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

Response: how do we do it?

Interviewer: yeah

Response: We generally errrm, first point of contact would be at booking from the midwife point of view with the women and so generally day we want to touch on the healthy eating side of things. And so, we were to do you want to know sort of what we were talking about sort of vitamins and what sort of vitamins, they would require we usually sort of say, vitamin D and in pregnant women. And also talk about multivitamins and we would also talk about sorts of foods to avoid and what pregnant women would usually avoid and what sort of benefits from a varied diet, what sort of fruits, vegetables, proteins, carbohydrates, and we'd have a look around that sort of side of things and And generally, ermm sometimes I mean with some women, We don't actually see them till later on in the pregnancy and that's the other thing. So sometimes we have quite late Booker's so it's quite late at that point to talk, talk about sort of nutrition and stuff like that. Because sometimes, particularly with sort of the Asylum seekers and immigration, we don't sort of see them till later on in the pregnancy. because they've moved around quite a lot. So at that point, it's quite difficult and We also talk about sort of healthy start vouchers, but obviously when you've got asylum seekers or people that have got no recourse to public funds. They're probably not entitled to those sorts of things and it's sort of looking at each individual case or financially what they are entitled to. And, you know, they're not saying, yeah.

Interviewer: All of these things are considered at booking

Response: Yes. Yeah, I mean with because I work for sort of the Ruby team. So it is sort of Safeguarding, immigration sometimes asylum seekers, you know, so we do sort of see them women. You know, we're getting more for in our clinic. We didn't have as many before, but we do seem to be getting a little trends of, like, you know, and Asylum seekers coming through to our hospital now, but mainly at booking then we see them again at 16 weeks and we do sort of touch on things there to make sure they've got their vitamin tablets they're supposed to be taking. we talk a little bit about folic acid. And booking and then we will touch on it again at 16 weeks to see if they're still taking a multivitamin and their vitamin D's. I mean, and then generally I think after that they have their scans and we don't touch on it too much. After the 20 weeks scan, i don't find that we sort of focus on Different things, it becomes more like medical things and I mean we do sort of, you know, maybe, but its usually booking then 16 week appointment and then after that the sort of focus changes slightly, I think.

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

Response: To be honest, probably once or twice. I mean once or twice because a lot of the ones we're getting more moment aren’t actually African Immigrants and so yeah I mean maybe what I don't do it on a regular basis because we haven't got a great deal of sort these women come in through our hospital at the moment.

Interviewer: Is it Epsom or St Helier?

Response: St Helier

Interviewer: So, um, what approach does this advice take? So is it just spoken words? or do you have apps, leaflets

Response: It's mainly spoken words and Ermmm, I don't know if you know but we use Badger. Badger net the maternity app so a lot of things are on the leaflets and that the women can access are actually on the app now. So, you've got to expect them to have some sort of smartphone, to be able to access these leaflets now and they are quite difficult to get in paper form. We don't tend to sort of stock them anymore. And so a lot of it is sort of spoken and We do go through some things you know if they don't particularly speak English very well I do try to sort of download some leaflets to them in sort of the language that they speak to try and make things a little bit easier for them. But to be honest, I think the leaflets. Most of the leaflets. on the app are actually in English. There's not actually that many of the leaflets that are Available in different languages. I think a lot of the feeding like the breastfeeding leaflets and the sort of formula feeding leaflets, they are in different languages, but a lot of the other ones. You know, are on the app and there lots of them are in English. And as I said, they've got to be able to access a smartphone to be able to to get onto the app. Which isn't great

Interviewer: When you do meet the African women it's usually the same sort of kind of advice you give everybody that you see

