

This second article on 'Pinard wisdom' looks at some of the finer aspects of using a Pinard. The midwives who shared their experience here concentrated more than anything on stressing that there is an art to hearing the fetal heart by Pinard. With a Pinard, you are of course hearing the 'real' fetal heart, rather than an electronic rendition of it.

What are you listening for?

- It is more like listening for a 'vibration' than a sound.
- At first I found it hard to hear but then I got the hang of it and appreciated that it felt to me rather more like "feeling" the heartbeat through my ear than "hearing" it.
- It's a sound like listening to a blood pressure – your ear needs time to tune to the sound.
- You need to know what sounds you're listening for – try closing your ear off with one finger and tapping that finger with another finger.
- You are listening for a sound that is in the distance and sounds like a watch ticking under a pillow, but of course faster than a ticking watch. If you have an old fashioned watch that ticks (borrow one from your grandpa), then try it.
- If you hear a slow shooching noise you are probably hearing the maternal vessels supplying the uterus.
- I often close my eyes when listening (I tell the woman that I am going to do this first) - I find it really helps to shut down one of my senses. I sometimes do the same thing for the same reason when I am palpating - I find that I can hear and feel much better when I can't see. Weird but true!

- Sounds daft, but if you are really having problems, think about getting your hearing checked. I know I am somewhat deaf in my left ear, so can't hear an FH on that side - I have to use my right ear.

To count the fetal heart use a digital watch, or one with a decent second hand. Wait till the second hand (or readout) is at one of the quarters and start counting. Count for 15 seconds and multiply the number of beats heard by four. For instance, 35 beats in 15 seconds equates to a fetal heart of 140 bpm. To calculate an average fetal heart, listen to four different 15-second intervals, not necessarily consecutively, and take the average.

If you can't find the heartbeat first time:

- Try slightly realigning the Pinard – but pick it up and put it back down somewhere else, don't rotate it like a sonicaid.
- Sometimes the fetal heart will be heard much more laterally than you expect.
- Sometimes I still find it hard to locate the heartbeat with my Pinard and I calmly resort to listening with the doppler so as not to worry the mother.
- If you can't find it in a reasonably short time the woman will think something is wrong so use a sonicaid or ask for help.
- If the woman doesn't mind, you can listen with a sonicaid first in different places until you hear the "lub dub" sound when the heart valves open and close - then put your Pinard on that spot.

Interestingly, most of the midwives focused on using Pinards during pregnancy rather than in labour. Those that did talk about using a

Pinard in labour mentioned that, although it was difficult to hear anything through a contraction with a Pinard, they weren't sure that listening through contractions was fair to women anyway, even with a sonicaid, being both distracting and uncomfortable. Certainly some midwives find that the American-style fetoscopes (a Pinard on stethoscope 'ears') are easier in labour, especially when women are in all-fours or standing positions.

More Pinard Skills

There are all sorts of things you can do with your Pinard once you master the skill!

- I have a personal caseload and am able to 'learn' what individual babies sound like. It's something I'm really trying to consolidate at the moment.
- You can hear different sounds and tones at different gestations, and you can sometimes work out the baby's sex because of the difference in tone.
- To measure variability, count the number of beats heard in a series of intervals of 5 seconds; the number of beats should differ, which will confirm variability. If the numbers of beats are consistently the same, the baby is probably asleep; try listening again in 15 minutes.

The midwives here felt that sharing the experience with women was important, although their experience of what women wanted differed. While one midwife said that about 19 in 20 women still wanted to hear the fetal heart with the Sonicaid as well, another said that many of the women she worked with were happy with the Pinard alone, especially as she offered to tap the rhythm of the fetal heart on the woman's leg as she heard it through the Pinard. At least two midwives commented that some women didn't want to take on the potential risks of using Doppler, and several said they reinforced to women that the most important way of knowing that the baby is well is for the mother to develop awareness of her baby's well-being and movement pattern.

Using a Pinard is one of the most basic midwifery skills, yet it is one which is in danger of being lost as our reliance on technology grows. Hopefully, the sharing of these tips will help midwives retain this skill, and go on to develop it further. As these midwives highlight, there are some things we can do – and tell – with a Pinard that no amount of technology is able to do better!

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