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The eyes have it

Midwives and others who care for childbearing women use their eyes to observe, but also to communicate. As practitioners, we become skilled at noticing details about women and babies that improve our care of them, while also becoming comfortable with an acceptance of the hidden aspects of pregnancy and birth. Equally important for midwives is using the language of the eyes to provide reassurance and comfort in both everyday and critical situations.

SHE FEELS COLD

When the mother said those words to me, my blood turned icy and I felt the drop of a stone in my belly. The baby was cuddled skin-to-skin with her mum, born just 20 minutes earlier – having arrived healthy and vigorous – she should have been warm and pink. But even my untrained eyes could tell at a glance that something was very wrong. I stepped closer to look at the baby.

And so began my first experience of a neonatal emergency resuscitation – a harrowing event that, even now, I can recall in vivid detail. The grim expression of the midwife as the tiny body sailed to the resus trolley. The urgent pinging of the emergency alarm. The vision of the doctor beginning chest compressions with her handbag still swinging on her shoulder. A steady voice, something about "… secondary apnoea." The pallor of one tiny white-blue arm extended, toneless.

Most vividly of all, I remember the overwhelming look of terror in the eyes of that new mum. I was the most junior member of the team that night, on the outer periphery of the frenzied activity surrounding the baby. Instinctively, I understood that the most useful thing for me to do at that point was to try and comfort her distraught parents. Sitting down on the end of the bed and feeling wildly under-qualified, I took a deep breath, and looked into the mother's frantic eyes.

"Is she okay? Is she breathing? Is she going to be okay?" In the onslaught of fear and questions, I had one thought, very clearly: *I must not say to them that she's going to be alright.* Because truthfully? Nobody knew.

In that moment, I felt that I had very little to work with at all. A squeeze of the hand, an empathetic expression. I was just a student, so fresh on the ward that my shoes still squeaked when I walked, and I felt powerless, insufficient, but willing to offer any hope I could. Words did not seem useful. I held her eyes with mine and offered the only statement that came to mind. "Your daughter is in excellent hands. These midwives and doctors will do everything they can to help her." Her eyes locked on to me, and for the next 10 minutes, I did my very best to convey reassurance, kindness, care, in the face of unimaginable doubt.

THE EYES HAVE IT

Despite all the advances of past several centuries, and the advent of many new technologies in the realm of pregnancy and birthing, the human senses remain the most important tools used by midwives.

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With a few notable exceptions, midwives rely on their sense of sight as one of the most accurate and vital methods of assessing women and their babies.

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ARTICLE OF THE MONTH

Lead article each month, taking you from the journal to the website for a module on the subject.

This month:

Using the language of the eyes to provide reassurance and comfort in both everyday and critical situations

Go to the module at www.practisingmidwife.co.uk

Try out our sample questions on page 10 then go to the website to complete the module and gain a certificate for your revalidation portfolio

Our vision is capable of taking in the broad details and the minutiae: fleeting motions, tiny variances in colour or shape that could indicate anomaly, subtle distinctions of tone and movement and appearance that all swim together to become the most comprehensive picture available. Imagine trying to practise as a midwife in a modern setting for even a day, without being able to see facial expressions, read a clock, scan a room for somebody or find where you put down that syringe/pen/ thermometer? Even in the most unmedicalised of settings, midwives watch labour and birth unfold, unobtrusively but attentively. To observe is one of the cornerstones of the job.

The midwife is the original – and best – monitor. Skilled midwives – although adept at using the many bits and bobs deemed necessary for practice – do a huge amount of their work with their eyes. I am fortunate to practise as a student alongside midwives who are so capable that they frequently pre-empt the results of my abdominal palpation just by visualising the woman's belly: "Oh, that baby will be posterior, see how it's got a bit of that funny dinted shape at the front there?" I have worked with a midwife who would estimate the volume of a haemorrhage from a momentary glance at the blood-soaked bedding, and her guess would be accurate to within about 10 millilitres, when I weighed it later. I am learning from one incredible mentor to spot the telltale signs of depression, domestic violence and anxiety in the demeanour of women who come to an antenatal visit and state automatically that things are 'fine'. For such midwives, technology is there mostly to confirm what they already know – things they've picked up with only a glance or a slight touch, things that are familiar from years of practice. They construct meaning from what they see, and then in the future, seeing becomes recognising.

