interviewer: so do you think that African women are difficult to reach or difficult to engage?

Response: sometimes, because you see we have white women who are difficult to engage, you know we have travelling communities, women with additional needs or perinatal mental health needs. So I think that there are difficulties in all these. And I think of black women as they come off easier to engage than some of the white women really but probably more determined to do their own thing.

Interviewer: why do you think that is?

Response: it might be because they think that I don’t know anything about their culture. I don’t know this but I think that being a voluptuous woman in an African community is attractive isn’t it, and its seen less so in western society. So I think that they are not going to listen to some wizened old person and they are thinking(laughs), hello, I am really healthy and my husband likes it you know. So sometimes it’s a visual thing and they can’t see that being lean is healthy. So, we do have a body scanner which does change minds a lot when people see the fats around their organs and that’s not the fat around the bones. It’s the fat around the liver and the kidney and then you can see all kinds of serious expressions. I think that people can see them, white, black, Indian people. Because our Indian community eat a lot of ghee and they are prone to diabetes as well. And its all over and its different sectors of women. So some of the women who are the white women who don’t control their diet a lot, they all suffer from other health problems so errm errmm I think spiritually and psychologically and culturally, the diet that our black women have suits them but for their health long term it needs to change, it needs to change like everybodys elses needs to change. Everybody’s diet could improve, you know what I mean. I think its definitely a thing about how you look, its definitely a thing about fat and why would you want less flavour and start eating salads when you can have curried goats and rice and stuff like that and theres definitely a cultural thing, brought up with from when they were children with all of these recipes. They don’t wanna lose those things, they are being passed down you know but I suppose its eating that in moderation especially when you are pregnant and that part will be great for somebody from that culture to explain. This is all fine in moderation but don’t have it at all times. Maybe that is a way forward.

Interviewer: yeah, yeah. so have you heard about old wives tale in pregnancy?

Response: yeah

Interviewer: so how do you relate to that?

Response: I think you have to listen to them because they are deeply entrenched, they are what people believe and if they haven’t seen anything to the contrary, its going to be very hard for them to see what is evidence based, scientifically based but then again you need a very good relationship and you need to evidence what you are saying so ermm lots of old wives tales. One lady said to me, I don’t need vaccinations, I wont get COVID because I drink hot drinks and I have lots of vitamin c and things like that. You have to start at the beginning there. Especially where did you hear that, who told you that and if its somebody that they have respected, their grandmothers or their elders or their pastors, these are people that are important in their lives. So that’s why that relationship is important to get their respect to be able to have that sort of discussions, meaningful discussions.

Interviewer: Do you have any other things to say?

Response: I would be more interested in your findings. We have a very strong BAME community in our hospital and we can all learn a little bit more, its not enough to be not racist, you have to be anti-racist. But I think a lot of us are threading on egg shells because we don’t know how to communicate and we need to learn and we need people to tell us and for people to put their egos out of the door and just listen to how people feel. If we can start to understand each other and respect each other’s cultures, then we will go much further.