Interviewer: How did you offer healthy eating advice to pregnant women when you had to?

Response: So to pregnant women, when we had to, I would say that the time that we speak to them about diet really is the booking appointments so the first appointment. I would say though that within that, from what I have seen and my experiences that we always focus on what they shouldn't be eating. Rather than what they should be eating so it so all those years ago when I was When I was training, there was a big thing about peanuts. As in, you shouldn't eat peanuts and then over the years that progress to well you can eat peanuts, as long as long as there are no allergies in your family. And it was things like telling them not to eat soft cheeses. Not to eat liver because of the high vitamin A content. But in all honesty, I'm trying to think back and I'm thinking, I don't really recall actually being very focused on what they should be eating it was more about what they shouldn't be eating to avoid getting infections or their children having allergies. I think probably the diet would then the, the one time that I can sort of remember telling people about what they should be eating is if you have somebody who was an anaemic, for example. Then probably based on the blood results. I would maybe advise them to eat a little bit more leafy green vegetables and if they were If they were not vegetarian to try and eat a little bit of red meat as well as taking the iron But yeah, that would be. And then I think in terms of pregnancy. That would be the time that we would offer them the Diet advice. I think it would be at the beginning and I honestly can't remember. Talking very much about it in the middle of their pregnancy, unless there was an issue or unless maybe they asked me a question like, oh, so I remember very specifically, my cousin who Was doing a food course called me in a panic because she had some soft cheese when she was pregnant. So, you know, so if a woman had been eaten something so I've eaten this unless you think this is okay. Then I would sort of revisit the stuff that we told them not to eat, but in all honesty. I'm trying to think really hard about when we really focus on what they should be eating and rather what they shouldn't be.

Interviewer: Okay, so in your years of practice. Have you offered healthy eating advice pregnant Africans.

Response: Again, sort of thinking about the only pregnant Africans, I can seriously. Remember, offering advice to you would be my own family. So where I where I trained and where I did community because now we're saying to you that I work solely on birth centers now. So my women that I see already in labor giving birth. And if anything when I give advice about diet. It's postnatally. So I would say that I would say my my cousins and my relatives will be people that I gave advice to The reason being that where I trained actually the minority ethnic group was mainly South Asian so The Africans that we saw were very few and far between. But again, it would be pretty much the same sort of general advice I think I used to think as a student like when you're sitting in front of someone who South Asian or even African and you are saying Don't eat soft cheese, you will think well actually probably don't eat soft cheese anyway. It's not in their diet. So why are we telling these women not to eat soft cheese. What we should be saying is what things do you eat. And let's see, how about is good or bad for your pregnancy. So yeah, it was very much generalize and even the South Asian community. I would say it was very, it was the same sort of generalized information like you tell him South Asian woman, not to eat soft cheese or patty. and you think she probably doesn't eat that a lot in her diet. Anyway, so that that information is not Relevant To Her but that was a time when I was still learning and still very young. I think if I went back into community. Now, I would definitely have learned a lot more about trying to individualize care for women.

Interviewer: So, What approach did this advice take. So was it like in the form of leaflets.

Response: Sorry.

Interviewer: What approach did the advice take. was it in the form of brochures or leaflets?

Response: So, Again, I was quite lucky in that the booking appointments that we had in the area that we served were 45 minutes so A lot of the midwives were doing 30 minutes but I worked with a midwife who was very good at talking to women and used the opportunity to have a conversation. So her advice was very much speaking into them knowing the actually if you give a pregnant woman a leaflet the chances that she's going to go and read it are quite slim. I don't know what was happening in the clinics where the midwives we're offering 30 minute appointments for the booking because that's a there's so much information to take in at booking appointments. So I would say it was mainly just conversation really I don't really remember giving out leaflets as such. Yeah.

Interviewer: And the same sort of generic advice was given to everybody.

Response: Yes, I would say I would honestly say the same generic advice was Given and it was focused on what they shouldn't be eating what was harmful rather than What they should be. And I think what they should be eating normally came out with if there were any issues in terms of Really the major issue that would would flag up another conversation about that would be iron, iron levels if iron levels were down, then we would sort of encouraging them to eat green leafy vegetables red meat if they were not vegetarians. But honestly, it wasn't not something that was discussed. That I've noticed being discussed outside of a booking appointment.

Interviewer: So if like if they had a higher BMI.

