Response 1: 016

Response 2: 017

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

Response 1: for me, the only pregnant women I deal with have diabetes so discussing diet is an intrical part of that. I don’t know if that if of use to you

Interviewer: yes, it is

Response 1: so I’ve been doing this role for a long time and we talk usually about what their normal diet is, we run through what their normal breakfast, lunch and dinner would be. If they tell me things that I know are the high carbs foods, then it’s a case of working out how we can replace those. We also have them referred to a dietitian pre-covid, at the moment they get a link from a video from you tube that they watch for diet advice and they also get a website which is from other women with gestational diabetes who can help with their diet and they can speak to a dietitian if they need to. They also have a book that was recently done and from your perspective it does have replacement foods looking at all different kinds of nationality like African foods. What you can have and what you can replace it with especially high starch. I suppose because I have been doing it for so long and we have quite a high African demographic especially in diabetes I’ve kind of gotten to know the foods, ermmmm but that’s not been taught. That’s been garnered from experience of women telling me what they’ve had and what they eat.

Interviewer: this book that have got the replacement foods, is it just for women that have got diabetes.

Response 1: yes, It is, I mean to be honest it’s called dietary advice for women with diabetes in pregnancy but really it’s the kind of information that all women in pregnancy should have. There’s nothing there that you couldn’t give to a pregnant woman just to help them learn how to and what kinds of foods to eat and that is good for you in pregnancy because diabetes diet as you have come across is basically just a healthy eating diet, its nothing different and so to all intents and purposes if women started out with this diet in their pregnancy particularly women who are obese, they will still be eating well but they will find out that they lost some weight. Most of our African women lost some weight and weight loss isn’t a problem as long as the baby is growing well so a lot of it is about reassuring them that the weight loss isn’t a problem.

Interviewer: okay, will get back to you. Heather please

Response 2: can I have the first question again?

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

Response 2: Obviously, they aren’t at every appointment depending on what the lady’s BMI is, Obviously the conversation will come up, maybe a bit more often some I'll find that some women are actually quite eager to talk about it themselves as well. And I think they find that Maybe pregnancy is, like the opportunity to maybe lose some weight if that if that's what they need to do. And obviously I just say to them about having like a varied healthy diet, you know, Same like portions of everything. Not having too much of one thing and ask them kind of maybe what they feel like they're having too much of and say, if one person's having too much carb food too much fatty foods, then, to try and limit those ones. If they can do.

Interviewer: so, the women that you see. How do you identify that they're immigrant women.

Response 2: ummmmm Not too sure to be honest, normally they will tell us or we get an email through, that has been picked up Somewhere.

Interviewer: Caron, how do you identify

Response 1: Mostly on the booking form. So when women are, if they are directly referred to us because they have pre-existing diabetes and part of the booking form tells us where they're from, ummmm If they're gestational diabetes. Then when we see them for the first time. Then we have obviously looked at their booking notes and things which tell us where they're from. And I don't specifically ask the question, how long have you been in the country. Yeah, and We don't. I suppose that's partly because in my role, I don't see many women who have just arrived, the majority of women, I will see have been here for at least long enough to have got some testing done so that we know that they've got a problem and also In the course of our discussion, we would usually cut because we talk about diet, we will usually I suppose it's partly you just pick up how how adapted or how westernized or how English their diet is And I don't mean that in a sort of a judgmental way because A lot of our African women even if they've been here for 20 years their diet is still predominantly African Foods. So that's, you know, so that's not going to tell me yes. You've been here for one month where you've been here for 10 years, but you get more of an idea how much they understand about Diet from a more western point of view. Does that make sense, rather than somebody who has just been here very recently, and their whole Eating is still very much how it would have been back in their own countries. So, when they're thinking about how they would shop where they would shop. We've got a big market here in Lewisham and we have a lot of African stores selling African foods and things, so we get that from the discussion with them, I suppose.

Interviewer: okay

Response 2: We can do that those healthy start vouchers. Now, as well, or if there are for particular women or they can get like free veg and free fruit ummmm A certain amount of times a week. I'm sure there's something that we promote to do with that as well. Yeah, free vouchers every week to spend on milk.

Response 2:

Interviewer: is it all the women that are eligible for That?