Response: Yeah, I mean generally and yeah it does follow a general sort of format and I mean sometimes if I know that I'm looking after people that haven't, sort of, you know, I've got sort of financial support and things. I try to change it slightly and And I think it's also taking into sort of idea their sort of cultural sort of backgrounds as well because I think you know if people are new into this country. they sort try to sort of adapt to a sort of well westernized diet. And I think sometimes we sort of expect that. And I think sometimes you got to take into consideration. They've also got sort of cultural, religious Backgrounds, particularly if they're sort of quite involved with their extended family what they're expected to eat and drink. And and obviously financial worries and stuff. If they're able to be able to eat a healthy diet and things like that. And yeah, and I know that they're probably slightly more risk of different medical conditions and smaller babies. So yeah, it is quite general, but sometimes I do try to sort of adapt it slightly to an individualized care plan as much as I can and yeah

Interviewer: How tough is it to adapt to an individualized care plan.

Response: Its quite hard.In the NHS, I think sometimes things sort of There's not really much room for movement and time constraints and too to refer these women to and get that sort of advice for them. And I think particularly at, the moment where we're quite sort of under resourced and here we do have to speak to and gain that sort of You know, we can't. There's not really many places we can refer these women to now unless we sort of use charities or things like that. Or we can run up like help lines actually in my hospital. Ermmm, I don't really know who I would go to and you know the obstetricians I think are quite, you know, very focused on and I don't really know who I would go to and you know the obstetricians I think are quite, you know, very focused on You know, not adapting things to people. We still have midwives who have said this is, this and this is that and but there's not really much sort of room for for movement. And so, yeah, it's quite difficult. And I think because we don't see many of these women. Yeah, I think sometimes that again hinders things because there's not sort of a large group of these women that we are sort of catering for And yeah, I think that that makes things quite difficult. I think if you wish to go into like St George's or Kings or, you know, inner London. Sometimes it might be slightly easier because you would have resources there because what I'm hoping you would have because you've maybe got more of a population that you're sort of serving and and there'll be more need for it. I don't know.

Interviewer: have you seen the eatwell guide and the pregnancy healthy eating guidelines?

Response: Yes

Interviewer: Would you consider them appropriate to all cultures?

Response: Probably not. I would say no. I think it probably is quite stringent and quite sort of westernized. And yeah, I don't think sort of caters for everybody. Now I think is quite sort of straight and to the point. And I said, more westernized and anything else.

Interviewer: so i am going to talk about social context, in the context that you are catering for Immigrants and asylum seekers and all that. Do you think that the healthy eating guide or the pregnancy healthy eating guide would be suitable for probably asylum seekers and immigrants in that kind of social context.

Response: No no.

Interviewer: Could you explain more?

Response: I think because it expects people to be able to have the knowledge about how the Western healthcare system is and how it works And and i think they sort of make that assumption and, you know, if you've got somebody arriving late into the country. Who's pregnant and you know doesn't speak any English Or minimal English or got the confidence to come into sort of a healthcare setting, then no i don't think so, I think that It's they are relying on people knowing how to access health care, having the financial sort of support to be able to access health care and having the confidence to access health care and And they, a lot of these women haven't got any social network support either to go to to be able to get that advice. They're really, you know, they're relying on health professionals to Sort of help them as much as possible. And sometimes it's having the confidence to come into the system and approach people and having the English to be able to do it. So yeah, I don't think that guide is You know, any well minimal good first for people who are asylum seekers or who have got no recourse to public funds.

Interviewer: Basically, if Let's say two to three years down the line and their circumstances are changed. Do you think that they would be more inclined to use healthy eating guide as a tool for healthy eating.

Response: Maybe I think maybe when they sort of Once they are sort of. But I think, again, maybe we're expecting them to be sort of more into the Westernized culture of things and for them to sort of accommodate us, and change their sort of, you know, Behaviors and religious or cultural beliefs, sometimes. So I think maybe in three years, you know, down the line after they're more accustomed then yeah, maybe, and if you know they're able they're in sort of a healthy, sort of, you know, State, and you know that, then maybe You know, but sometimes you see people 3 years down the line and they're just sort of the same as when they was, you know, it is individual, I don't know, but I think some with baby would be able to gain some sort of knowledge from that that guideline if in three or four years’ time.