Response: If they had a BMI than they normally would get referred to a team that looked after women who were heavier and within that team. They would then have all the dietary advice. And they would have a Consultant Appointment and they would look after them with their diet in that respect. And then at some point they would then come back to their original midwife. So it was almost as if it was like a separate thing like oh you go off to this, these people and they'll talk to you about your diet. And I can honestly say I don't really know what was discussed in those meetings. But again, because I did community midwife as a student or community midwifery as a student midwife. And I have not really done it as a qualified midwife since, you know, in that respect, maybe, maybe there was like some kind of integration, when they came back to their midwife, but it was very much a separate team. That dealt with them and also within that team would also be the midwife for diabetes, just in case. So they would have like a test for diabetes, to see whether those were issues that might complicate their pregnancy later on.

Interviewer: Can you recall at what BMI they were referred?

Response: So, so the cutoff for BMI was anybody over 35 would be referred because you're thinking at 35 BMI and somebody's going to put on weight potentially during the pregnancy, the MBI is going to be a little bit higher. At the time of birth. So 35 and over they were referred

Interviewer: Now So you've said that the advice offered was basically what they shouldn't be eating. Do you recall if women had Like probably African, Asian women came with specific advice. So we're seeking specific advice about their foods. So did they talk to you about maybe their foods, you know, particular foods that are common in the culture in which they think or are asking questions about if you think they should eat it or not.

Response: Now, I think the long the long and short answer of that is no. They would never have asked us Not in a million years in that sort of like environment. They just, thinking about it now on reflection. They probably did a lot of talking in their communities. And like I said my cousins would bring me but probably were not speaking to their own midwives, they're bringing me and said, I'll just ask Lola. Ill ask Lola because she'll know But I'm sure that actually, they were not asking their own Midwives for advice, they would come to the person that they knew So if I think about it in retrospect. Now, that's probably what those women were going off and doing what They were sort of nodding their heads politely and then going off and asking their, their cousins and my aunties, uncles, later. Like, is this good. Should I be eating. What can I do? I think I would say personally people ringing me like friends and cousins ringing me. The main thing that I always got Always got Questions about was sickness. What can make because they couldn't keep anything down. What can they eat for sickness, you know, But yeah I none of these women would have asked us, including I don't remember anybody sort of say, What can I do, you know, to, you know what, what are they healthy things that I should be eating. I think they just nodded politely and took what we said on board and you know whatever they didn't want they threw it in the dustbin on the way out.

Interviewer: So, sort of some of the things that we're getting from this interview so far is that African women can have a laid-back approach to So everything, including advice being given in pregnancy. Do you think so.

Response: Um, I don't necessarily think that the right word is a laid-back approach, I think, culturally, I think we are just that way in that It's not, it isn't that it's laid back at all. It's just a very sort of like, well, you know, I'm pregnant. I'm not the first person has been pregnant. I'm not going to be the last person who's been pregnant. My mom did this. My grandma did this is just, I think we're just not as I Don't know what the word is. I think we're just not as intense about all these things as I think maybe our white counterparts can be. But I don't think that means that we're any less informed, I think we get our information different ways, you know, So when you might get somebody who would sit there and question the midwife to death and say, but this and this and this and this. You might get African counterparts say okay i hear you but I'm still going to go home and speak to my mom at the end of this and see what she says. , I don't necessarily think it is a laid-back approach. I think it's more I don't know what the word is I don't, I don't really know what the real the right word is. But I don't necessarily agree that it's laid-back cos i think laid back kind of implies that they are not bothered but i

Interviewer: I Think that's the first person that's talked about the laid back thing so kind of later on in her statement. She kind of made a statement saying that she thinks that it is a cultural thing. So she thinks that um we are not as, um, as we are not as, i can't remember the word she said. But she she said it was more like a cultural thing. So it wasn't probably also, it wasn't probably just the pregnant women. It was also a cultural thing Yeah her colleagues as well. So we're just always in a different time space.

