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

Response: um normally at the booking appointments is When I would do it. And we have a computer system that kind of has a little pop up towards the end of the booking appointment. That reminds you to talk about healthy eating um so I usually say to them, you know, we advise that you eat plenty of fresh fruits and vegetables that you wash them really well. um that you you know if you're feeling a little bit sick that you can eat whatever you fancy, but just try and keep it as healthy as possible um That they previously, I would have said earlier in the booking about taking their vitamin. So I might remind them of that as well that um it's good to get as many vitamins from your food as possible as many different colors as possible, but also back it up with the Vitamins um try to avoid things like fizzy drinks and drink plenty of water which is important for lots of things, um especially Considering we've got a focus now on preventing blood clots. For example, said drinking lots of water helps with that. um I also talk a little bit about caffeine intake. So I would ask if they drink coffee. And if they do, um how much they are drinking. Are they aware that the recommendation is to drink not more than one cup of coffee a day. um just to be aware that there are other things with caffeine in such as Coca Cola or tea or chocolate, which you might not be aware of. But just to keep an eye on the caffeine intake and then ask them, they have any questions and and go from there if they if they're reporting to me that they feel quite happy with, with the healthy eating and that's fine, or if they've got questions and I can answer them.

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

Response: And yes, I would have done I definitely have done booking appointments for pregnant African ladies. So I would have done as part of that. Yes.

Interviewer: Have you offered to pregnant immigrant African women

Response: Yes, I think I would have done. Yes.

Interviewer: So, how do the women identify as immigrants.

Response: so when I'm doing the booking appointments. I asked them if You know where they're born, and what date they came to the UK. So although they may not. I haven't asked them explicitly do you identify as an immigrant African women but i kind of have Extrapolated from that if they, you know, said they've been born in African country and then come to the UK.

Interviewer: So, what approach does this advice take? so is it just spoken words

Response: Yes, I don't have any props or anything like that. I have no leaflets. We do not have them because all of our Notes are digital. So there are leaflets on, the women download a little app. I honestly couldn't tell you if there was any healthy eating advice on it. I have no idea. But yeah, for me it's just verbal

Interviewer: So do you offer the same advice to everyone.

Response: Yes.

Interviewer: Have you seen eatwell guide.

Response: yes

Interviewer: And the pregnancy healthy eating guidelines.

Response: Yes, I think so. probably a little while ago in my training. Not recently.

Interviewer: So, do you consider The eat well guide and the pregnancy healthy eating guidelines appropriate to all cultures.

Response: ummmm racking our brains now and I honestly can't remember if they if those guidelines make any reference to any other cultures or any other foods that people might eat. i honestly don't remember.

Interviewer: What about people's social context. So in the context of day income, education, Environment. Do you think that the eatwell guide and pregnancy healthy eating guidelines is appropriate to the social context.

Response: I think not always and regrettably we aren't able to, we used to offer some vouchers, which were introduced to buy fruits and vegetables with but we don't offer them anymore And sometimes I feel that actually and some of our women don't live near a supermarket or the foods that they want aren't available at the supermarket. So they're buying them from Smaller shops and, in which case the vouchers aren't particularly good anyway because they couldn't be used in those shops, you'd have to use them in a supermarket and Just from my own background and it's, you know, it is not, I don't have any African background but my grandmother's Indian so often the The vegetables that she wanted to buy just aren't available in the bigger supermarket. So she's having to go to the smaller shops. So I think sometimes We have these incentives and not incentives, like we have them. We're trying to reach out to and more sort of and diverse communities, but we're not always getting it right. I think

Interviewer: Yeah, so, um, you talked about vouchers, Are immigrant women qualified for these vouchers

Response: Not necessarily. So it was based on income so a lot of them werent, some of them were and some of them werent.

Interviewer: Do you consider language a barrier when talking to African women.

Response: Again. Sometimes yes, sometimes no. I only speak one language, regrettably, so that's that I only speak English. But, and yet some, some women. isn't a problem at all. They speak perfectly fluent English, so we're able to communicate and some women don't, in which case we are advised to use translators Wherever possible, especially in the booking appointment. We were told we shouldn't be doing a booking appointment unless we feel that we are able to communicate effectively.

