

Women's Experience of the Abdominal Palpation in Pregnancy; A Glimpse into the Philosophical and Midwifery Literature

Authors:

- David Blee RM, RN, PGDip
Midwife, Cowra Hospital, Western New South Wales Local Health District
Adjunct Lecturer, Charles Sturt University, School of Nursing, Midwifery and Indigenous Health. Australia
Email: d_blee@bigpond.com
- Elaine Dietsch PhD, MN (WH), RM, RN,
Associate Professor of Midwifery
Charles Sturt University, School of Nursing, Midwifery and Indigenous Health.

ABSTRACT

This paper describes a literature review which was undertaken following a personal narrative in which abdominal palpation during pregnancy was experienced. When a midwife touches a woman's abdomen, the woman is both touched, and touches; perhaps for a moment at least, their worlds are intertwined. The aim of this paper is to try to come a little closer to understanding women's experience of abdominal palpation in pregnancy. The literature reviewed has been drawn from midwifery, philosophy, sociology, and critical feminism. The opening vignette is one woman's experience of abdominal palpation. It is her story of recounting experience, and unpacking the meaning of that experience, that steers and drives this work.

Some literature explicitly addressed the experience of touch for the pregnant woman; much of the reviewed work did so only obliquely, by inference, or by chance. This gave the opportunity to divide the literature into three clusters or categories: Touching at a Distance, Touching the Edges and Exploring Touch.

KEY WORDS:

Pregnancy, Abdominal Palpation, Touch

BACKGROUND:

Abdominal palpation in pregnancy is a routine procedure performed by midwives. Over the course of a pregnancy, and certainly from 20 weeks gestation, many palpations may be performed (National Institute for Health and Clinical Excellence, 2008, p. 112). The purpose of antenatal palpation is as a screening tool which reveals which pregnancies require further investigations (Bharj & Henshaw, 2011; Griffiths, Pinto & Margarit, 2008; Grigg, 2010).

A typical set of hand-held antenatal notes carried by women in New South Wales, Australia, includes written and graphical records of several

abdominal palpations. Brief coded inscription and abbreviations offer clinical clues related to fetal position, engagement, movement and growth to the next professional (whether midwife, general practitioner or obstetrician) in timely ordered expressions of surveillance. Midwifery texts and education emphasise the need for abdominal palpation skills and thoughtful interpretation (Bharj & Henshaw, 2011; Grigg, 2010). The woman who bares her abdomen for inspection and touch during each abdominal palpation is not revealed in those notes. The experience of abdominal palpation itself appears invisible, the woman silenced.

This literature review which follows one woman's personal narrative, explores the notion of women's experience in an attempt to unveil the moment of palpation for her, to reveal her as far more than inscription, code, or abbreviation. The purpose is to explore how the phenomenon of the women's experience of abdominal palpation during pregnancy is described within the literature. The woman's personal narrative is set in the Australian outback and provides an insight into the teaching of 'touch' in a group setting. Whilst this is an unusual way of teaching, (and not one commonly used or advocated in New Zealand) the experience itself provided a rich description of the differences between individuals and how their 'touch' can feel to women.

Highlighting vignette – Hilary's Story

In 2004, in the seemingly never-ending dusty-soft hazy intense summer heat of Central Australia, my pregnant wife (Hilary) graciously consented to working closely with the latest nurses who were 'going remote'. A few were midwives; most were not. Over the intense two-week course they were to practice palpation under the watchful gaze of two experienced midwifery lecturers.

Hilary lay on a couch, slightly on her left side, and a sheet was placed over her feet, up to her chest; she was wearing a simple summer dress. She pulled her dress up above her rounded abdomen, and allowed herself to be palpated.