Response: But I think I wonder whether that also comes from not being from a culture of questioning things a lot as well. So we're more likely to just accept and maybe go and talk to somebody that you know Rather than the professional that's giving you the advice rather than, say, oh, but can you tell me why you've just told me not to eat this. Will just take that on board and we'll go somewhere else. But I think it's because of the culture that you grew up in, in that actually you don't question the medical profession professionals, what they say is, you know, You when I speak to some of my relatives that have had babies, you know, back at home and I'm asking them. Oh, so why did that happen. And they just don't know. But they're not bothered by the fact that they don't know. And I'm like, but this is your health. So Surely if there's an issue. You need to know why the doctor did this. And like, Well, you know, we didn't ask the doctor you know he didn't tell me and they're quite happy to go with that. And it's almost that reeducation that actually, if you're concerned about something. Then there is a part of you that needs to know a little bit more. You can't just say, well, the doctor just gave me this medicine, but you don't know what the name of the medicine is, you know, So yeah, I would, I understand what this person means by culture that we just have a different we've had a different upbringing and we've had a different knowledge or and we've had a different sort of ehmmm A different sort of way in which information is given to us, you know, it's like the not the bare minimum, but it's given in a completely different way. So I remember going to antenatal clinic. So I went to Nigeria to do a placement and went to antenatal clinic and the midwives are telling the moms. They have to breastfeed their babies, because you know that's that's just what they have to do because that's the healthiest thing for their babies and they were being told that if they use formula. And the babies ended up in hospital that would be their problem. You can't really say the same thing in this country. You know you cant give the advice that way in this country, you cant say You've got to breastfeed because the midwife says it's the best thing and that's it. There's no question about it. Yeah, so it's also, I think it's just this the way in which we've been given our information as well. Might just make us a little bit unsure of like if we have got a question. Can we question. So I think that's why you will then get people like my cousins who come and question me because they want to question But they still in that culture of, like, I'm not sure if I can question. I'm not sure if I can ask this. I know as a midwife. I'll ask her, you know, and then that will be, you know, I cannot with the midwife politely and say, Yes, I understand. Even though I dont because I know I'm going to go home and ask somebody else.

Interviewer: So do you think that it is not about like the color of skin so it's more about Not being able to ask the question, at that point, because we do not want to question the people. It's not like it's oh I don't want to talk to this lady because she won't understand. Let me go and talk to somebody that is dark skin because I think the person would understand better

Response: Yeah, I think that I think it's not always about the color because I think there are other Other sort of nationalities that kind of have the same Experience with medical background so I get a lot of Greek women, for example, when they come if they've had a baby in Greece, they always talk about how the doctor dumped on their stomach to push the baby down, you know, and they didn't question it it really hurt. And the first thing they say is, are they going to do that to me here, but they would never, I mean if you do that in that in this country. First of all, the doctors more likely to be in front of a disciplinary board. But you know, it's just that sort of thing. Like the doctors just do it and you just don't question. So even may come with that sort of culture of like we don't question our doctors. They just do what they want. And I've spoken to Greek midwives and it's the same thing . And it's the same thing. Like when the doctor comes in and says, This is what you do. You don't really question it. And actually what I'm finding in Italy at the moment is with some of my Italian colleagues is They've gone back to practice independently, because that's the only way in which their women can have a proper conversation. They go to midwife in the hospital and we process. This is what you do. They don't question it does to stay. They don't question it. They just go ahead with it. So I don't necessarily think it's a colour thing. I do think that there are obviously different characteristics with African women like you're saying people say no we're a bit laid back Maybe we don't show it on our faces as much as other cultures, you know, we take it all in. And it's just but again that's a cultural thing, isn't it like don't talk about your business. you always show people that you're well even though you might not be so that's a cultural thing about not wearing your heart on your sleeve.

Interviewer: You have an amazing insight to this thing, i am just like nodding

Response: Yeah.

Interviewer: So, um, Now, okay, you've talked about your perception about African women generally in the Things that. do you think that African women are generally receptive to healthy eating advice.

Response: ummmm I think I'd have to test the theory to see whether they got the healthy eating advice in the first place. I don't see why they wouldn't be And I think that in order to give them the advice there needs to be an understanding of what our diet is like first so I honestly cannot. I mean, I would hazard a guess and say, why wouldn't they but I think with all of these things. It's not about just giving them the advice you have to explain properly. Why we think this is not the best thing that you can be doing and I personally don't understand why they wouldn't be so I would say they would be receptive If the advice was presented with a knowledge of the culture with a knowledge of the kind of food that is is that we eat. And with an understanding that you're not trying to change people's diets completely you're trying to get them to eat it in a healthier way because I think sometimes very easy for People to come in and say over your diet is very carb heavy. So you need just cut out the carbs. But actually, yes we do eat a lot of carbohydrates, but I could also argue that a lot of my first Western friends don't eat enough carbohydrates. And when I was, you know, when I was growing up in primary school they always teach you the food groups. So what I always say with my friends who are trying to lose weight and they say, I'm cutting up the carb. So I say, but you know carbs are necessary in your diet, you know, they give energy that they are for a specific reason. So you can't just say I'm going to cut up the carbs, you can say You can say, okay, let's look at the types of carbs, you're eating and the amount and okay, maybe you don't need this big plate. Of carbs and maybe you could add this and this. So I think it depends on how the information is given Because you say to an African, just cut out your carbs you eat too many carbs. She is not going to be receptive to that. I don't think You know, it's about understanding what kind of carbs, you should be eating and what you can combine with it to make the meal healthier. So I don't see that they wouldn't be receptive, but it's about tailoring your care, isn't it, you know. It's like I said at the beginning, if you tell an African woman to not eat soft cheese, the chances are, she doesn't eat soft cheese i'm not saying we don't. I like cheese. You know, but that there's a slightly higher chance that she doesn't eat cheese in that way. Anyway, you know, so telling her not to eat soft cheese and telling maybe somebody from Italy or France, not to eat soft cheese are two different things, you know,

Interviewer: Have you seen the pregnancy healthy eating guidelines

Response: I haven't actually

Interviewer: Okay. So, have you seen the eatwell guide? The UK eatwell guide?

