

I am repeatedly asked by student midwives for a reference to an article that gives basic information on how to use a Pinard, either to supplement learning in practice, or because they are not being taught this skill. My inability to find much written about this has led me to write something myself! But rather than give only my experiences, I asked a number of colleagues to share their experiences, tip and tricks. Here follows the first part of their collated 'Pinard wisdom'; the second part follows next month.

While some midwives trained in a time when Pinards were the only real option, several of the midwives I talked with had had to teach themselves to use Pinards. Their advice includes, "*keep doing it, keep practising*". Lots of midwives remember trying to use their Pinard for what seemed like months, without hearing anything, then suddenly it 'clicked'. These midwives understand it's difficult for students; "*it needs lots of practice and in a busy clinic if you haven't got a sympathetic midwife it's hard to get started. It also involves lots of explanations to women about how you'll quite likely not be able to hear anything!*"

### So Why Use a Pinard?

- To keep the skill so that when the batteries run out I can still function.
- To give me a bit of warning if I can't hear anything, and start framing the words I'm going to use.
- To help confirm my palpation, especially hearing the O-P baby centrally and also very clearly far round to the side, and hearing a breech baby higher up.
- To show couples that you don't need electronics, and go on to explain that a partner can hear the baby just by putting their ear over where the baby's back is.

- To be able to check a very fast or very slow heartbeat on a monitor and make sure it's not being doubled or halved.
- There's a degree of satisfaction in finding the fetal heart with a Pinard.
- When I worked on an antenatal ward, I used it regularly to reassure anxious women, or to listen in quickly when waiting for CTG's to be free, and of course, locating the FH prior to attaching a monitor.
- A Pinard is better than Doppler as you are listening to the sound, not an echo, so you can hear different tones. You're not just counting the beats of valves as they open and close.

Although some of the midwives pointed out that you can sometimes hear the fetal heart before 28 weeks with a Pinard, especially on a slim woman, most said that you shouldn't expect to hear it until around this time. Some midwives remember not even thinking about listening to the fetal heart until the end of the second trimester, and being more reliant on signs such as quickening before the onset of routine Doppler use.

There was quite a debate over whether wood, plastic or metal Pinards were better. Several midwives somewhat reluctantly suggested that plastic or metal Pinards were better to use to learn on, as wood absorbed some of the sound. However, almost everybody felt wood was the better material once you had the hang of things, as it was more attractive, softer and warmer for women. Most of the midwives suggested you should own your own Pinard, so you could learn its resonance and idiosyncrasies and how it expressed different tones.

**Five Steps to Pinard Success**

1. Palpate, palpate, palpate to ascertain the baby’s position. Ask the woman for her feelings on where the baby is too. Generally, you are aiming to hear the FH through the fetal back (remember that the baby’s lungs are not inflated).
2. Use your knowledge and experience (or the table below) to see where the fetal heart might be for the different positions the baby might be in – and choose your ‘target point’.
3. Place the Pinard in your chosen spot, put your ear to the ‘O’, take your hand away from the Pinard, and listen - and keep listening.
4. Feel the maternal pulse at the same time and if it coincides you have the uterine vessels.
5. If after careful listening you really can't hear anything, repeat the palpation and try the Pinard in another spot.

Position	‘Target Point’
LOA	Position the wide end of the Pinard about half way between the umbilicus and symphysis and about 2 inches to the left. You are aiming for a point in between the baby’s shoulders; some midwives suggest over the anterior shoulder.
ROA	See LOA and move to the right!
Head engaged	Move it down a bit!
OP	Try the Pinard between the umbilicus and the pubic bone. You may be able to hear either nearer the midline / when you will be hearing the FH through the anterior fetal chest wall or alternatively try out on the maternal flank i.e. at the side where the mothers waist would be if she still had one! If the baby is posterior, the FH is loudest in the quadrant opposite the chest wall – this can confuse you into thinking the baby is LOA when it is actually ROP.
Breech	As with a sonicaid, the fetal heart will be heard much higher up. Again, it may be clearer laterally.

**More Practical Pinard Tips**

- Make sure you’ve got your ear directly over the hole!
- Don't press too hard or too softly - be prepared to alter the pressure.
- There needs to be gentle pressure indenting the abdomen – a bit less than a centimetre.

The second part of ‘Pinard Wisdom’ looks in more depth at the sounds you can expect to hear, practical tips for success, what to try if you can’t hear the heartbeat and some of the ‘advanced Pinard skills’.

*With thanks to the following midwives who contributed to this article: Lynn Walcott, Jean Sutton, Mary Stewart, Jane Munro, Ishbel Karger, Elizabeth Jeffery, Jo Hindley, Jane Evans, Lorna Davies, Mary Cronk, Penny Champion and Christine Andrew.*