It is perhaps this *unseeable* aspect of childbearing that allows the growth of so much disquiet and fear around these processes

SEEING SECRETS

It is ironic, then, that inherent to midwifery is the capacity to become comfortable with what cannot be seen. Babies are made and grown in secret, and the passage of labour is mostly hidden. Birth has a natural affinity for the hours of darkness. Breasts don't come equipped with a handy gauge on the side that allows the amount of breast milk made or consumed to be neatly measured. It is perhaps this *unseeable* aspect of childbearing that allows the growth of so much disquiet and fear around these processes – a fear that feeds the ongoing trend for caregivers to require more data. While modern technologists race to give us more vision into the insides of women, more nifty ways to invade the privacy of the workings of the body, midwifery invites those who practise it to lean into a rare kind of peace about the secrets kept by women's bodies. This peace is aided by a midwife's gathered ability to perceive tiny cues from the woman herself – subtle changes in skin and breath, movement and shape that indicate progress, wellbeing.

The skill works in reverse, too: being sensitive to small alterations that herald a complication gives a midwife the confidence to intervene without necessarily having the whole picture. Many midwives with whom I have chatted at length describe an instinctive *knowing* when something isn't right – before their recordable observations declare it to be so. Midwifery practice combines the logical, measurable and detectable with a healthy input from the ever-important 'gut feeling', but where does this subconscious *knowing* come from? Could it be that what seems to originate from the belly is just a culmination of the input from all the senses, swirling together, combining a thousand minuscule details that each go unnoticed on their own into a meaningful, mind-tugging whole? There would be few 'gut feelings' that aren't born out of some little detail spotted, some brief moment witnessed.

EYE SPEAK

William Shakespeare first described the eyes as being 'windows to the soul'. We may tell lies with our mouths, or hide the truth on our faces, but eyes have a habit of reflecting what is really going on. Eyes show where our minds go. This can be involuntary, the result of brain wiring that closely links eye movement with thought processes. For example, nearly every time I watch a midwife perform a vaginal examination, her eyes swing away up to the ceiling, losing their focus as she tries to visualise the woman's cervix and the cranium that only her gloved fingertips 'see'. This observation is consistent with neurology research that links upward eye movement to construction of visual information (Bandler and Grinder 1979). But the mind can direct the eyes as well, and any communication of words or actions may be supported or undermined, depending on what the eyes convey.

Eye contact is powerful. The research of Dr.

Practice points

1. Be congruent. It's easy to end up in a different space than where your thoughts are. However, women can be highly sensitive to facial or non-verbal cues – meaning that they pick up a message from you about themselves that you didn't intend to send! Give yourself permission to leave self-criticism or frustration about other issues at the door.

2. Consider the partners. By making deliberate, friendly eye contact with a woman's support people, you are demonstrating that they are part of the team, and that they have your attention. This builds trust, and encourages them to remain engaged in interactions with the woman.

3. Eye contact tip – If you find eye contact uncomfortable or you feel shy, focus on the spot between the person's eyebrows (glabella) while you speak, instead.

4. Benjamin Franklin effect. Finding it difficult to warm to someone in your care? Do them a favour – go out of your way for them! Proponents of this effect argue that we are more likely to feel warmly towards someone to whom we have offered an act of kindness (www.brainpickings.org/2014/02/20/the-benjamin-franklin-effect-mcraney/).

Kerstin Uvnäs-Moberg, a leading authority on oxytocin, demonstrates that eye contact alone can trigger release of this hormone, essential for birthing and bonding (Uvnäs-Moberg 2011). Conversely, minimising eye contact is recognised as body language for avoidance, dishonesty or disconnection. A look can speak volumes. Great midwives harness this power, and use their eyes to be 'with woman' in an astonishingly effective way.