Response: I think I did. But that really cant. I know, I remember that eat well, but I mean, I don't really remember what I read. I'm not very good sort of reading and I'm all right, somebody sitting here having a conversation, me and telling me, but the readings, just in, in, in and out. Really, honestly.

Interviewer: Okay, so you wouldn't know if the healthy eating guide is appropriate to all cultures.

Response: Yeah, okay.

Interviewer: Okay, so what do you think are the barriers to offering healthy eating advice to pregnant women pregnant Africans.

Response: The barriers, hmmm that's a good one. No, I think, I think with all of these things, and especially with like the issues that have been discussed in all of these conferences, it's really The health care professionals that are providing that information. It's, I think, for them. The barriers would be having sort of cultural awareness of of those women that actually or Cultural Competency that you know it's not just about saying okay one size fits all. You do need to understand that and I think Again, like I've tried to explain some of my colleagues at work How, when I'm speaking. Some of my friends at home how there's such a difference in the information they that that they get given and what's available to them. And I sort of saying, you know, these are educated women you know they understand when you're talking to them, but they don't have that information. So if you then if they then come from that kind of culture over here. You need to understand that their expectations, like what they're expecting from you is to be told what to do and to go up and do it. It's not always they're not always They don't always it takes a while for them to understand like we're partners in this. We're going to have a conversation about this. And you tell me what so they might even think, Well, I'm just going to go there nod my head, but I'm not going to tell her anything about what my diet is like an all of that. And if you don't understand that culture before the woman even walks through the door. There's no point, you're not going to be able to get through to them, you need to understand how she's going to receive that information and I don't necessarily think giving her a bunch of leaflets is going to help I think you need to understand What kind of diet. She might be having. And just the fact that she's moved over here, does not mean she suddenly start eating a lot of English food. she's probably still maintaining her African diet. So you need to understand within that, what kind of food. She's eating. So it is literally just about understanding their cultures and what you know we're talking about We were talking with my colleagues, the other day, and we're talking about how I was talking about eating rice for breakfast and saying, I can eat rice all the time And, you know, a lot of a lot of my lot of my English colleagues, which is like rice. But that's so heavy. I'm like, well, no more heavier than a full English breakfast. If you're having two sausages and two fried eggs and two pieces of bacon and a fried bread and baked beans, you know, I couldn't eat all of that, but I could eat a plate of rice and stew any day, you know. Morning, noon and night. So it's just, you know, but they were just like, oh, that just seems so bizarre but if you put a big English breakfast in front And and the rice and the stew. The English breakfast is probably got more calories in it. Yeah, you know, So it's understanding that actually you're saying all that just seems really heavy. It's not heavy to somebody who eats it as part of, you know, their normal meal. Japanese people eat rice all the time. Chinese people eat rice all the time and they can eat rice in the morning. So unless you are willing and I think that's what I'm finding with some of my colleagues, is that I'm not really sure there's a willingness to understand. It's almost like well, they're here. Now they live here. They just need to adapt to our culture or else it's not even that understanding that actually they bring their culture with them and Why should they get rid of their culture, you know,

Interviewer: So you think that Improving cultural competence will improve

Response: Absolutely. Yeah, I think, I think when you improve cultural competency. It's like just you have to almost go back to the basics and talk to people about the so when we were ehmm So the hospital that I work in is in North London. So we have a very we have a very big Orthodox Jewish community. So every year in our mandatory training. We always get somebody from the Jewish community who comes in and talks about the Jewish people and Why they can't accept food from us and why they have a separate fridge that the partners can go and get them food from and there's so much put into that session for us to understand this one community. Why isn't the same being put into Understanding the African community. I mean, you know, I know you know that Orthodox Jewish people have two sinks in their free in their kitchen. You know, they can't have meat and dairy in one place. That's why if they And then it's the same thing because they're so their communities is so enclosed that sometimes when those women come in labor. That's the first time they step out of that community. So, a bit like the African community if you offer them a cup of tea. They'll take it because they won't want to say no but they won't drink it because they don't know it's not kosher. They don't know that you haven't put milk in but they won't tell you they want to tell you that. So we have all these competency sessions, the competency sessions. To tell us. This is why they wont accept it. This is why when you get the kosher meal. You cannot unwrap it you give it to them on the tray and they unwrap it But if they don't tell us we don't know. So it's the same thing. If you don't have a cultural competency situation that goes into details about what we are as a culture, how can you provide You know you can't give us care with equity. It won't happen you know until we understand it won't happen.