The group ranged from postgraduate nurses in their early 20s, to mature-aged, experienced registered nurses in their 50s. Hilary was not anxious or nervous; she was relaxed and revealed her usual peaceful calm. Keen to protect and ensure her comfort and dignity, the teachers wanted their charges to learn or revise palpation; after all, it's always good to know at the beginning of labour if the fetus is breech if you are in remote, outback Australia and awaiting the Royal Flying Doctor Service plane to arrive. The midwifery lecturers demonstrated palpation with respect and professional competence, and would invite the nurses to do likewise.

Somehow I'd imagined a clinical, hands-on, learning opportunity that would be embraced by the nurses. In fact, as Hilary later relayed to me, this was rarely the case. Some nurses would hang back, nervous as foals. With encouragement from both Hilary and the two slightly bemused midwifery teachers, a nurse might come forward, perhaps hesitant and needed cajoling. The nurses and midwives were gentle, respectful, and kind, but anxious. Hands were a mixture of soft, warm, cool and slightly rough; touch was fearful, gentle, confident, shaking, light as an evening's soft breeze, thoughtful, considerate, wondering and even in the case of the Remote Area Nurses who were also midwives, knowing.

It seems that the moment of palpation can be steeped in interpretation and experience for the woman and for the midwife.

There was intense quiet, almost silence; some gentle instructions could be heard above the hum of the air-conditioning. Afterwards, a younger nurse who was also a midwife came forward as Hilary was just leaving, and thanked her. Spontaneously and with moist eyes she embraced my wife and hugged her. Another of the nurses in his mid-30s was a New Zealander going out to the Tanami desert for the first time. This man picked up on my wife's citizenship (greenstone fish-hook), breached his shyness and told her the feel of our baby moving beneath his fingertips was amazing.

Describing these experiences to me later, Hilary made one of those casual, throwaway remarks that end up quietly metamorphosing into something bigger. You can, she reflected, tell a lot about a person from their hands.

Interpreting the Experience

Hilary's narrative of the touch of hands and 'knowing' the nurses through their hands seemed predicated on spontaneous knowledge, the essence of those moments, but through Hilary's prism of experience, too. As a (male) midwife, I had probably given the woman's experience of palpation fairly little thought until then, but was willing to learn, think, and be challenged; "Unless we spend time looking back to see who we are, how we have been shaped, and therefore what we bring to a particular encounter, then we have missed a vital step towards being open to the 'other'" (Smythe, 2007, p. 401).

Paul Ricoeur (1913 – 2005) asserts that the meaning of experience is always mediated through cultural, religious, historical, political and scientific interpretations (Kearney, 2005). Like Smythe, Ricoeur suggests that such hermeneutic interpretation firstly provides a basis for an 'ethic of hospitality' (ibid, 2007, p. 155), in which we take responsibility in imagination and in sympathy for the story of the other. Interpretation, as Hilary's narrative illustrated, is also based on pure intuition, or essence – the touch of hands, 'knowing' those nurses through their hands. Investigating this essence is phenomenology, described by philosophers such as Husserl, Heidegger, Levinas and others. Rather than being in opposition to each other "there exists between phenomenology and hermeneutic interpretation a mutual belonging" (Ricoeur, 1975, p. 85). In trying to find further meaning in Hilary's story, and by inference in the experience of other women, the literature search began.

Literature search and review strategy

The review process was guided by integrative review methods (Whittlemore and Knaf, 2005). Integrative reviews are broad and allow for inclusion of experimental and non-experimental research, theoretical and empirical literature, peer reviewed and grey literature. An extensive search of the literature involved using multiple databases and search

engines including EBSCO Host (Health and Psychology), SOCIndex, Medline, CINAHL and PSYCHINFO. Keywords used for search purposes included 'experience' 'touch', 'abdominal palpation', 'pregnancy', and 'antenatal' with Boolean operators. Limitations were set to studies on humans and in the English language.

The search found no studies which specifically addressed the woman's experience of abdominal palpation during pregnancy. Some papers occasionally had a sentence, a hidden kernel, that included the woman hidden within a text, and was pounced upon with delight. A variety of midwifery textbooks were also searched. Again, very little information was sourced that related to women's experience of abdominal palpation. By both necessity and choice, the search was widened to include grey literature written by two women who have greatly influenced midwifery practice: Ina May Gaskin (2002) and Sheila Kitzinger (2005), before moving on to philosophical literature pertaining to touch.