Response 1:

Response 2: I think it might be a certain category of women, but that'd be good if they could open that up to more people. They could try to change that would be something

Interviewer: Okay, I do not understand the healthy starts thing but If I understand it means that you have a voucher to purchase certain kind of foods

Response 1:

Response 2: if you are on benefit or if you're under 18 maybe i think if you fall into that category, then you're able to get these vouchers and then you can get certain foods with them, which are obviously healthy.

Interviewer: So now, we come to the definition of health ummmm Do the healthy start vouchers allow you to get all kinds of foods?

Response 1: Noo i Think its vegetables and fruit. Sorry, Heather. I think fruit. And calcium products like milk as far as I'm as far as I'm aware, but they're not something I deal with very much.

Response 2: Yeah, and I think that's right. I think you can get like infant formula and stuff on them as well.

Interviewer: So you've you've had dealings with a lot of African women Caron The foods that you're permitted to get on the healthy stuff voucher. Do you think the African woman would be inclined to get those kinds of foods?

Response 1: I think so, that there's no limit. And to be honest, and I know that I don't know how up to date. I am, but I know up until very recently, the market stalls in Lewisham could except vouchers.

Response 2:

Interviewer: Oh really

Response 1: They were, they were they were recompense for for it. Yeah. And so you could use it for its any kind. It's not a limited fruit and veg. You know, it's not It, but it is that kind of food and you can use it for anybody. And again, you know, if you're in a supermarket, as long as you've got those products gone through the till. You can use your healthy voucher to pay for your bill. So, it is quite There is, it is quite narrow what you can purchase it for, but it isn't specifically sort of fruits or vegetables that you wouldn't find African women find As far as I'm aware, because you know it's a long time since I've actually gone into the nitty gritty of it and things change.

Response 2:

Interviewer: So, this advice that you give, is it just spoken advice, or you have leaflets and brochures or both

Response 1: So, they get at moment and what we will continue after covid because we found it Good. So, they get a video which is on YouTube, which is done by dietitian, not one from Lewisham but a. So, it's a cant think of the word, but you know it's it's a proper video. And it's not just anyone standing up there talking ummm we give them the booklet, which we now have which was done by the dietitians here at Lewisham so they have that They have the link to this website which is giving them all the information and then if they want to. They can also have a discussion with a dietitian, but they wouldn't they wouldn't give them any further because all the information is in the booklet that we give our first visit

Response 2:

Interviewer: (calls respondent 2)

Response 1:

Response 2: yeah

Interviewer: so what approach does the advice take?

Response 1:

Response 2: What approach does it take, what do you mean

Interviewer: is it spoken or leaflets

Response 1:

Response 2: Oh, I don't think we have that video that you have c\*\*\*\*\* at QA. I know we used to have a dietitian, but I don't know if it's since COVID, but That doesn't really take place anymore. Unfortunately, and so yeah a lot of it is definitely spoken. We do have a few leaflets and then depending on the ladies BMI. We do have other referral pathways that we do. So we have a pregnancy plus pathway. And then I know they then have a bit more of an in depth conversation with a specialist midwife about diet and things like that and to help them. But yeah, a lot of ours is definitely face to face.

Response 1: Hmm. Sorry, I was gonna say that the video. Is very specific to gestational diabetes and so wouldn't be sort of use on a general whether or not there is any sort of good ones out there that we could link women with, I don't know, ummmm from a dietitian point of view. Even pre covid the accessibility of dietitians is really poor. There's no hospital. Access at all. Even if your BMI was 70 you wouldn't have access to a dietitian ummmm it would be referred, your GP has to do a referral to the community diabetic dietetic service. And as you can imagine as pretty overrun ummm the only thing we do do here as part of the pathway is they can have a referral to Slimming World or weight watchers

Response 2:

Interviewer: Why do. Why do they not have access to a dietitian.

Response 2: dietitians don't have the capacity and they have tried you know business cases to try to increase the capacity, but that's the reality of it is a capacity issue. Even for the diabetic women at the moment we haven't got enough capacity. Because there's a real I think there's plenty of dietitians out there, but the actual ability of the trust to employ them is probably very financially constrained.