Interviewer: Okay, so that's the second time. That's the statement is coming up unless they tell us we don't actually know. Yeah, but the first time the context it came up in was unless the women, tell us We don't actually know. So I think that's D. Do you agree with that, in that the Person had put the responsibility in the hands of the pregnant woman instead of you know in in the hands of probably the midwives, or the government or something, you know,

Response: I would want to break that down a little bit more and say, what is it that she wants to pregnant women to tell her. What because I could put that back on her and say they're not going to tell you. So you need to try and get that information from you, from them somehow. You know, because again I when I think about that same when we have the competency training with with the Orthodox Jewish community. I don't know how that came about, but it came about because I mean those women like I said those you go in and you go and collect the tray you think they haven't drunk the tea. And you might ask them, Why didn't you drink the tea and they'll just smile and they'll just say, oh, I wasn't thirsty or I changed my mind or it got cold. And you're gonna make them another cup of tea and they'll smile and take it. It is only the ones who have had, like, maybe two or three babies are used to the system that will say, Oh, I can't actually take anything unless it's kosher. They won't tell you. The other thing that they wouldn't do is if they come in on the sabbath. They do not use any electronic devices so they won't, they won't. Press the bell to call you. Even if they're bleeding to death in that bed. They will sit there politely bleeding to death. So again, unless you get the ones who are a little bit more bold because they've had two or three babies and they know what it's like they'll say, Oh, by the way, its sabbath. So I can't, I can't press the bell. Some people's rabbis and tell them it's a medical emergency. You are allowed to press a bell for some people really like no I'm not pressing that bell So we normally will say to them will come in and check on you. Every like hour. And if you're okay you're sleepy will leave you every two hours, but the shy ones who've never been out of their community won't say it. So again, I put it back on us as a as like healthcare professionals. So we put it on the women to tell us. But what if they still are just not being in that we are approachable enough to be told. Then what do we just say well its their responsibility they haven't told us, and that's it. I'm not sure that we can leave it that way. I think we need to understand The reasons why they might not talk about it and there needs to be more education on both sides, maybe, maybe, maybe focus groups with the women to talk to them about Why they might not want to talk about their issues or why they they might not even think it's a thing telling us about their dietary habits, you know, So if it's going to be about putting the onus on the women then it needs to be both sides as well. Because part of our job is that we have to kind of at some point be, you know, at some point, some of our job is like being everything to these women you know you have to try and extract that information, you know, It's it's a bit like the domestic violence thing, isn't it. Sometimes you know if there's something wrong, but just because she's not going to tell you. Does that mean you stop trying to get the information out of her Does that mean you stop trying to tell her that there is a safe place for her if she opens up, do we just say, oh, we asked her the question. And she said, No. So we're not going to ask her at the next appointment, even though our gut is telling us that something's not right with that relationships. So I'm not really sure, because I just, I don't know. I think it's A little bit difficult to just say, you know what happens if the women don't tell us. So I think we still need to dig and see, we still need to look into why aren't they telling us though. What, what are we, what kind of image, are we projecting if they can't tell us what kind of are we are we not inviting enough. Are we not approachable enough Do they feel they can't tell us because we won't listen. Maybe that's when we need to look at how are we, how are we presenting ourselves to these women.

Interviewer: Interesting. Um, so there's a there's a continuity of care model. That is being used. In one trust. Yeah, actually would put a midwife to be or a certain group of midwives take over the care of a pregnant woman from when she comes till when she is about to give birth, so now A lady was suggesting that in that continuity of care model instead of talking about healthy eating just at the first appointment healthy eating should be like a part of the whole You know series of appointments that the pregnant woman has so that it becomes like so you're in becomes engaging. So you're talking to the lady over time and then having the information that you need to make the changes. Over time, so does that sound like something that can be done, you know,