Interviewer: What is your perception about African women, African pregnant women. Some, some of the things that have come up from the interview. I've talked about African women being laid back You know, is that your perception about it?

Response: you know, I would probably Go with that. I mean, not all the time and but I would say that generally, the large amount of African people that I come into contact with. They are quite laid back about their pregnancy care and Generally, I'm not saying all because that would be putting everyone, inside. But I’m saying a large majority are generally late for their pregnancy appointment They do sort of come in but generally quite late and we have quite a lot of DNA as well so They don't attend their appointment sometimes and I don't think they have the understanding of the importance of their antenatal care. Sometimes I think I'm not sure what they would receive in Africa, but I think over here. I don't know if they have that understanding of how important their antenatal care is for them. And I think sometimes Maybe if they've got quite strong family sort of values or family input. I don't know if they are sort of guiding that sort of you know importance around the antenatal care and And when they come into to labor. Generally they're quite laid back, minimal sort of pain relief and things like that so Yeah, I don't think they see it as like a medicalized maybe pregnancy, maybe not as being medicalized and maybe they say it's quite a normal thing and you know that in in Africa that maybe they don't think that they need as much sort of care antenatally Yeah, say that that's where they're all one or two, but generally yeah they see. I think it's quite normal. Ben and you know they generally sort of sometimes don't see the value of antenatal care. Yeah, but thats not all, maybe one or two but generally yeah they see I think they see it as quite normal. then and you know they generally sort of sometimes don't see the value of antenatal care.

Interviewer: As you look back Were there any events that stood out in your mind when you were offering healthy eating advice pregnant Africans.

Response: Just having a think ermmmm No, I mean, there's one lady that I looked after sort of with her whole PREGNANCY Last time, and she's now pregnant again. So she's come back now and i mean A lot of it I think what I advised her went one in one in one ear and out the other. I don't think she's really absorbing because I think for her. Her main source of where she would get her pregnancy sort of healthy eating would be from her mum and what her mum sort of told her instead because her mom was quite a sort of important figure in her life, I think, and her mom was very whats the word.. controlling over her, I think. So what I was saying, you know, she was like oh Yeah, yeah, yeah, but actually a lot of she will come back and say mom said this and mom said this and mom is doing this so i think for her a lot of her pregnancy A lot of what her pregnancy sort of healthy eating was what her mother was telling her that she should be eating and what she should be doing. And, you know, so yeah, that was the only thing I can think of, really, in regards to that sort of stories in the side of African women really

Interviewer: Why do you think that they would act that way, Do you think that probably the risk and consequences of some of those actions haven't been explained properly or something.

Response: I don't know really is, I think, to some. I mean, it could be a lack of knowledge and You know, lack of knowledge, you know, lots of people have it. But I think once you've explained. I don't know. See if I explained to someone about why we take vitamins, you know, and I tend to I don't just say, oh, you need to take this, you know, go and buy this, I tend to explain the significance of it. And so I just I just think that it's that matriarch sort of system and that I think just overtakes sometimes I don't always think it's a lack of knowledge, i think sometimes it could be because sometimes I have a lot of women that will come to me and they've been given this, this, and this, to take And the doctors have given it that they don't really know why they're taking it and then they haven't taken it because they don't really realize and then when you explain to them that I don't know for instance with like Fragment injections or, you know, you say, They haven't been taking them. But actually when you explain the significance of it in detail or use like Google translator, you know, to give them that, then they will. So maybe a bit of it is lack of knowledge. But I think there is still that fan back sort of family presence in particularly the mother or the grandmother of the family. I think that is quite a strong thing to sort of try and break down and Because they are sort of so influential I think within the that sort of family that sometimes it's quite hard to sort of break that down a little bit and it could be a bit of both.

Interviewer: Did the African women that you counselled request for any specific dietary advice?

