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Title: Should left-handed midwives and midwifery students conform to the 'norm' or practise intuitively?

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DOI: [10.12968/bjom.2016.24.9.656](https://doi.org/10.12968/bjom.2016.24.9.656)

Example citation: Power, A. and Quilter, J. (2016) Should left-handed midwives and midwifery students conform to the 'norm' or practise intuitively? *British Journal of Midwifery*. **24**(9), pp. 656-659. 0969-4900.

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Version: Accepted version

Official URL: <http://dx.doi.org/10.12968/bjom.2016.24.9.656>

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Left-handed midwives: should they 'conform to the norm' or practise intuitively?

Abstract

It has been suggested that the proportion of left-handed people, or more specifically, the greater acknowledgement of left-handedness over the past century may be due to fewer left-handed people being 'forced' to use their right hand to conform to the 'norm', rather than a greater incidence of left-handedness (McManus, 2002). There are approximately 27,000 midwives in the UK (Royal College of Midwives (RCM), 2015); however there is no official data as to the proportion of midwives who are left-handed, nor research into whether they practise with left-handed dominance. This article was inspired by hearing the experiences in practice of first year student midwives who are left-handed. It also documents the experiences of Julie, a left-handed Senior Lecturer in Midwifery who trained in the early 1980s. Questions raised by this article include whether the left-handed student midwives of today have different experiences in practice to those of 30 years ago?; should all student midwives be trained to practise with right-handed dominance or should student midwives be supported and encouraged to practise intuitively, according to their natural dominance?

Keywords: left-handed; midwife; episiotomy; simulation; clinical practice

Julie (Senior Lecturer/Programme Leader Midwifery): Reflections on being a 'left-handed' midwife

On commencing my midwifery training in late 1982 I was greeted the first morning by a senior tutor asking if anyone in the group was left-handed. I raised my hand and her words to me were: 'don't let them put you off... I'm left-handed and I'm still here! Tell them on labour ward that you are left-handed'. At no time in my nurse training had the issue of being left-handed been raised as a potential difficulty with clinical skills and so this identification of my 'difference' was both surprising and puzzling.

So on my second clinical placement which was labour ward, I duly stated to the senior midwife that I had been told to inform them that I was left-handed. However the reply was not one of accommodation but rather 'well you will learn right-handed!'

The main issues that I envisaged were those of performing vaginal examinations (V.E.) and episiotomies. I had already attempted a V.E. on the antenatal ward, using my left hand from the left side of the bed; however, I did quickly adapt to using my right hand and working from the right side of the bed in order to facilitate deliveries, perform catheterisation and V.E.s. In 1982 the delivery rooms were set up to work from the right side of the bed, i.e. location of the delivery trolley, the cot.

The main issue was in performing episiotomy, as routine episiotomies were the norm, with up to 96% of primiparous and 71% of multiparous women having routine episiotomies (Sleep *et al*, 1984). To infiltrate and perform a right medio-lateral episiotomy using your left hand was nigh on impossible because of crossing over your arms, i.e. inserting your right hand to protect the perineum whilst holding a syringe then scissors in your left. The scissors were also designed for a right-handed person and therefore did not provide a clean cut. Yet I was not allowed to perform a left medio-lateral episiotomy as this would a) 'make suturing difficult for a right-handed person' and b) leave a scar on the left side with the potential for another scar on the right side in future deliveries. I tried cutting with my left hand but holding the scissors differently to avoid the 'catching of my arms' but this was not satisfactory. I then tried to increase the strength in my right hand for infiltration and performing the incision by practising infiltrating an orange and cutting a piece of paper with my right hand. Of course the best option was to avoid performing an episiotomy at all! This was easier said than done, when such a high percentage of women routinely received one, especially nulliparous women and the decision to perform one was with the supervising midwife. On qualification; however, it was my decision to avoid episiotomy at all costs which is considered by Chapman (2009) as a reason why left-handed midwives perform fewer episiotomies.

According to Verralls (1993) midwives who had been appropriately trained in perineal repair have been permitted to do so since 1970 in the UK, although this was not routinely taken up, with perineal suturing still falling to the obstetrician. However, when suturing was introduced into the pre-registration midwifery curriculum in 1984 (Lewis, 1994) suturing by midwives in clinical practice became more commonplace. This provided me with the opportunity after qualification as a midwife to be trained in suturing, which again can be more difficult for left-handed midwives when taught by a right-handed midwife. This did not deter me and in many ways I was pleased to be able to repair perineal trauma for those women whose babies I had delivered. It now became clear to me that the rationale given to me previously for performing an episiotomy as a right-handed person was not justified: I had to suture left-handed whatever perineal trauma presented and I couldn't see the problem.