This review of the literature focused on the words experience and woman. All the literature pertaining to abdominal palpation that dismissed, ignored or neglected these keywords was placed to one side. Literature that was selected for consideration included three widely used midwifery textbooks (Fraser & Cooper, 2009; Macdonald & Magill-Cuerden, 2011; Pairman, Tracy, Thorogood & Pincombe, 2010), the work of Gaskin, 2002 & Kitzinger, 2005, and then texts sourced from sociology, critical feminism and philosophy (Butler, 1989; Derrida, 2005; Irigaray, 1983, 1985; Merleau-Ponty 1964; Ricouer, 1975; van Manen 1999, 2001, 2002;).

What's going on here?

Returning to the woman's narrative again, set in that small room in Central Australia; the touchers touched, and are touched; all is feeling, all is colour; 'something else' seemed to be going on. If the rationale for abdominal palpation is under-pinned by assessing uterine size and fetal well-being, then all is fine. Yet the woman's narrative seemed to suggest a different understanding – a kind of primordial, ancient, instinctive, pre-reflective experience for both woman and practitioner; a moment of humanity and science entwined.

'What's going on here?' became an important question in seeking to understand (doubtless influenced by the introductory narrative) that for the woman something primordial, ethereal, even strange might be taking place at the moment of palpation. This moment surely deserves careful contemplation and reflection. Is there an essence of treasure hiding which might reveal itself – or remain hidden? In *Imaginerer Lebanslauf*, Rainer Rilke talked of God stepping out from his hiding place (Snow, 2009 p. 567), but perhaps this experience will remain hidden from view and go about being whatever it is, quite silently (Harman, 2011).

It could be argued that at the moment of palpation the clinical practitioner may come to exist only in dominant modes of seeing, knowing and being (Murray, 2008), as the sovereign, powerful human subject (Foucault, 2003, p. 149), brought into being by the reductionist requirements and discipline of antenatal care. For a few moments perhaps, the fetus becomes the fixed reference point and the emphasis on the woman may fade and recede until she is in the visual and experiential nowhere; her physical presence seems silenced.

Yet, introduced by the beginning narrative; constructed by experiences, by listening to women and by reading, it seems that the moment of palpation can be steeped in interpretation and experience for the woman and for the midwife. This phenomenon of experience was the priority for this literature review. It "is only in the direct and unmediated relation to the other that we can gain a glimpse of the meaning of the caring encounter" (Levinas, cited by van Manen, 2002, p. 7).

Three clusters were identified on reading and consideration of the literature which alluded to the woman's experience of abdominal palpation during pregnancy. The first cluster, entitled: Touching at a Distance, grouped papers into those that included the woman's experience incidentally or by inference only. Second, Touching the Edges included the literature that chose to examine the woman's experience. Finally, Exploring Touch included literature that specifically addressed touch.

Touching at a Distance

In commonly used midwifery textbooks, students are not encouraged to look much beyond the clinical aspects of palpation. Gibson, a senior midwifery educator, provides an effective introduction to the literature that silences both woman and experience when she states: “The mother should be in a semi-recumbent position, with an empty bladder, arms by her side and abdomen should be relaxed” (Gibson, 2008, p. 22). Gibson pays heed to the National Institute of Clinical Excellence (NICE) guidelines on antenatal care (2008), although the woman’s experience of the procedure is not revealed. In an Australasian textbook, Grigg (2010) acknowledges that palpation is a two-way sharing of information and that the midwife must ask about and listen to the woman’s experience of her baby’s growth. In this textbook the woman’s experience is considered in the context of her baby’s growth, but her experience of the palpation appears not to be considered. Bharj and Henshaw (2011) offer attention to privacy, comfort and respect during the palpation and Viccars (2009) considers the woman’s comfort. A logical progression of ‘actions’, a sense of temporally ordered routine, pervades all three midwifery texts, revealing the interaction to be methodical and socially recognizable as part of the process of getting things done in a specific manner.