Interviewer: Okay, I have done an interview with a pregnant woman that I don't think she was referred to Slimming World. I think she went because prior to her pregnancy because she wanted to lose a bit of weight. And she was told that she needed to cut out rice from her diets, you know, to be able to lose the weight that was, those were her words, you know, and she said that as a Nigerian she cannot cut out rice. Yeah, so

Response 1: I'm assuming, that slimming world doesn't advocate cutting out rice. I don't know why they told her that, you know,

Response 2:

Interviewer: Yeah, those were her words so i dont know How that works. I haven't joined Slimming World at all, but probably, I don't know how that works.

Response 1: I mean, from Slimming World is one that you can access while you're pregnant. Weight Watchers, you don't ummm but the majority of women who we get with who we refer would be after pregnancy and because we haven't met them before. So, we haven't got that pre conceptual Window of being able to try to get them to lose weight before becoming pregnant, which is really what would be ideal, which I think What you're looking at is very similar to what we're looking at with gestational diabetes is trying to get that window of opportunity for Health healthy lessons that they can take through after the pregnancy. Your aim is for them to reduce their obesity. Ours is to reduce their risk of type two diabetes. But those are very intertwined. So that's, you know, that's the big point for us and we do see a very big difference in how the women feel about food after And not just for them. We get a lot of comments about how they've changed how the children are eating or as a family. They're eating differently ummm They do moan, it takes them longer to go around the supermarket, because they're looking at things, but ummm so much as this is a slightly different angle to what you're looking at. It does make a difference to how they feel about food and ummmm I think the weight loss is an important thing to reassure them is not a problem in pregnancy because women think if they're losing weight. Then the baby isn't getting enough food and it's about the reassurance that the scan can give them the baby's growing well and you know So that. So that's a big point but it's trying then to make sure that between this pregnancy and the next, which is where you're focusing That we can really try to get those lessons across. So that's one of the things that gestational diabetes give us a slight advantage because the women think I don't want to type 2 And I've had enough of watching weight and pricking my finger and all this kind of stuff. So, they have that kind of better Motivation, I suppose. I do. Sorry, I do think one of the problems is that we're not honest enough with the women about the problems that obesity causes in pregnancy and I And I think that's theres lots of different reasons. And a lot of them because midwives and health professionals themselves aren't really familiar. We all know smoking now. What we don't know as well, or as happy to talk about is the issues of obesity. So, women with gestational diabetes, gosh, yeah I watched what i ate because I know it's bad for the baby. But what they don't realize is just being obese and the issues. It causes you know the miscarriages, stillbirth, it's just not known wide enough and it's a hard thing to discuss and ummm i think that that is a lot of the issues around The women not working to change their diet enough in pregnancy because they don't realize the difference, they can make It, you know, they just they're overweight and they know they're overweight and They won't eat badly, but they'll they won't smoke, they won't eat foods about have alcohol, but they don't realize that just by losing a bit of weight as well. They can make a big difference. sorry is there something you wanted to say?

Response 2: i agree with \*\*\*\* I do think it's quite a difficult subject to to touch on with women especially obviously they come for a nice appointment with them midwife listen to the baby's heartbeat and they're all happy. And then we lower the tone and that they they can obviously get defensive about it. Yeah, not nice to hear. Okay, let's, let's talk about maybe your weight and All things like that. And it can be quite a difficult one. So we, it would be good if we had a bit more training about it and maybe just the encouragement to say from, you know, to be like it is okay to talk about this because it is a massive Situation in the UK and all over the world, really. So yeah, we should be prompted to discuss it more definitely.

Response 1: I think one of the things is that there is such a focus on us knowing how to talk to women about smoking. Yeah, and and it's a very easy translation over to obesity ummmm you're using the same motivational language you're using the same Every contact matters kind of feel about it. And if you've got the motivation. If you've got the right kinds of questions to bring up smoking, you can do that with obesity. One of the problems is that most of us, not you \*\*\*\* a Lot of us are overweight and a lot of people who are overweight find it difficult to talk about and weight issues as well. And which is just a personal thing and we'll get you know people get over that the more information they've got and it so much of it is about learning how to broach the subject. And we have done this in the past, we've had study days about And how to bring up the question. The problem is, is that people learn and then they move on to other areas in your life, you know the midwives that you have needs to be taught again and There's always so many things to learn and there's so much mandatory training. They're trying to get obesity onto it is not very easy.