Response: I think it definitely sounds like something that can be done. I think the issue with continuity of carer model is that It's trying to find midwives that want to do it I would want to do it. Technically, I wouldn't be able to do it because You know, my husband was saying to me, like, oh, you know, now that the youngest is in school. You know, you could do that whole continuity of care thing. I said, Yes, but you're assuming that I think with the antenatal and personal care would be absolutely fine. Is when women go into labor. And the whole thing about continuity of care is that the women always say that they really, really appreciate knowing who's going to look after them in labor. So if the one time when they want you is when you can't be there. Then you think was the point in doing the continuity of care model. If you can't do it. And I think if you're going to do continuity of care it needs to be done properly so When they brought out the whole better birth. This was what they were saying is that we need continuity of care. But from some of the trust that I have seen that have implemented it. They have implemented it in a way in which The woman has a team of midwives. There's about six in a team. She has her own own midwife. But, potentially, she might see any one of the six. So, I think if they want to do this continuity of care model. It is a good thing. But again, it needs to be implemented properly. And I think yes, that is a good idea that rather than at the Beginning appointment that is discussed all the way through the pregnancy. You know, so how are you getting on with your diet. Is there anything you want to ask me, what else do you think you could add, I definitely think that is a good idea of the continuity of care model. What I think is Not great is, I think, and this is what I've been trying to say to my colleagues, as well as that, I think you need to also understand that within the midwifery structure within the NHS There are many midwives that would want to come in and do their shifts and go home. They don't want any continuity of carer So what do you do with those midwives, you know, you can't force them to go off and do something they don't want to do So it's also the understanding that as much as this is like a really wonderful way to give care. There's so many midwives who don't want to do it. They just, they want to come in, they want to do their shifts. They want to go home. Or they want to come into their community do their clinics and be home at five o'clock. They want to do 9-5. So, I do think it's good, but I think also, even without the continuity of care. It could be something that's just implemented into all the antenatal appointments that antenatal appointments, that at every antenatal appointment, you should be discussing diet with the woman. To be you know recapping on what you talked about before, asked him if there are any issues if there any questions, and I don't think we do that very well to be honest.

Interviewer: So one of the things that has been mentioned as well is that If there's a websites kind of midwives could go to that will talk about the African diets that it would also assist midwives because They talk about being lost. So they're not able to get any information, especially for specialist appointments so even When these women are sent off at a higher BMI or diabetic women are sent off to specialist appointments. They have come back to say that The women do not really want to make changes to their day. So they want to stick to their diet, but they want to. They want whatever changes, you're going to make to be within their diet which is almost impossible because The culture does not permit it. So if they have websites that they can go to. Yes. Yeah, to tell them what to do. Do you think that also would help.

Response: I think it would help. But I'm just curious. So do you have you had any information as to what sort of changes, they're being asked to make that they don't want to make

Interviewer: For instance, like in the day. One example that was given a diabetic. Okay, im going to use two examples. So, a specialist midwife was meeting with a diabetic African lady. and asked her to cut all the yams and And rice, you know, reduce the quantity, you know, and kept asking her to replace with a lot of vegetables. Now, the lady told her she didn't eat raw vegetables. so it was. She said it was frustrating because she couldn't understand what kind of vegetables that African women ate and how it could be incorporated into the diet and all of that. So, and then Another lady pregnant woman said she was told in the gym to cut all rice and yam and bread and rice and rice is her main meal. she can eat rice any time of the day Yeah, so she couldn't cut out rice, you know, So if those things if she could see somebody that could do it or a website that could tell how. So this is how you're supposed to do it to get it better that she would have appreciated that.

Response: So was it the woman. That said, if there was a website or the midwife.

Interviewer: The midwife. Yeah.

Response: Okay, yeah. I do think, definitely, because I think even now, you know, when I speak to some of my friends, they just They are very clueless about what we eat. So I think like When people look at Africa as a whole is like, you know, this really beautiful green place and you know we have fresh fruit and vegetables and all of that, and I'll say to my friends like, you know, when I was growing up in Nigeria, we ate fresh fruit. But we don't eat raw vegetables so I you know I have a thing about raw tomatoes. I don't like them. I hate them. I can't stand them in any way, shape, or form. So when I first came over here and my friends will Tell us, first of all, I'm like, I don't do salad either. Okay, I don't like mayonnaise. I don't like salad cream. I don't like any of that stuff. Don't give it to me. So I was talking to them about the raw tomato thing and my friends are like, but you used tomato to make so many of your sauces that is cooked is

Interviewer: Different. Yeah.