Response: Not really. Not that I've had, like i said I haven't really dealt with that too many but not really. And I mean we've had A few that have had sort of sickle cell anemia and or traits of sickle cell. So sometimes they will ask you about that in regards to sort of their diet and sort of iron and things like that and but yeah not really in relation to sort of the, it's just general pregnancy sort of health related advice really

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

Response: Barriers to me telling them?

Interviewer: Yeah, to offering them healthy eating advice?

Response: I think sometimes it's time constraints. And I think that's a big thing in midwifery and I think we only get allocated a certain amount of time, and particularly to do a booking and for each appointment and there's so much to fit into that. That time, you know, you've also got to do a 90 day to check blood pressure is a time constraint is a big thing. And because if you've got eight women in your clinic. Sometimes you can't sort of individualize everything to sort of have that time to spend with that woman. And to talk about the different things that she should be doing. So I think that's sort of a big thing. And I think sometimes its knowledge from the midwifes point of view sometimes its knowledge as well, i think that we don't always have the full knowledge and because I said we haven't got sort of a large of population of that sort of group of women. We don't have the sort of knowledge or resources to be able to give them And I think from the women's point of view. Sometimes its financial constraints and because if they haven't got any recourse to public funds, they are not always entitled to the vitamins and They haven't got the finances to sometimes be able to to access those things that they need and And I think sometimes it's the women that I think you give them an advice and they don't always want to take it. I think because of their financial or Their cultural background they think, sometimes they know better, or their mom knows better so they would, you know, I think that's part of it as well. And I think sometimes it's the poor language. Maybe if they don't haven't got the sort of Language, sometimes they're not always fully understanding what we're saying. And that's the other thing that comes with time constraint is that you have to use translators, or Google Translate and Google Translate takes time and if you're using paid language line that again takes time. or you need to get a translator that costs money. And we're not always allowed to get translators for every appointment. It's usually only for the booking appointments And scans because of the cost to the NHS. And so, yeah, I think there's quite a lot of constraints as to why we don't always give the advice that they're getting.

Interviewer: You commented about the women not always taking you know some things that are being said, do you think that probably they would feel that it's not relevant to them because probably it’s not their culture something. So that's why they do not engage with that.

Response: Yeah, I think maybe I maybe they've got their own ideas of what they should and shouldn't be doing. And I think if they've been brought up around that, since a child. And, you know, like taking medications or, you know, this is what you should be eating Is quite hard to break that because it's sort of ingrained in them. And that's how they've been brought up as a child and You know, maybe in Africa, things are very different. And the parents tell them they should eat this, this, this, and this, because of religious reasons or cultural reasons and actually you've then got a midwife that you're meeting for the first time telling you not to eat that, and to eat this. I mean, it's difficult when you've been told that your whole life. And then you've got one midwife sitting there telling you not to do this and to eat this. And yeah I do think that these women are not always keen to accept our advice because it's breaking sort of what they're used to and what they've been told since as a child, or what they've seen their elders doing and, you know, so it's, it's, yeah, it probably is part of that as well.

Interviewer: So, Do you think that language is a barrier when talking, particularly to African women.

Response: Sometimes ermmm yeah i think is a barrier. And I think particularly if they haven't long been into the country if they they haven't got some because we have quite a lot of African women that speak French. And yeah, I do think It can be, not all the time because some of them do speak. But yeah, I do think so. And then we, as I said, we haven't got the resources or the time to accommodate these women, you have to do the best that you can, with You know, Google translator and then you don't get that. Relationship. I think because you're either on the phone through an interpreter passing phones to each other or you're doing it for an interpreter who is sat in the room, or you're using your phone to Google Translate. So I don't think you've got that Sort of rapport, or that Sort of communication skill, because you know it's really different when you sit, someone who's speaking English. You sort of build that relationship with them. But when you're relying on other people to talk for you, I think, That sort of breaks down that relationship or doesn't help to build that relationship. And yeah, it doesn't feel. I don't know individualized it feels quite cold and it just, you just don't get that rapport. and the other thing, actually, when we have interpreted. I don't actually know. what they are interpreting and they could be, you know, it's difficult in medical terms, you know, they are interpreters, they are trained interpreters but sometimes i wonder what they're telling them, or if the woman comes with a family member. You know, because we can't have interpreters there every time so if a woman comes with a family member who speaks English. And we're having them interpret You know you don't always know you know what is actually being said. And if it's been said, how it should be said, you know the importance of what we're saying is actually getting through.