Interviewer: So what I'm getting is that Most midwives are uncomfortable talking about this subject of obesity, because

Response 1: Yeah, I mean, from I it's different for me. I think it is something they've they're uncomfortable with in the same way 20 years ago we were uncomfortable asking about HIV. Not because HIV and obesity have got the same correlation, but simply because it's something that you you're talking about their lifestyle and you feel as if you're intruding, and this if it's something that will upset them. Is that what you think \*\*\*\*

Response 2: I agree. You know, it's a similar factors like when you have to ask someone if you know they have social worker involvement. Yeah, initially will always get somebody back up, even if they don't have any social worker involvement also asking that question is difficult. In the time I went In at the booking when you ask, Are you related to your partner someone will go, Why are you even asking me that So if you ask a person who is clearly maybe a little bit overweight. If you then start asking them, what do you eat, and can we change that at all to help to make your life bit more beneficial and healthier. Naturally, someone is going to feel a bit uncomfortable, you know it. So it is a difficult one. But it's so important. And like you said, obviously, we all know the risks associated with smoking and we obviously know that there are risk associated with obesity and pregnancy and just obesity in general, but I don't think we We spread it enough to show. Maybe we should just even if we just get some leaflets on it and put it in the notes. Just so that it can trigger in the women's mind. Oh, yeah. Okay. Maybe this is because, you know, a lot of the things women say i'm eating for 2, is my opportunity. It doesn't matter if I have a little bit more because Obviously my belle is a little bit bigger. Anyway, that's just the wrong outlet to have isnt it people go Off about it, like, you know, i'm eating for two, but you know it is serious. Yeah, that is going to be a continuous thing. Yeah, I know. I definitely agree.

Interviewer: If probably things like reducing the BMI cutoffs that women are referred to specialist services. So I think I understand now it's 35 but if it's reduced to like 30, you know, do you think that that would make any difference

Response 1:

Response 2: The only thing is I think they they made it 35 because there is obviously so many people who fall into the 30 to 35 category. So they've literally everyone there. They can't do it. Even with the scan. So we do multiple scans, but it's only for women over 35 BMI because they just have too much demand unfortunately if it was under so yeah I do agree. Thing is, the people who are in that 30 to 35 category, have a bigger chance of going over. Yes. to like 40 and they're the ones that we probably really need to be tackling because we could probably change their, their mindset and their, their dieting easier than we could do for the other people but obviously we have to prioritize the ones who are already over the mark and yeah

Interviewer: Do you want to say something \*\*\*\*\*

Response 1: Come in there. No, no, it wasn't important. It was just the same as what \*\*\*\*\*\* was saying. Oh, I know what it was, it was good. It was that obviously The issue is the demographics are so different around the country. So here, if we were to try to see everybody with BMI 30 and above In in some kind of specialist service, it would just be impossible. It might be that if we go out into a more rural area, it might be easier because there'd be less people so and I suppose it comes down again to kind of where the budget money goes to, and I mean even here where we have a pathway for between 30 to 35 they follow certain there's certain things that are done in addition to your women who haven't got a BMI of that then over 35 to 40 there's a couple more things added in, 40 and above, there's more. But until you reach BMI of 40 now we've had to move it to 40 before you're even seen by a specialist the midwives who deal with pregnancy plus Between 30 and 40 now is just your named midwife, who has to make sure that these things are done because our numbers are just too big and also because There's enough. The other thing that's pushing against us is continuity of care. So there is a big push for women to have continuity of care, which is quite right with the midwives, but then If you have all the women of 30 foot above being in one continuity of care team then you'd be having sort of probably 60% of the women who are actually pregnant, which is being cared for by a small teams and it's just isn't feasible. And the pay is case, isn't it, that as \*\*\*\*\* said really those lower groups who don't have all the complications like BMI 40 above have We should be able to give them the kind of motivation and advice that they need to try to keep their weight from going up and don't, we don't ask them to lose weight. What we're asking them to do is to try to reduce how much weight they gained ummm really it comes down to, as \*\*\*\*\*\*\* said, it's about getting the chance for education in a way

Response 2:

Interviewer: So how have you seen the eat well guide and the pregnancy healthy eating guideline.