Response: They're like, oh, but don't you eat these at home, I was like, No, we don't, we don't eat raw tomatoes. We don't eat Vegetables, in that respect, and our, our vegetables and our fruits are very seasonal and I lived in Nigeria from 83 to 96 so In all that time when I was living there making salads, That was expensive. My mom is making salad for Christmas. So you have your fried rice. You have your fried chicken and my mom made salad and she would So we would go and buy the lettuce. She would chop up potatoes even potatoes were expensive, so we didn't have potatoes to eat. It's not like when you go back to Nigeria. Now, and everybody's eating potatoes and apples. When I was in Nigeria for that 13 years I never had one apple. That was the one thing I miss was apples and pears. So it wasn't like, so I was trying to explain to them that my mom would make salad for Christmas and Easter. And I didn't like salad because it was not something I grew up eating. And also she put this salad cream that I really hated So I was trying to explain to them that you know these salads, they're not part of our food. I think you know when you especially when you look at West Africa. So I can completely understand like telling somebody to eat fresh, fresh vegetables really is something that you adapt to when you come here, it's not. I would say it's not part of our everyday diet in Nigeria. But I think understanding that actually and also I think it goes two ways. So I was surprised that my friends didn't know that we don't eat that way. They were surprised that we didn't eat that way. So I assume they would know. But how would they know they've never lived there you know that that God knows what they're they're sort of understanding of Africa is. So I think I can completely understand that it would be a good way A website. Yes, or you know website where they could access some kind of information or some kind of recorded seminars on the kind of food we eat because the bottom line is, is that like I said It's very difficult to tell an African person to cut out their carbs, because you know i. And again, I was when I came to this country i say to my friends you guys eat. A lot more meat than we do when I was growing up, you had a little piece of meat on your plate. That was the protein in the meal. It wasn't the meal itself. So when I came here I see people eating big pieces of steak. And then a few chips on the side. You know that just would not be us, because first of all the meat is so expensive. You can't eat meat in that way. So just even understanding that that to say to someone, well maybe what you could do is eat a piece of salmon and two potatoes. That's not gonna work. We grew up not eating it, thats not how it works

Interviewer: thats true, even though i have had Lots of People say that So it's not that they think that most diets are not healthy. So they think that it needs to evolve even do I do not agree with it because I am a nutritionist and I am a Nigerian And I think that's the Nigerian diet is healthy depending on how you cook it

Response: I think its healthy, i do.

Interviewer: so

Response: So what be so what. So in that situation where you've got a woman who is diabetic and she's been told, she should. I mean was she being told she shouldn't eat yam at all or was she being told she should cut down. What was it

Interviewer: She was told to cut down. But the problem was that the yam in the healthy eating guide. The and plantain is made to seem as if it was really healthy. So it's like it's placed as The potato. Is placed in the same class as the potato. But if you're a Nigerian nutritionist you would know that the the glycemic index of yam is quite high, as well. Okay, so for a diabetic, you would need to cut down the amount of yam and then some and then add some other of our vegetable, you know, something that the person was used to so She was asked to cut down the yam basically, you know, and then she was asked to put in veggies you know if she will lead to eat the yam and all that and She said she can't chew the according to the lady that she can't chew veggies because she's not a rabbit, you know, the midwife took that because, you know, that was really Fun part of whatsoever they had, so the midwife took that the fact that, you know, she said that she couldnt eat that because she wasn't a rabbit and she took that on But she said she expressed a lot of frustration in, you know, Helping you know African women or any African women mostly and that actually she felt that they would just see. Yes, yes, yes, and then go back to doing what they wanted to do.

Response: hmmm hmmmm

Interviewer: And

Response: Woman No, does the woman know the implications of her blood sugar being out of control? Does she understand that concept like so as a as a diabetic who's pregnant. Does she understand the worst case scenario. if she doesnt

Interviewer: i didnt ask her

Response: I guess that's, that's another thing, isn't it, if, if she if she seems healthy and the baby is fine and she feels that They have they're sort of like telling about this diet, but actually everything seems to be okay, have they actually discussed the implications of how, have they discussed how Suddenly it can go from being completely normal to abnormal with a gestational diabetic. I wonder if that would change their mind or make her a little bit more receptive. I don't know.

Interviewer: Do you think that language is a barrier when talking to African mothers.

Response: Yes. Because, and this is what I was trying to explain to one of my friends. So I said, Look, I have Friends that I grew up with in Nigeria that went to university there, they're very educated, they have very good jobs, but if a woman walks into a room and you say, can you pop your bed on it. Can you pop your bottom on the bed. That is a very English expression and that is the bare minimum, the simplest thing you could say, right. It doesn't translate in every language. You need to understand that and I think we are as a as a collective as medical profession. We are in England, I think we are very unreceptive to how difficult English is just because somebody speaks it fluently. It doesn't mean they understand when you're talking to them. In medical terms and I don't even mean medical terminology, but just talking to them about medical conditions. I always go on about this because it frustrates me no end. Because people say things that are just normal English slang every day and they get very impatient when other people don't understand them. And I'm trying to explain to them like you don't understand how difficult it is to learn English as a second language, you know, a lot of us went to school with people. I mean my secondary school my physics teacher could not speak English properly. You know, I don't know how he qualified as a teacher, but he was not able to express himself in English very well. And in fact, when we were doing SSCE I studied the textbook, none of his notes made sense. But actually, you have to also accept that English is a very difficult language to learn And even when you learn it correctly. If it's not your first language, then it is a barrier to a lot of women and it doesn't matter how educated, they might come across and I always turn it on there. I always turn on their head and say, my husband is Italian. And so, English is his second language, he would probably, you know, something happened to him and he was in the hospital. He would understand everything that was being said to him, no problem. But he'd probably understand it a lot better if an Italian doctor came in and spoke to him in an Italian dialect It's the same thing. You know, it's not his first language. So there are still some expressions that We talk about in English language that he's like I've never heard that expression before you know he's just never had it before so Definitely English language is a barrier and to think people's assumptions of what you're taking in when you're speaking, you know, It's it's a complete barrier. But I think, again, it's like people don't even understand that basic they think if somebody is communicating back with them, then they understand everything that they're saying, but they don't always so I think it's a huge barrier.

