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

Response: Ermmm, just a discussion at booking

Interviewer: Just at booking, Okay. Um, have you ever offered healthy eating advice to pregnant Africans

Response: The general speech. Yeah, but not specifically to an African lady

Interviewer: you've never had a discussion with

Response: so ive spoke with an African lady before and I've had the discussion with her the same discussion, I would have had with any other lady.

Interviewer: Okay, okay. what approach does this take the advice.

Response: It's Usually what they can have what they can't have during pregnancy. You know what to avoid how to avoid having food infection.

Interviewer: For instance,

Response: So avoid things like patte, liver products any products with mercury, things like tuna and Avoid stinky cheeses, make sure everything's pasteurized don't Have any homemade mayonnaise. wash fruits and vegs properly, cook meats properly

Interviewer: Generally just things that they are not supposed to do.

Response: Yeah yeah Yeah.

Interviewer: And not necessarily about their general diet basically no no okay. So when I think obviously you already answered it when you're talking to an African is it different from other kinds of advice you're talking to.

Response: no ive never thought twice about How it should be different.

Interviewer: Okay so What form did this advice take so booklets, brochures, pamphlets.

Response: usually just a verbal discussion and then i will direct them to the NHS website

Interviewer: what was your perception of the women's understanding of the advice offered

Response: Ermmmm It seemed like they were listening. It seemed like they were taking the advice on board.

Interviewer: You're talking, you're talking about specifically African women

Response: okay

Interviewer: So we're talking specifically about African women now. I'm asking about your perception of the women's understanding of the advice you were offering

Response: So the times I've had these conversations with them. They have been understanding they didn't say anything. They didn't have any comments about the advice that I gave, they didn't really ask any questions.

Interviewer: Okay. Did the women ever request for specific dietary advice at any point in time?

Response: No No not all

Interviewer: So I've had things like Things like differences in approach. So people have said that's the general perception is that African women are laid back in their approach to probably Pregnancy and all that do you have a different view.

Response: From experience. I've not noticed anything in particular.

Interviewer: So, um, have you seen the eatwell guide?

Response: Equal?

Interviewer: No, eatwell guide

Response: eatwell guide? no i dont think i have seen it

Interviewer: But you've seen the pregnancy healthy eating guidelines.

Response: ermmmm, cant remember on the spot

Interviewer: Because I think that's where the advice that you give them comes from. It comes from the healthy eating guidelines in pregnancy.

Response: probably it did when i started doing bookings but i cant Remember, right now Yeah, I haven't made up on the spot.

Interviewer: Okay, so, um, do you think that's the advice that you've offered, obviously comes from the pregnancy healthy eating guidelines Do you think that that advice is appropriate to all cultures that you advice.

Response: No because different cultures. They have different preferences different ways how the care and that's how they've been brought up. That's what they think is normal I think you do need to sort of tailor it to the woman that you're talking to, especially with how common glucose and I mean gestational diabetes is as well. Yeah. So I do think we need to tailor it but i dont know yet (chuckles)

Interviewer: but its not been done yet

Response: Yeah, it's not been done yet.

Interviewer: so im going to talk about social context, So social context means that I mean I if I feel that this environment is good for me, I would be more receptive to advice given to me because the environment is good, but if I feel that environment isn't good for me. I wouldn't be receptive, to the Advice being given, do you think, and then social context also looks at income Environment and all that. So do you think that the advice given would be suitable in all social context.

Response: ermmm no, I think once again it comes down to tailoring it for the woman because not every woman is the same. They don't all have the same background, whether it's an economic where they're from. so no i dont think so So,

Interviewer: Okay, so what do you think, apart from obviously tailoring it and all that. What do you think would facilitate giving healthy eating advice to pregnant women.

Response: would ease giving advice

Interviewer: Yeah.

Response: I think if ermmm if this research exists that will be helpful. So obviously I don’t know How to tailor it to an African woman. I don't know what her diet is like normally I don't know what she thinks is normal same for a woman. If she's Oriental. I don't know what she thinks is normal. So, I think if there's if it's evidence based if this research exists, then it'll be easier for midwives to actually understand the advice and then give out.

Interviewer: For instance, if ermmm Did you did you live in Sri Lanka for a long time.

Response: no like six years

Interviewer: Six years so like, do you still hold on to the eating patterns.

Response: yeah

Interviewer: Or you've changed

Response: it’s a mixture

Interviewer: Mixture Yeah, most people have a mixture. So if you had a Sri Lankan lady come to see you in pregnancy, would you be able to advise properly?

Response: ermmm, I think I will elaborate more about seafood, because I know for sure Sri Lankan are more likely to have seafood and that's probably where it would stop I don't think I would even then be able to fully advise her. i know for Certain Sri Lanka people, they deep fry everything I know obviously its not good for them. But then who am I to say actually you're pregnant now please don't be deep fry everything you eat Because is it evidence based, am I giving evidence-based advice or is it something that i have seen

Interviewer: Okay, yeah, its evidenced based, it's just that you haven't considered in the context of, you know,

Response: Yeah.

Interviewer: So, apart from the research existing people, people have talked about time you know, ermmm, midwives not having time to advice.

Response: yeah

Interviewer: what do you think?

Response: I think that when you are on the spot and you are doing these bookings you don't have the time to advise and also think about ermm Whether you will need to direct to written advice that's specific to her.ermmmm Yeah, time and maybe thinking how it will be received. So if I started advising her specific to her culture. Will she be okay with it.