Response 1: yeah

Interviewer: Do you think it's appropriate to all cultures.

Response 1: Well, I'd have thought and i've never really thought about it, I would have thought that the implication of this amount of carbohydrate to this amount of protein. This amount of Fats and things It is if it's a healthy eating would be pertinent to everybody. But what we have to think about is what makes up their protein, what makes up their Carbohydrates especially cultures who have quite high degree of their protein is actually also a carbohydrate. So from that point of view ummmm You know, I haven't really thought about it. I'd only thought about, you know, quarter of your plate being carbs and there's so much being proteins and

Response 2: i think its hard as well. Because obviously there's some cultures that my last hospital that I worked at and the demographic ladies was predominantly Bangladeshi And a lot of them, unfortunately had gestational diabetes ummmm and I've sat in quite a few of their meetings that they've had and just watched. You know, the teacher discussed with them. The portion sizes and what they need to have and For them, the carb is the main source of their meal and they've been eating that for 30 odd years. So to then turn around and say actually know we want you to half that Is really really difficult for them. And I think we don't take into account, you know, for us, it might be like, Okay, fine. I'll just I'll have half the amount of rice, but for them. That's a cultural thing for them. And that's what they do every single day, their family is going to continue, of course, eating what they normally eat because that's what they do and we just don't think It comes as easily to us to understand the adapting of food and what they do, you know, especially for a lot of families. The meals that they have is the only time they get together at night, you know, and its massive thing, you know, the families. They will come and they cook for each other. And that's what they like doing so to then be like okay, we want you to stop this, even though we have our reasons and obviously our reasons are very important for them and baby It's just that difficult for them. And I think we need to put ourselves in their shoes as well when learn different ways of saying things ummm different ways of promoting the healthier lifestyle and cutting down on certain food groups and things like that. Because that's that's just been my experience of it with some women and it's been hard. Because for me, I thought well its was. Just don't eat that much of that food portion But for them that I will. That's what I've done every day for 30 years and you're you've just come in and told me I can't do it. So, Yeah. It's adapting to them as well.

Response 1: I think when you're thinking about obesity, rather than my line of work as well ummmm It's this presumption that lot of people have the carbohydrates make you fat and they don't. Yeah. Yeah, don't make you fat. It's what you cook them in and it's what you snack on in between your meal Yeah, so obviously my group of women. I have to talk about carbs and restricting them. But when you're talking to women who have a strong There, as you say, Heather our Asian women who have a lot of rice or the women from Vietnam who eat lots of noodles and things and There's nothing wrong with that. What we need to talk to them about is how much fat that they're cooking it with Number of women who think it's healthier for them to have the blue top milk, whereas you know its educating them that it's actually much better for them to have the same skim milk from so many different angles. ummm it's looking at the whole food and not not thinking that any particular food cos those people in their own countries are eating those foods, all the time, and they're not all obese. They're not all unwell or diabetic, it's, it's a lifestyle change, and it's Different coming and having to adapt their own cultural diet to a way to cook it here, which might not be as healthy as it was back at home. ummmm so I think it's looking at what they eat, and then saying, Okay, well, that's fine. But if you reduced if you cook this in less oil or if you didn't use You know, i cant Remember now you know but you didn't use certain kinds of fatty meats or you have less of your high fat dairy products that you'd actually, you know that would cause you to not gain that kind of weight in pregnancy, that kind of thing.

Interviewer: it's come up that African women are difficult to engage. Do you think so?

Response 2: I think it Depends. Sorry, I was just gonna say if this as much as a white British person can be really difficult to engage. I haven't Felt there's like a difference between like any ethnicity in regards to their engagement. If think guess I have a lot of African women who don't engage, but I also have a lot of Asian women, who definitely don't engage and a lot of British people who don't engage and yeah I personally wouldn't bring it down to their ethnicity on that sense.

Response 1: I would And I think that's probably because I am talking diet, most of the time.

Response 2: Okay, fine.