Contrast this to Barclay, Aiavao, Fenwick and Papua’s (2005) celebration of traditional birth attendants in Samoa which reminds us of what we lose when we prioritise to bio-medical modernity:

A major part of the traditional midwife’s work is to feel fetal parts and their place in the uterus. They do this during the gentle massaging they do throughout pregnancy. (p. 26).

Other literature dismisses the need for touch and palpation altogether. Webb (2009) argues that midwives should be using ultrasound rather than their hands to assess the fetal position. Griffiths, Pinto and Margarit (2008), in a survey of 250 participants, admit that symphysial–fundal height measurements measured by their medical and midwifery colleagues are often inaccurate. These papers comment on clinical accuracy rather than any human element, and diminish the importance of touch.

This category of touching at a distance has described literature which considered the woman’s experience of abdominal palpation only incidentally or by inference. In contrast, the next category; touching the edges, explores how women experience abdominal palpation.

Touching the edges

German phenomenologist Hermann Schmitz considered why touch is important and proposed and defended his ideas that the felt body is the *feeling body* (Schmitz, Mullan & Slaby, 2011). For Schmitz et al, categories of bodily feeling include narrowness, broadness, tension, swelling, intensity, rhythm and direction, desire, pain, fatigue or vigor. Joy, sadness, love and hate can be differentiated and classified into the broader sensation of feeling; thus a midwives’ touch of a woman’s abdomen reflects back to her own emotions, perceptions and awareness of the atmosphere of the space where the consultation takes place. The feeling body is ‘an absolute location of subjective orientation’ (p. 3), whilst every encounter with the felt body will differ within the context of the space in which the midwife and woman meet. The notion of the feeling body brings to the forefront, the importance of considering the reciprocity of the toucher and the touched. This reciprocity is what Merleau-Ponty (1964) described as the crossing over of the touching and the touched, which he referred to as chiasm (the symbolic and / or actual place where the toucher and the touched meet at an interface of intermingling).

Wynn (2002) argues that touch should be as intertwining between midwife and woman as the little touches the woman herself gives – adept as she has become at finding, meeting and being touched by her baby, touching back, playful, emotional, in love. In a paradigm of procedural abdominal palpation; in a busy antenatal clinic for example, the intertwining between woman and midwife may either not exist or be broken quickly. Hilary’s experience which was un-pressured, un-hurried, gentle, and thoughtful, gives heed to the chiasm Merleau-Ponty spoke of.

Kitzinger dedicates an entire section in her book, *The Politics of Birth* (2005) to touch. Clearly she sees the touching of pregnant women to be an issue of power, control and potential abuse. Kitzinger (2005) relates the story of a woman’s experience of abdominal palpation as: “they pull

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your knickers down and then they dig in” (p.68). In this story, you can almost see the tears in the woman’s eyes and hear the powerlessness in her voice. Kitzinger makes the call to deconstruct the language of touch. Deconstruction is steeped in the language of power, it “counteracts the associated repression of the other in nature, in ourselves, in other persons and other peoples’ and ‘patiently advocates letting the other be in it’s otherness” (Derrida, cited in West, 2007, p.186). In any face-to-face encounter between midwife and woman (the other), the woman stands as ‘other’ than the midwife, as potentially the vulnerable partner (as Kitzinger’s story reveals). The midwife may have the power of sheer presence, whilst the woman stands against her as a plea for acknowledgement, permission, assistance and concern (Levinas, cited by Morgan, 2011, p. 68). For Levinas, the ‘other’ is “infinitely transcendent” (Levinas, 1969, p. 194), our relationship with the other an ethical encounter where we place her at the centre of her world. We are called by un-limited responsibility to consider the experience of the woman, to place her at the centre of her and our world (Levinas, 2009). Levinas’s philosophy of an ethical stance towards the face of the other came about after his experiences of the holocaust, and for midwives he challenges us to never sleep, to be the night watchwomen and men, to be perpetually vigilant at and of any encounter where the woman is vulnerable (Manning, 1993). Ina May Gaskin describes touch as sometimes something that can become unconscious amid the noise and chatter of the world; a lesson she re-learned after having her finger, then hand, held by a tiny Capuchin monkey (2002, p.10).