Interviewer: So when you talked about healthy eating with the ladies today. Did it look like they had an understanding of what you were asking them to do.

Response: um yes, I would say so. Yeah.

Interviewer: Did it always seemed that did what you asked them to do.

Response: As in later on down the line. Did I think that they followed the advice?

Interviewer: yeah

Response: To be honest, I don't know, because, apart from the booking appointment. I feel like we never really returned to the healthy eating. So I don't feel that as a midwife. In the year that I've been practicing I've ever gone back at any other appointment, other than booking appointments and asked any further questions about healthy eating umm Women who are over a certain BMI would be referred to a different clinics so healthy eating would be discussed there. And for women who are in a healthy BMI range. And yeah, we just I don't actually think I ever discuss it again, to be honest. It isn't something that gets discussed again after the booking appointment. So I've got no idea whether these women actually are following the advice or not, because I've never asked them again.

Interviewer: Do you find it difficult to explain healthy eating in relation to body size to African women.

Response: i suppose So yes, but I think I would find it a little bit more difficult for any women who had a larger body size, not just African women. I think just You internalize that sort of thing. Don't you. You know, you don't want to offend people you don't want to talk about it too much. And so I think for me. The ethnicity isn't what is makes it difficult for me. It's just, I mean I and I haven't larger BMI myself so I find it a little bit. A little bit hypocritical as well, sort of saying, Oh, well you know you need you need to eat healthily. Well, I don't clearly See me sat there. And so I think I do find it difficult, I wouldn't Personally, say it was related to the ethnicity. I think I just would find it difficult. Anyway, I find it easy enough to sort of say, or you know you need to eat your Fruits and vegetables and all the rest of it, but specifically relating it to all and especially you because you have got a higher BMI. I think that's why i would find it difficult

Interviewer: Would it be easier Explaining like the risk and consequences. You know, like African women having Gestational diabetes or gestational hypertension and all that. So is it easier to explain it with the risk and consequences of unhealthy eating, I

Response: i dont think I'd ever linked healthy eating to that. I mean, it sounds obvious, now that you've said it but I would you know I would offer them the glucose tolerance test, and I would explain it is based on your ethnicity that and, you know, women of your ethnicity have a higher Chance of having gestational diabetes, but honestly had never linked it to diet before. It's now that I think about it is very silly. I just hadn't I just, yeah. I wouldn't have talked about healthy eating in the context of that kind of thing of higher risks. And again, I suppose, because we have we have got a clinic and for women with high BMI is that It makes it easy to sort of shove the problem down the road because you think well, they're going to be talked to about it again anyway. ummmm so, you know, as you sort of feel, rightly or wrongly, you think I've got so much to talk about in this appointment and that you feel okay well somebody else is going to talk about that. So I'll talk about something else.

Interviewer: So what do you think are the barriers to Offering healthy eating advice.

Response: To pregnant African women or to anybody.

Interviewer: To pregnant African women first and then to everybody.

Response: I think sometimes there's, you know, if you yourself aren't that familiar with African food and African culture, then it's sometimes it can be a little bit difficult I think because you don't actually know what Food people might be eating at home. I don't actually know What is healthy in that, you know, what is it and what gets fried , I don't know the names of any of the food. So that might be difficult if a woman came to me and said, oh, I eat a lot of Whatever it is, I wouldn't know what it was to tell her, whether it was healthy or not, if that makes sense. And sorry, could you repeat the question. I think im going a bit of a tangent, the

Interviewer: You arent going off tangent

Response: It was the barriers wasnt it

Interviewer: Yeah.

Response: So that could be a potential barrier specifically and for African women um and then I think just generally and I mean, yeah, it can be an awkward subject, I think it can just be a really awkward subject and like say again, I, I felt a bit hypocritical talking about it. And it's sort of one of those things where you assume that everybody knows, and I think for the most part people do. Generally, I mean, there's always exceptions, but generally people do know what constitutes a healthy diet and that there are other reasons why we're not following umm so you don't want to feel like you're just that nagging midwife who's sort of going on about, well, you know, you need to lose weight because I think women don't necessarily respond to that. And especially women, it's the first time you've met them and you've got so much else to talk about. I think it's very easy for us to Slip into the whole oh well you know just eat your fruits, vegetables, you'll be okay when perhaps that isn't really the right way to go about it. But yeah, I think it'll be Interesting to have this research that you're doing, because we can maybe do things a little bit better, you know, have a little bit more guidance.