Response 1: And I'm talking lifestyle. Most of the time,\*\*\*\*\*\*. I think that's the difference. Probably because I think a lot of it is, and it's actually, it's not. It's getting to know body language and how different cultures react to what you're saying. So you get a lot of blank stares from African women when you're telling them things their faces will be completely impassive and they There might be some (makes a sound with lips) Going Telling them ummmmm They will More, more of them will say to you that God will look after them so they don't have to worry about it. Ummmmm And it can take a couple of sessions to actually get through that. And then actually see What they are able to do and what they want to do and for them to have actually gone home thought about it. Worked, you know, had a time to get their head around what we're talking about. And then usually by the second, the end of our second or have come into third session, they'll come in and they're happy, and they're smiling and they will Talk to you more, not all, not everybody, but as \*\*\*\*\* says that's across the board. That's, that's all ethnicities, can be like that. But I do think with African women, it takes them a little bit time to trust what you're saying and To know that you're not just i am not very good at words. Sometimes you're not just saying, You've got to do this because aren't because I'm telling you, and it's about making sure they understand the benefits And that we're just here to help. And we'll do whatever we can to help them, but unfortunately only you can do this and the reasons, it works is for this you know this reason. So I think that they can be difficult to engage at first. But my You know, the good thing for me. And of course, the benefit of continuity teams is that women then get to know you. And so then gets easier to engage.

Interviewer: It's when trust has been built over time. Yeah.

Response 1: doesn't take long. Usually, ummmm, you know, a couple of sessions as a couple of appointments and that is one of the things that COVID has made harder. Because we're not getting the face to face that we used to ummmm and our first contact with the women isn't face to face. Now it's virtual you know by phone or we give them links to go to different things. Whereas before, we would sit and talk to them But I'm in, you know, but now that we are back to doing more face to face sessions. Hopefully that will get easier again.

Interviewer: Is it that is it because they do not see their pregnancy as medicalized. Some people said African women do not see pregnancy as medicalized.

Response 1: ummmmm It could be. I could be. That's not what that's not kind of the feeling I get the feeling I get is more a who are you to be telling me how to eat. This is how I eat, you know, I can't change it. This is there. This is like what \*\*\*\*\* was saying, the food is so important, culturally, you know it's it's their celebration. It's the The Joy It's they're coming together to When they've got problems. It's the end of the day time so many reasons. And of course, you add into that The African women here in the UK Especially London if they're trying to hold down jobs as well. A lot of them, you know, In our demographics. A lot of them are in physical labor jobs are doing care work or domestic work or cooking ummmm and so it then you know they've got all that physical labor to deal with as well. And again, don't we Trying to give them things which they could accept are alternatives or not feel that we're taking away any of their foods and it does help that we can use the names you know when I'm talking to somebody and I can say, oh do you eat that. Or if I asked them if they have, you know, do a eat lot of Irish potatoes and they are like how do you know the Irish potatoes. It's just but but that's only because I do it.

Interviewer: \*\*\*\*\*\*

Response 1:

Response 2: So, can you hear me

Interviewer: yeah i can hear you

Response 1:

Response 2: Oh yeah no I do agree, and I think the initial The initial appointment with anyone to discuss food and diet would always feel like they're being told off so like \*\*\*\* was saying, I think that trusting to come The second appointment or third appointment when they realize it's not telling off it, we are genuine, We're here to help and stuff. Obviously, it's different for me that I'm, I'm just a community midwife, and so I don't obviously base all of my appointments specifically around diet and food. I've got a lot, a lot of other things. Before I even mention the food. And I'll be honest, sometimes I don't mention diet and I don't mention their food and lifestyle with them because I've got such a busy clinic, maybe ummmm and that woman may have a lot of other things that I need to discuss with her. Yeah, before I actually mention anything about what she's eating, which I know is really hard. But I guess that comes down to time management for midwives and just the busy schedule that we have Yeah, it does a lot of it does depend on how not how important it is, but what other risk factors that woman may have in in her pregnancy that will come in front of the diet. portion that we Need to discuss. Yeah.

Interviewer:

Response 1: And I mean, if you've got a woman, the BMI. That's really high, then that will be more of a priority than some BMI that are under 24. And I think that's it and thats to be \*\*\*\* you guys have got so many things to try and cover, you know, covering in just each appointment so it, it is one of the is one of the issues.