Lorna Davies’ (2010) research discussion turns on its head the notion of abdominal palpation as merely an assessment, observation, and reductionist procedure. Midwife participants in Davies’ study spoke of their wonder during the abdominal palpation encounter with the pregnant woman:

‘...way more than fetal surveillance. It is also about connection with the baby’s energy, how the baby responds to touch, the vitality in babies [sic] positioning.. for me it is very much about connection.’

‘..window to the womb’

‘..learning to “see” with my hands. My fingertips are sensitive radars that can imagine the position of the body’ (p.40).

Midwives are in a privileged position to touch a woman, and to have such a sacred position is a wonder in itself. Irigaray takes to task the mainly male philosophical framework that considers perception of the human body as being the same, whether male or female: there are fundamental differences between men and women such that their descriptions, explications and

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analysis of otherness differ totally (Cimitile & Miller, 2007, p. 248). A male midwife thus will experience the woman's body in different ways compared to his female colleagues - according to Irigaray;

It is evident that the corporeal morphology of the feminine and the masculine are not the same, and it therefore follows that their way of experiencing the sensible and constructing the spiritual is not the same (Irigaray, cited by Cimitile & Miller, 2007, p. 250).

For Irigaray (1985), a pregnant woman is a 'mystery beyond metaphor' (p. 228), 'indefinite, infinite, form is never complete in her (p. 229); Irigaray returns us to an elegiac sensitivity of woman as other, of abdominal palpation being so much more than mere clinical assessment.

Spencer (2004) offers her unique gaze into women and traditional midwives of Southwest Mexico (Zapotec), the US (Navajo), and Japan, drawing more from a contemporary research base (the Touch Research Institute in Miami, Florida) and allowing a less abstract, more practical discourse to be revealed. Spencer states 'with women' means to be with through touch, not simply 'being there' and sees a place in midwifery only for women. Underpinning her work is a great sense of the timelessness and historicity of pregnancy.

Judith Butler (1989) takes up Foucault's analysis of the body describing the body as not a natural surface or a passive medium for culture, but as already a cultural sign. Gender, according to Butler, is culturally constructed. Bigwood (1991, p. 68) reminds us of what we might 'see' when we palpate - a 'mothering-body' that shows up 'female bodily wisdom and fleshy openness that inter-twines with a mother's personal and cultural life'. Yet that same beautiful woman may repress her mothering body and describe herself, "No longer nice to look at. Knocked-up, taken, unappealing. In the eyes of others, before being a person, I am first and foremost pregnant" (Bigwood, 1991, p.61).

While the category Touching the Edges explored literature that alluded to the woman's experience of abdominal palpation, the final category, Exploring Touch examines the literature which deliberately explored touch, and thereby informs the reader how pregnant women might experience abdominal palpation during pregnancy.

Exploring Touch

Many midwives close their eyes when performing a vaginal examination, and very often when palpating a pregnant woman's abdomen. Closing one's eyes is not usually something taught by midwifery teachers but seems to happen spontaneously. Nishizaka, a sociologist, suggests that the closing of eyes at these moments (a phenomenon observed by her

of Japanese midwives) serves to indicate to the woman that the touch, the palpation, belongs to, is located in, some field other than the visual. By cutting off access to vision, the most basic perceptual field, another, more complicated field is brought forward. Nishizaka's (2007, 2011) work on referential practice is a revelation in its careful consideration of hand gestures, body posture, verbal expression and timing (vision, touch and talk). Here, Merleau-Ponty's notion of intercorporeity when midwife touches woman and woman touches midwife (the world of each is open to the world of the other) becomes vibrant and resonates with warmth and colour.