Some of the most impressive feats I've been privileged to witness in midwifery involve a midwife's ability to speak using only her eyes. At the very first birth I attended as a student, I was struck by the way the midwife used eye contact, her warm gaze helping to build the most amazing rapport with a woman in the throes of a complicated labour, creating trust and truth between the two of them. It is well known among the wise that a carefully timed wink between a midwife and a woman creates instant co-conspirators. In a contested space, frightening or discouraging words can be rendered harmless by a swift roll of the eyes that says clearly 'never mind about that – you know better'. Midwives conduct entire conversations using only their eyes – talking with each other in the ancient language of eyebrow wiggles and pupil flicks – to avoid causing distress or embarrassment to a labouring woman. Although not taught, this eye-language is learned by all who attend women in this way, and it is vital.

AS FOR THAT RESUSCITATION?

I'm certain that nothing I said to the mum was in any way remarkable (I barely understood what was happening, myself). However, with hindsight I can reflect that whilst the things I said with my voice may not have carried much weight, the things I said with my eyes mattered very much indeed. It turns out that, despite feeling empty-handed, I already carried with me two of the most important tools I'll ever use as a midwife.

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Ultimately, because of many quick and clever midwives and doctors, the baby recovered with full health – although I often wonder about the effect of those awful few moments on her mum and dad. I hope their memories of that night have faded. I will never forget though, that the power of speaking with our eyes is one of the greatest powers we have in being with women. tpm

REFERENCES

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THIS MONTH'S MODULE: NON-VERBAL COMMUNICATION SKILLS FOR ENHANCING MIDWIFERY PRACTICE

Go to our website at www.practisingmidwife.co.uk where you will find this module devised for you by Meg Hitchick. Try answering the questions below and then take the assessment within the module to gain a certificate for your revalidation portfolio.

Introduction

This module covers the principles of non-verbal communication, and includes practical strategies for midwives to enhance their practice by communicating effectively with colleagues, women and their families.

Learning aims and objectives

This resource aims to provide students and qualified midwives with an understanding of the impact of non-verbal communication in caring for women – both in terms of the communication coming from midwives and the interpretation of non-verbal signals from women in their care.

On completion of this resource midwives and student midwives should have an increased knowledge of the subject, enabling them to:

- **Understand the process of non-verbal communication and the elements that comprise it.**
- **Appreciate the importance of supportive non-verbal communication in the midwifery context.**
- **Recognise strategies for improving the effectiveness of non-verbal communication in midwifery.**
- **Gain in understanding of non-verbal cues from those in their care – and other health professionals.**

Topic overview

Communication is 'exchange of information'. There are many models for understanding communication. Typically, they have in common the following description: a sender or source of the message **transmits** the message by means of **encoding** it, and sending it through a **medium** or channel, to a **receiver**, who first must **decode** the message in order to receive it.

Non-verbal communication comprises all of the non-word-based methods of communicating, and includes: tone of voice, facial expression, eye contact, body language, gestures and posture. These aspects of communication are often unconscious, and automatic, although we can retain conscious control over them. They are used in conjunction with verbal methods, and may serve to reinforce, emphasise or contradict our words. Because of the interpretive, individual nature of non-verbal cues, communicating with each other in this way becomes easier as the depth of relationship increases; we become more adept at reading and recognising each other's signals. Non-verbal communication is recognised as a key relationship- and trust-building skill, which means it is crucial for midwives to develop.

Consequences for childbearing women, babies and families

Although as midwives our impressions and memories of the women we care for may quickly fade, the reverse is not necessarily true. Women will generally recall strongly the feelings related to their intrapartum experience, and these emotions are closely tied with their perception of the care and treatment they received. Whether this perception accurately matches our intention as caregivers will be of little consequence – particularly for a woman who felt disregarded, bullied, or otherwise uncomfortably treated by her midwife. Her impressions and experience of this time may have a long-lasting impact on her ability to feel confident and capable as a mother, and to bond positively with her baby. A negative experience of support or carer may possibly increase the risk of postnatal depression (Bielinski-Blattmann 2016). Conversely, positive, supportive care can have many benefits for mother and baby, improving self-efficacy and feelings of self-worth (Leap and Hunter 2016).