Response 2: Because these conversations about someone's diet, is not going to be a quick 30 seconds of. All right, so you're eating your fruit veggie meat and blah, blah, blah. Like, you need to you ask someone else are you eating healthy, they gotta go. Yeah. And then that's it kind of conversation where, you know, obviously you need to discuss with them deeper you like you said, it needs to happen a few times, you know, it's not going to be on the first occasion that they actually going to say to you. Yeah, maybe I should think about what I'm eating, or I would like some help. What, what would you advise and then allow us to give advice and then actually to take it in. It's not going to happen quickly. And yeah, it is definitely a hard discussion to get into 20-minute appointment.

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

Response 1:

Response 2: The food?

Interviewer: No, just generally when talking to them. Do you think that language is a barrier like English or something.

Response 2: Depends. I guess how long they've lived in the country and How, how well their English is

Response 1: Yeah, I mean, it's really helps. Now, the women who don't speak English that we've got In the last week anyway. We've got these iPads, whichever Translating service. That's really useful, especially if you can have a video one because it's so much easier for them to talk to a face than just a telephone. You know, it does make it easier ummmm In the broader context of language itself. I think sometimes we use different language to explain things You know, we all have we all in our own cultures have ways of talking ways of expressing and if it might be, again, like I say we, we say something, because we think it's really innocuous, you know. Nothing to be upset about. And then you find out that somebody has taken it really the wrong way or it means something totally different to them or to them it is Us laying down the law. So, you know, from that point of view, but from the point of view of language itself. I think we're, we're lucky that if they don't speak English than we've got the ability to make sure that we speak to them in their language. There's a. There are a few African Dialects which sometimes we just, I had a woman last year and we just could not get an interpreter at all and and although she spoke a bit French and things. It wasn't ideal, but generally speaking, I don't think it’s an issue.

Interviewer:

Response 1:

Response 2: I think as well. Obviously if you if the woman is fortunate enough to be in a continuity team, then at least If maybe the language barrier isn't great, then at least you can learn the body language of the person as well. And then just be a emotive with them. In that sense, you know, someone's going through something difficult sometimes you don't actually need words. ummmm if you learn someone's behaviours, about how they talk like obviously a lot of European people speak with their hands. I'm quite like that, you know, Or some, some people like a lot of eye contact at least if you can try and learn that person from being on a continuity team. And then at least try and communicate with them that way And then that I do find that helps because some people like to have a lot of emotion in their speaking. Some people want you to look at them others don't. And you really do need to get a good feel of how to treat each and every woman individually.

Interviewer: I suppose this question will be most would be for Heather. What is your perception of the women's understanding of healthy eating advice offered like anytime you have an opportunity to offer healthy advice, what’s your perception of their understanding?

Response 1:

Response 2: Again, I think it differs from person to person. If you're talking to someone who knows that. They may be do need to change their, their diet slightly. It's obviously going to is a bit more difficult initially to get through to them. And like \*\*\*\* was saying, obviously the first opportunity to speak to them. They might listen. But I don't think they actually go and change anything unless They have been told that they've been diagnosed with diabetes, then that's a bit more of a different situation because then they realize okay Maybe I do need to do something now, because this is going to affect my baby. However, if you've got a lady who is maybe a BMI of 30 let's say 30-31 who You know she's slightly overweight, but she's not over too much ummmm they don't tend to take too much of it in, I find, and they might listen and they nod and they know. Yes, I know I need, I need to eat this. And maybe I should stop doing that. ummmm, but how much they taken. I'm not too sure. Because again, their main focus is their baby when they come to these appointments so they want to know, Is my baby healthy is the heartbeat Okay. Am I, am I measuring correctly, all these types of things. They're not too fussed about what they had for dinner last night or what they're going to have for dinner tonight, unless it really impacts the baby like smoking and alcohol and drugs, food they don't see it as being an important factor. I don't, I believe. Anyway, not too much as the others.

Interviewer: The women, the African women that you've counseled so far have they back to request for a specific dietary advice.