Interviewer: How it would be received. Okay, so someone has talked about this, how it will be received both in the context of Improving engagement with the people. So thinking about the fact that ermmm healthy eating advice shouldn't just be at booking but should be a part of the pregnancy process, you know, for every time that they came in, so Do You think that's that could work if engagement is obviously improved, you know, Then They would be more receptive

Response: ermmm I haven't done community midwifery for about five years. But from what I remember. The time we have for each appointment was about 15-20 minutes once again time constraints. I'm not sure we would have enough time to talk about diet as well at every appointment as well as everything else you need to do. Ermm perhaps, it can be implemented in specific appointments so like we would talk about breastfeeding at specific time in their pregnancy or and but repeat the blood at specific time maybe there could be a one point in their pregnancy, we can discuss it again. But I'm not sure if we can do every appointment.

Interviewer: The 15 mins sounds really short

Response: Yeah.

Interviewer: Do You think that Language is a barrier when you're talking to African women black African women.

Response: It does depend on the individual say the English is very good, then definitely, definitely.

Interviewer: Okay. Um, someone also talked about African women not being from a culture of questioning things. They would just say to you. Yes, yes, yes, but they are not going to question why and they arent going to do it. And yeah, so I want to hear your opinion about that.

Response: I think it does definitely happen. More so if they're coming to the UK recently. I think that's what the culture is like in Africa. Don't want to make it stereotypical, but there are parts in Africa, you know, not very affluent people are very lucky to receive the care they received so they just appreciate what they do receive therefore not very likely to question it. What's happening, their kind of care that kind of thing. Yeah, I think, because it's part of culture, then yeah, they're more likely to not question, also if the language barrier. Once again if they don't understand everything, they are more likely to be nodding along, carrying on with whats being said, not actually wanting to understand, wanting to question. And they they trust the health, health professionals. So, Yeah. Less likely to question it

Interviewer: thats for the recent immigrants. So what do you think is the best way to communicate healthy eating advice, is it talking leaflets, signposting to apps.

Response: Well probably discussion and a leaflet. Because we bombard them with information at booking or whenever we are gonna have the discussion or whenever later on during the pregnancy, so it'd be nice to have something in hand, so they can refer to at a later time or when they are thinking about what to eat and they have forgotten about what the advice was, so i think a combination

Interviewer: which trust are you? Epsom? Do you think COVID has affected antenatal care services for pregnant women and in what way

Response: Definitely during the pandemic, because there was less face to face appointments there. Even the back and forth on over the phone, a lot of the appointments are going over the phone. It's difficult to gauge how much the understanding what's actually going on if things are normal. I think that there have been a few things that's been missed. And also not having the partners there for things like appointment scans, when they first come into hospital, especially if the partners know more English than the lady herself for the recent immigrants ermmm Yeah, I think less appointment in general. So

Interviewer: What would be the effect of that on probably the next embrace statistics we are waiting for

Response: so if we are not monitoring blood pressure often, people with pre-eclampsia are slipping, once it is diagnosed, it will probably be In a full blown preeclampsia. This could impact mom, the baby so like it could be life threatening and then what else (smiles)

Interviewer: sorry my questions keep coming like there is the fact that women are signposted or referred to diabetic clinics and Overweight clinics at a particular BMI. at what BMI do they refer African women, is it the same for everyone?

Response: No, I think that for the African and Asian the BMI lower I want to say 35 but I would have to look, i cant remember from the top of my head. Or maybe it's 30 African, Asian, and then 35 for general population.

Interviewer: So you talked about, Would they be receptive ermmm if you began to talk about their food. And all That. could you Probably explain that because I've had some interviews with pregnant women that said that, yes, they were given advice. Yes, they were given the leaflets, but they have not bothered to use it because it looks like it wasn't for them. Yeah, because it didn't contain anything they knew or anything their food or anything so When you talk about Talking about their food with them in, in terms of being receptive, could you like explain. Do you think that they would think that you're being probably they're being targeted or something, I don't know. So could you explain

Response: Yeah, I think some of them might think they're being targeted because of where they're from, that i am making assumptions about them, about their diet, what they eat, what whether I'm judging whether it's good for them. ermmm, and, on the other hand, they've got people In their support system like their mothers or grandmothers who are telling them, oh this is good for you and this is what you should be eating and it might not agree with the advice I'm giving them. So then they are getting conflicting advice and hopefully they would Listen to health professionals.

Interviewer: because they Trust health professionals, actually.

Response: Yeah, okay (chuckles)

Interviewer: Okay, So if It were implemented that probably they Could signpost women to or you could ask an African midwife to kind of Talk to the woman, you know, if you didn't know what kind of foods the woman ate. Would it be easier to Probably do things like that like talk to a fellow African midwife or something, you know, to probably let you know that this is what is possible in this culture or something, you know. So is that something that could be We could look at, like, signposting them to People of the same cultures or something.

Response: I'm not sure how many women. Some of them will probably like that, but then I don't know how many will feel like I'm doing it because of where they're from. Ermmm I think best part is for all of us to have an understanding so that we can give the best advice so just increase our knowledge.

Interviewer: Do you have a problem with explaining healthy eating to women who are overweight. Do you feel that they have a problem with being called overweight obese or something.

Response: Yeah, I think a lot of people are in denial. They don't want to be told that they've got a high BMI. I think we throw those words around a lot in midwifery obstetrics anyway. And so they feel labeled. They don't want, I don't think most women want to be told.

Interviewer: Do you think that they have a Knowledge of risk and consequences of being overweight?

Response: Probably not at booking but later on down the line, especially if they're in a program referred to the cedar clinic, then they will see a dietitian, they will have the discussion with the consultants about the increased risks But I've never had that discussion with lady because of their BMI at booking.

Interviewer: We're almost at the end of it. So do you have any other things to say

Response: I think what you're doing is great. I think if we can Come up with something useful that will help the ladies

Interviewer: Thank you very much for your time. Thank you so much, and and for your candid opinion.