Interviewer: What do you think, in your opinion, would facilitate getting healthy eating advice to pregnant women?

Response: Yeah. Yeah, and I think it would be having more time. And so these women get allocated more time during their appointments and maybe Having it outside of a hospital setting. I don't know, maybe like in a children's center or something a bit more accessible for these women and maybe sort of doing sort of Group antenatal sessions with just solely sort of that group of women because I think sometimes our antenatal sessions at the moment are teaching sessions. I mean, not during COVID but before COVID is quite big ermm groups with moms and dads and all different mixtures of people and I think sometimes the women would be very reluctant to come to those Or if they did come, if they got any questions they don't always sort of ask because they don't feel comfortable to. So I think if you could do antenatal care and sort of You know, small groups with that you know just those sort of women and and to encourage their sort of social network as well as to encourage them to ask questions Ermm I think that would be quite a good way of doing things, and more time and I think for midwives as well to get sort of some training sessions to give them more sort of knowledge in relation to what we should be advising these women because although at the moment, we do have you have small clusters of these women. in time, we are going to get more. And actually, even though it is small classes. I think for them women, it's important that we should be giving them advice because they are at risk of having small babies. You know, diabetes, and I think yes, there's only a small group but they are important. So we should be getting the knowledge to be able to advise them. Correctly so maybe sort of more training for midwives in the area as well and making you know the women feel, I don't know, more welcome and sort of, you know, I don't know, sort of encouraging them. Having more leaflets that are available to them and accessible to them and making the process slightly more easier, maybe for them to access healthcare.

Interviewer: Do you think that the pandemic has had an effect on antenatal care?

Response: Yeah. yeah, I mean, a lot of our phone calls. Now, or appointments. Well, they have been over the phone. Ermmm so, You know, we, we do a lot of our appointments over the phone. So we're not actually seeing these women and and sometimes again if their English isn't very good having an appointment over the phone isn't easy and And I think they have lost that sort of contact with the midwife. So they're not You know, at least if you have an appointment. You're coming in, you see a midwife. But I think we're relying on them more to be able to contact healthcare advisor. They're given the pregnancy advice line Now, if you've got any problems ring this And and I think everything now is to have on Apps is on phone calls, is, you know, see, we've got to be reliant on them being able to use of smartphones and Things like that, the apps and telephone number. So there's a lot more pressure on them, I think, to be able to make contact with us, whereas Before I felt that, you know, midwives could keep an eye on things a bit more. And who's attended in who's not attended when you saw people, you get a bit more Idea of how things are going. How the baby's growing the but over the phone you can only do what they're telling us. And I think sometimes they're not always clear what we're asking them. And they tell us, everything's fine. And actually it might not be. And because they're always having that understanding of what we're asking or they don't understand the significance of sort of baby movements or You know, ermm or its effects on a day to day basis. So yeah, I do think it has definitely has an effect all over pregnancy and antenatal care

Interviewer: Have you heard about old wife's tales in pregnancy.

Response: Yes, I like old wives houses in like made up things that people believe like suspicions and yeah yeah

Interviewer: So is it all the ethnic groups that come to you, that you have people talk to you about old wive’s tales or do you have particular ethnic groups that talk about those things.

Response: I know I mean it's a bit of everybody, I think. But I think generalized I think I would say it's quite a lot of Asian cultures, I find the ones I have old wives tales with and sometimes it's sort of in the African but it's mainly the Asian cultures ermm That we have a lot of old wives tales with I think more than anything that I found anyway. But that might be because I look after more sort of Asian and Indian sort of backgrounds.