Implications for midwifery practice

As midwives, we are responsible for providing the safest and most supportive environment possible for women, both emotionally and physically. In addition, the increasingly recognised importance of cultural safety in midwifery care (Williams 2008) means that we are obliged to actively prioritise the aspects of the environment that will enable the woman in our care to experience safety on her terms. This may be different from our own ideas and feelings about what constitutes a safe environment. In order to provide true 'woman-centred care', midwives must be aware of their communication with the woman as a priority. This includes an awareness of our own emotions and judgements.

Go the website at

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and take this assessment; once you have answered all the questions correctly, download your certificate to keep in your revalidation folder.

Questions

1. Which of the following represents a common model for communication?

a) A message is decoded by the sender and then coded by the medium
b) A code is transmitted by the medium and sent by the receiver
c) A message is coded by the sender, and decoded by the receiver
d) A receiver encodes the transmission that has been sent by the medium

2. Kate, a midwife, has just started a shift and is now caring for a labouring woman, Margaret, whom she has not met before. To help build trust, Kate uses a mirroring technique. This means she:

a) Stares into Margaret's eyes whenever the chance arises
b) Speaks at a similar volume and pace to Margaret
c) Only speaks in whispers to Margaret and her support people
d) Practises everything she wants to say before speaking

3. Bessy attends the antenatal clinic looking dishevelled and upset. Which of the following is an example of incongruence between verbal and non-verbal communication, that a midwife might pick up on?

a) Bessy states that she is 'not coping', while becoming extremely tearful
b) Bessy states that she has had a hard day, while rubbing her hands on her head
c) Bessy tells you that she feels stressed, while frowning
d) Bessy tells you that she is 'fine', while she looks down and won't make eye contact

4. Mindfulness is:

a) A way of viewing the outside world
b) A strategy for deciding what you will do next and where you will go
c) A discipline to increase awareness of self and the present
d) A way of communicating that doesn't use words

5. Select the list that contains only non-verbal methods of communicating.

a) Humming, pointing, shivering, frowning
b) Whispering, smiling, patting, nodding
c) Pacing, yelling, waving, grimacing
d) Writing, clenching fists, blinking, shrugging

6. Which of the following is NOT a main consideration for improving our ability to communicate effectively using non-verbal techniques?

a) Managing stress levels day-to-day
b) Practising the skill of lip-reading
c) Being aware of our own thoughts and feelings
d) Considering how our actions might be interpreted by others

7. Janet is an English-speaking midwife of 10 years, caring postnatally for a woman named Jun, who speaks only Mandarin. If Janet wants to provide effective care to Jun, she should:

a) Refrain from using gestures as these are often misinterpreted by people from different cultures
b) Use facial expressions to show disapproval when Jun does something wrong
c) Complement the use of an interpreter by using positive eye contact and gestures
d) Avoid using an interpreter because non-verbal communication is more efficient

8. When reflecting on their use of non-verbal cues with women and their families, what should midwives consider carefully?

a) The way their own experiences may have shaped their communication style
b) Whether the women and their families are making eye contact often enough
c) The policies and procedures in the workplace that cause stress to midwives
d) Whether or not to attempt to learn another language

9. When considering non-verbal communication across cultures, which of the following must be kept in mind?

a) Some cultures do not find non-verbal communication methods acceptable
b) Body language can always be interpreted in a consistent way
c) Messages must be coded by one culture and decoded by another
d) Gestures and expressions may be interpreted differently by different cultures

10. Which of the following is true of non-verbal communication?

a) It is always consciously achieved
b) It is an inefficient relationship-building tool
c) It is used in conjunction with verbal communication
d) It is a highly rational, objective method for communicating