Response 2: me personally no, I mean, I've only worked in community for a few months now. So ummm \*\*\*\*, I'm sure you probably have more Experience on that, then I would, I was on delivery suite for the past year. So by the time I saw the women they were right at the end and then they were kind of in and out and then I might see them again this year if they're pregnant but yeah and I haven't had many women asking for dietary advice, we'd give it to them. If it was necessary and but I wouldn't have had anyone again unless they are diabetic, then they would ask, What can I do

Response 1: And I think that would be the same. You know, I can't really answer that because of course they do. That's the nature of my job. So, ummmm They do, but Usually the first thing when I see an African woman is that they come sort of quite defensive because they know they have a high carb diet so they think I'm going to be telling them that they can't eat any carbs ummmm so it's just trying to to work around that. And how they can continue to eat. Yeah, as long as they don't Pound it. They just boil it or you know it's trying to find ways to make life a little bit more suitable

Interviewer: So, do you think that the spirituality stands in the way as well.

Response 1: With some women. Yeah, it does. ummm, but I think with the majority of women know who they work with it you know that the majority of women. It's not a case of ummmm doesn't matter what I do. God will protect me with majority It's God will support me so if you'll help me with what I've got to do. And now, just, you know, We'll, we'll together. And we'll do this I'll pray about it. And will get the help ummmm it's not many women that you get, who are the kinds who Just don't want to do what you've asked won't engage with what you've asked, and that that is because of a belief, obviously, there's usually more going on there than just ummmm the fact that they don't want to change what they're eating and then they've got strong faith cloth and there is other mental health issues there

Response 2:

Interviewer: So we're almost getting to the end. Thank you so much. Um, what do you think are the barriers to offering healthy eating advice.

Response 1:

Response 2: midwife knowledge definitely and and like we were saying before, just thehe uncertainty of how the woman is going to react and it's quite sense. It's a sensitive subject. Isn't it so it's quite a hard one. But then again, that comes down to the midwife knowledge of knowing how to approach a situation effectively that you're not going to upset anyone

Response 1: Think Midwives knowledge and time. Yeah, they just don't have time to do everything they need to do. They don't have it. Now, let alone. If you try to increase load and lack of Lack of that I'm aware of resources that we can point them towards because the women are finding this video very useful this gestational diabetes one. So it might well be that You know, most women our pre computer savvy all and women have to download an app now to do their blood sugar's so you know they are and Give them a link that they can look at in their own time and most women will actually look at it. They might say they don't like it but they will at least visit it ummmm having something more specific in the light, you know, the change for life and all those kind of health, public health campaigns and I do think sometimes that we need more knowledge of of specific areas that we can direct Women to with, you know, so if you've got a an African woman who You direct to an African if you've got someone who's Asian South Asian whichever you know you something that is actually personal to them and maybe comes in some of the languages that they speak. And that's, I think that's a, that's a barrier.

Interviewer: Do you have any other thing to say?

Response 1:

Response 2: I think it's quite interesting, isn't it, though, like knowing, like what people's perceptions are and how everyone's experiences are different with You know, healthy eating and diets within pregnancy. So it's good. I'm glad that I've done this because I personally like obviously I've only been qualified for a year and I've only been in community for a few months. So hopefully my experience of this will get better as well. ummm so I wish that there was more training out there for us so that I could you know approach that situation better with women and feel confident that I know what I'm talking about, as well, for each different ethnicity, you know, because healthy eating for everyone is different. So hopefully they do manage to give us some training. or increase our appointment times.

Response 1: You a witness and i mean i know i found one online training course and which I was looking at for midwives who deal with the pathway for more obese women. So it might be that you know if there was more online resources. Yeah, so that midwives are be able to get the education because the majority are pretty motivated, especially if they can Do it either in them in a work time or know that they were you know they can have an hour or so to to do these things and and I do think it's confidence the confidence to discuss it that midwives needs as well as the time time. We're not going to get So it's about How can you learn what to do, so that you actually make every contact count. It's not all what to be done on the first visit that you see them that there's all the time. You can be making small changes. You know, while you're listening to the baby and you can be saying, you know, how's it going with you. You told me you were going to cut back on such and such. How's that working out for you and I What did the kids think it's just trying to to work out how to do it.

Interviewer: Thank you so much. Thank you so much \*\*\*\*\*\* and \*\*\*\*\*. Thank you so much. I'm going to send the vouchers to your email if that's okay. Oh.