Interviewer: So you are the first African midwife that I am interviewing And this question always gets when I ask, do you think that language is a barrier, they say no because they're always well spoken like African women always well spoken so they haven't looked at the fact that the context. So the language has a different you know English in Nigeria is the context in which English is spoken in Nigeria is different. And then there's the Yes. Then there's a direct interpretation of the language you know of. Let's say your dialect into English language to be spoken, you know, so it's it's kinda it's really different.

Response: Yeah, it is. It is. And just, just because somebody is well spoken and fluent in English doesn't mean. And I always say that thing like you know when your midwife comes when we go into the midwife's Office and she says, Just pop your bottom on the bed. You know, if you if you've never heard that expression if you have come straight from Nigeria. With your fluent English and you're a one or whatever in English. That is a phrase you probably would never heard until you came into that. into that room. So how do you know how to pop your bottom on the sofa. So even and that's what I'm trying to explain to my colleagues, and they don't get it, because what they see is a well-spoken person well-spoken woman, they don't they don't understand it just, it doesn't go through at all. And it is, it's a it's a bugbear of mine. I just, I know how difficult it is Like, even when you're speaking people who are not African who English is not their first language is the same thing. You say to someone, just pop your bottom on there. They don't know what you're talking about. If you say, would you mind lying down on the couch. They know what you're talking about, pop your bottom you know they don't know what that is like, what, why do you want me to put my bottom chuckles

Interviewer: Thank you so much. The interview is has been interesting. And we've come to almost the end

Response: Okay.

Interviewer: I want to ask, do you have any other thing to say.

Response: I don't think I have anything else to say. I think the main thing we've covered is that I think if there's going to be any real change with these kind of issues is there needs to be A lot more cultural awareness and cultural competency training for midwives healthcare professionals about African women and it ties into all the issues that has been happening with black and brown women, that people seem to think, Oh, we're just dropping off and dying, but it's like I say, being black in itself is not a risk factor. The problem is, is that nobody is taking the time to understand us or treat us with equity. So again, if you can't saying you treat everybody the same in itself is is just the wrong statement because So you need to treat people with equity and that's what we That, in my opinion, that's what we were trained to do but not necessarily what we are doing. So we say give individualized care. But actually, these women are not getting individualized care, I would say, and I think also it's about having the right people in the job so I don't know, do we need more African midwives in those jobs in those roles and Why are they not going for those roles. You know why. Why are they not going for those positions. Is it because they've tried. Are they generally not interested. But also if they don't want to do those roles, that's fine, but maybe they could be involved in training the midwives that do. You know if the midwives are looking after this particular Group of women that they don't understand, then why aren't they accessing their Africa midwives and getting them to share their experiences or do some training with them. Some competency training, you know, Ever since the MBRACCE report came out this year even though it's been something that's been going on for years. I've really sort of been putting the feelers out there saying look I'm home at the time because of children, but I'm very happy to do things online and whatever. And even getting into the door to do things like that. It's very difficult. It's almost like people can say, yeah, yeah, that's nice will let you know. And then they just don't And there are. I'm sure there are lots of people like me who are kind of at home but able to give advice or help or devise a program But I definitely think that there needs to be more involvement and it doesn't mean that All of a sudden, we need to have a load of Africa midwives, who are the the Gestational diabetic midwife, but they do need to be involved in the training, you know, and the women too, you know, If you're able to get the women in focus groups to really you know where they feel a comfortable space where maybe it's run by an African midwife where they can actually be open and honest about what they're feeling

Interviewer: You see why you needed to have done the interview and i decided to follow my gut and I say I need this interview i just need this perspective This is amazing. Thank you so much.

Response: its been really good talking. Actually, to be fair for me.