Interviewer: Do you think that you have enough time to Actually handle it

Response: No. I would like much more longer appointments. Like, I mean, and also like, so what I alluded to before that I don't ever ask them again and partly that is because my appointments just aren't long enough. We we've recently increased our appointment times to 30 minutes which has been amazing. But I still have a lot to get through in that 30 minutes and When it sort of feels a little bit like you have to add just something else on the list to talk about. And if we did have more time, then great. I'd love to talk more about healthy eating and You know, whatever else they want to talk about, but in a 20 or 30 minute appointment. It can be very difficult to get in. Sometimes you feel like you're going to the bare Minimum of how the movements. This is your blood pressures, this is your urine, this is your baby's heartbeat and then you're done like that. You don't have much time. So yeah, definitely I would like more time. I don't think we get enough

Interviewer: Do you feel that African immigrant women are not engaging

Response: No, I wouldn't say that i i don't feel that any of my, you know, I don't feel that they, What am I trying to say they don't like not turn up to my clinics or anything like that. I don't feel that they don't engage ummm no I wouldn't say that.

Interviewer: Do you feel that they have a laid back approach To their pregnancy.

Response: Noooo, I never thought that No

Interviewer: So when you offer healthy advice was there anytime an African woman came back to ask for specific advice on their diet?.

Response: No No

Interviewer: What do you think would be the effect of COVID 19 on antenatal care services for women.

Response: Well, I mean, it's worse. Definitely it's worse for them, I think. And antenatally, I can't actually see any positives, postnatally, I think some perhaps would have benefited from having fewer visitors and things like that. I mean, genuinely, I think. Some do and some don't, you know, And some women wanted to have a little bit more peaceful time in their hands and others wanted to have visitors and couldn't And whereas antenatally I can't actually think of any positives at all. I think they have all been negatives. I think Women have suffered through not being able to have support with them and they want to come into their bookings or when they want to come in for appointments. Sometimes, some women like to have someone else with them. You know, an extra person on their side. They can't do that they've had fewer appointments, which means fewer chances for them to get to know us and To build that relationship. And when they do come in for appointments. They're often quite anxious and they have so many questions. And again, we don't have enough time, so Because they've got more questions because they're seeing as fewer times that when they do come in, they have, they say everything and then I'm out of time. And yeah, I don't think it's been a positive. Thing for women at all like I just feel that the service has really really suffered. We've had some telephone appointments, which are often not ideal because women you know They answer the phone and they they are answering my questions, but they're distracted with their children or other things and it's not the same as a proper face to face appointment. We can't physically umm, you know, do our screening tests, anything like that. So yeah. Not great

Interviewer: I'll ask One more question and then We'll be done. So some things have come up. I asked if Language was a barrier, you know, ummmm something some things have come up where people have said that even though women spoke English but the dialect, you know, was Seemed like they couldn't understand what they were saying, you know, probably the Dialects basically, you know, was a problem if you had such situations. Would you do you usually call on another midwife to kind of Help or you you would use translators.

Response: Ummm where I do my booking appointments. I don't have another midwife. It's just me in the building. So I'm on my own. So I would Offer the woman to say um you know i could phone a translator, we have we have a telephone translation service. So if we were really not understanding each other. I would Sort of say that. However, the policy is that you're supposed to cancel the appointment and rebook with a translator. If you genuinely feel that you aren't able to communicate and it is a very important appointment and that's what I would do it hasn't happened to me yet. Normally, because Um I think we sort of capture those women before the booking appointments so we'd already know that they needed a translator so we would have sorted that out umm but if we were to start a booking and I couldn't we couldn't understand each other. I think I would Say to her, I think we should cancel this appointment will rebook with the proper interpreter, at least for the first appointment. It's really important that we can properly understand each other.

Interviewer: Do you have any other thing to say?

Response: No, Not at all

Interviewer: Thank you so much for your time.

Response: You are welcome