A caress rather than a palpation would rightly belong to the world of eroticism and have no professional place within our paradigm; and yet Levinas exposes the palpation as emphasizing a subject-object hierarchy that perhaps we need be aware and wary of. The palpation is subject-oriented, limited, constrained (Paterson, 2011). In contrast, the caress has no *object* in touching, the caress offers an ethical sensibility palpation can never have, can never possess the other, can never own the relationship (Oliver, 2007). Levinas's move here is worth a moment of consideration, re-orientating us by ethical sensitivity and sensibility to the other, to the woman.

Arguably, a midwives' palpation can never be a caress. Derrida would draw us to the notion of tact; knowing how to touch without touching (2005, p. 68), and exploring the *limit* of touch; "To touch with tact is to touch without touching that which does not let itself be touched" (p. 292). Touching as tact breaks with the immediacy and self-presence (transcendental idealism) of the moment of palpation. Derrida attacks the absoluteness of touch as being something tangible; between woman and midwife may be a touch, but touch itself is a kind of spacing or interruption or limit - you cannot touch touch (ibid, 2005). Derrida and Levinas explore an ethical and philosophical limit of touch which offers much to midwifery.

When we are at a farmers market, and we pick up a melon, we 'know' by touch its quality. By its heft, mass, 'give', and contours, we come to evaluate and -possibly - to choose it. It is a very perceptive mode of knowledge (Coffeen, 2010). Midwives can rightly ask, how much of our instinctive, primordial, ancient haptic knowledge are we using when we palpate a woman's abdomen? Van Manen (1999) reveals the (dia) gnostic and pathic touch we employ at work to be professional and non-professional. Professional touch relates to diagnostics, non-professional to soothing, caring, and even meeting. Van Manen considers Merleau-Ponty's notion of self reflection; the palpated woman aware of the palpating hand, and aware of her own body. In another work, and apposite to the experience of the vulnerable woman lying down, belly exposed while a midwife stands over her, van Manen draws on the ethics of Levinas: "The other is already given to me as an ethical event in the immediate recognition of his or her vulnerability or weakness" (2001, p.7).

CONCLUSION AND IMPLICATIONS

From a simple story and a throwaway remark, this exploration of literature turned to philosophers, social theorists, academic midwives and others in order to get a little closer to understanding the experience of abdominal palpation, and thus the experience of touch. Most of the accessed literature explored *touch at a distance* whereby, if the woman's experience of touch during abdominal palpation was considered, it was only by inference. *Touching the edges* was the term used to denote literature that included the woman's experience but there was limited midwifery literature to review that shed light on the woman's experience. Some midwifery literature relevant to abdominal palpation negated or did not consider touch while some midwifery literature touched or hinted at experience. It was revealed that the most useful literature for exploring the concept of touch, came not from the midwifery literature but rather the philosophical literature and it was reviewed because it explored touch carefully, albeit not always with a midwifery focus.

How women experience the hands of the midwife during the moments of palpation may touch on the spiritual and ethereal, and that experience may be filled with meaning. Touch needs to be introduced into midwifery curricula where it is not already. The concept should be given more importance and emphasis during clinical teaching, especially in relation

to midwifery practices such as abdominal palpation where it may not be fully considered. The importance and meaning given to touch needs to be ingrained into the consciousness of all of us who work with women.

The experience of touch, of palpation, needs to be considered wherever woman and midwife meet; the midwifery body of knowledge is limited, and needs to be expanded by future midwifery research. While the reductionists may display a disregard for what belongs to the realm of the spirit (Harrison, 2009), the pregnant woman, the privileged depository of the secret of truth, (Irigaray, 1983) must always be considered to be at the centre of touch during abdominal palpation.

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