Interviewer: So, I've interviewed some pregnant women that have said that There are some of these tales like African myths that they hold dear because their parents have told them that if they eat a certain thing it would do this and this and this to the baby. So the fear of that pulls them back. Do you think that that could probably be like a huge influence on them, you know, as opposed to what the midwife would say at that point

Response: Yeah, I think so ermm because as I said in Asian cultures, you find exactly the same . They're very sort of set in their ways to what their elders their grandparents their mothers their fathers. Have done with their children or what they're told to do like the fact that sometimes they're not allowed to go out the house for certain Period of time ermm you know that they have to drink cold things you know cold water, rather than hot water ermmm And certain thing. Yeah. So I do think because you know that there will see quite influential over them and you know Cultural is a lot of, you know, people, cultural and religious backgrounds, is you know means a lot to people. And I think to break to break those, sometimes because you've got a midwife telling you, you know, to, that's fine to eat. It's just not not going to work. I don't think with some people because it's so far, sort of indoctrinated in their head from sort of grandparents, the parents, their sons or daughters that is sort of passed down the line. And I think it's trying to get in there to sort of break break that a little bit. But, you know, It takes time, doesn't it, to break down these beliefs and things like that. So yeah, I do think that has a big impact impact on pregnant women

Interviewer: So what do you think is the best way to communicate healthy eating advice. Do you think like leaflets or spoken conversations or something.

Response: I think spoken conversations are a good starting point. but I think sometimes you need to follow that up with like written information. And so they can revisit it at a later date because I think the more you tell somebody something ermmm I think if you tell something somebody something once they don't always take it but if you tell someone something twice, then they take a little bit more insights gradually I think drip feeding people rather than just telling them once and expecting them to accept it and do it. I think sometimes particularly pregnant women because their memories, not that great either. I mean, if you keep drip feeding them the information and I think it goes in better rather than giving Women, a big block of information, all in one go. And I think that's where we falter because at booking We give the women tons of information and, you know, in an hour and a half appointment they get Lots of information that we expect them to be able to absorb and take in and we don't always revisit that information and and ermmmm We sort of say signpost into the app but other leaflets are on the app, you can always revisit that later date, but they don't because we can actually log into the app and see who sees more and the women don't do it. and you know I know we're going paperless and whatever else. But I think for some groups of women that just doesn't work because They're never going to access them on an app. Whereas if you talk to them about it, give them a little bit of advice and say, oh, here's a leaflet and you can read that on a later date. And then at the next appointment you question them a little bit or revisit that. And I think it's all about drip feeding with these women. And I think you just have to keep revisiting things And because otherwise they just don't absorb it. And I think booking You know, these women are feeling tired, they've often been sick. They're vomiting. The last thing they want to be talking about is All this information that we've given them. They don't absorb it. So yeah, I think it's about drip feeding them and then following up like leaflets and then revisiting it again. So I don't think the apps are the right way to go. Um, And I think it's about what groups of women, you work with, I think, for me, because I do work with sort of vulnerable women here, you know, I think. It's different for those women to sort of the average pregnant women that we see, we have to try and find different ways to work with them for what's going to work with them because they don't fit into the sort of the average box that works for other people sometimes so

Interviewer: Thank you for your time, we have come to the end of the interview. Do you have any other thing to say?

Response: Not, really, I just As I said, I think from our perspective, we're quite limited to what we can offer these women and And I think a lot of that is knowledge base. I tend to sort of signpost them if they are migrants I signed post them to sort of migrant health for You know, sort of charities in sort of that can help them and things like that sort of financially as well ermmm Yeah, because we are quite restrictive and I think the same with social care. Everyone has got budgets and restrictions and the and not enough knowledge to be able to help these women. But I think we are just going to get more and more now. So I think we need to be sort of trying to adjust ourselves a little bit more to sort of accommodate them so yeah but nice, it's a difficult one.

Interviewer: thank you very much for your time

Response: Thank you