The other issue, which perhaps worked in my favour, was supervising students undertaking deliveries as although I was now standing on the opposite side of

the bed i.e. left side, I could use my left hand if infiltration and episiotomy were required.

On reflection I have become a 'right-handed' working midwife in that I prefer to undertake abdominal examinations from the right side of the bed/couch and this is also reflected in the use of models in the clinical skills laboratory when teaching. This though may have evolved in nursing when undertaking sterile techniques, which did seem to be predominantly from the right side of the bed/couch – the use of clean hand/dirty hand

30 years on: has anything changed?

Julie's experiences are probably typical of most left-handed midwives of her era, with anecdotal evidence suggesting there was a culture of conforming to entrenched practises rather than adapting practises whilst still ensuring women and their families received high quality care from a competent and confident midwife.

At the University of Northampton a first year module in the pre-registration midwifery curriculum focusses on the application of theory to practice with the assessment strategy including an oral examination where students demonstrate manual dexterity skills such as abdominal examination; active management of the third stage of labour and examination of the newborn. It was during the preparation for this assessment this year that one left-handed student midwife drew my attention to some issues she was experiencing both in practice and simulated learning.

Lottie (First Year Student Midwife): Reflections on being a left-handed student midwife

I tend to find that rooms are arranged to enable right-handed practice. For example, though the bed is in the middle of the room on labour ward when the right-handed midwife performs a VE she approaches from the right side of the woman; whereas it makes more sense to me to approach from the left. I have performed 2 VEs so far and the first one I followed my mentor's demonstration and did it with my right hand. I found it hard to connect what I was feeling to my brain to interpret it. The second time I used my left hand and whilst I still didn't have much understanding about what I was feeling, I could process the physical experience more easily.

Sometimes I have felt a little awkward when my mentor demonstrates a clinical skill such as catheterisation or abdominal palpation and invites me to participate, as I have to move the trolley to a different position, or walk around to the other side of the bed to be on the side most natural to me. When mentors pass instruments eg like cord clamps they pass it to your right hand, and you have to take it with your left and then move to a different standing position so that you can use it properly.

On the postnatal ward I notice that my natural tendency is to hold a baby with its head in the crook of my left arm. When passing babies between women and myself, they almost have to turn the baby round the other way, for a natural feeling hold for them (I am assuming they were right handed).

Taking blood has been a challenge as not only is the table and the woman usually on the 'wrong' side for me, the mentor's demonstration has to be understood and then converted to left-handed. My mentor in the community asked me to hold the needle as I would hold a pen when she first explained about blood taking. I hold a pen really strangely, almost in a backwards angle hold - not a good blood taking position! When she realised I was left-handed she was very patient and I have tried to take blood with my right and left hand, with different hands being the bottle changing hand or the vacutainer holding hand. I am doing a peculiar mixture of both at the moment and I haven't practised changing the position of the woman, the table or even myself - I copy my mentor's positioning.

In relation to record keeping, I am used to using a computer mouse with my right hand but I wonder if I am slower at completing maternity records on the computer using my right hand to tab and return on the keyboard.

What is most confusing to me as a left-handed student midwife is that the physical environment and the visual demonstrations are right-handed, which makes it difficult to follow my natural 'lefty' instinct. Then I start to try it right-handed to see if it's easier and then before I know it, I have totally confused myself and made myself look really clumsy in the process!

My tip for other left-handed students would be to rearrange equipment, furniture, people etc if possible, before you start any procedure so that your left-handed dominance can happen naturally. If you write with your left hand then you will probably be better to give injections, perform VEs, clamp cords etc with your left hand, so don't even try to use your right! Also, tell your mentor about being left-handed. I found Chapman's (2009) article about being left-handed really useful and might show it to my next mentor to help explain my difficulties. Left-handed people are clumsier than right-handed people, which is definitely true of me, but I wonder if it is partly the right-handed world we live in which makes it so.

Following my discussion with Lottie and on reading her reflection of her experiences to date I wanted to find out more about the experiences of left-handed student midwives to see how they can be best supported both in the

classroom and clinical practice. Responses from other student midwives on the pre-registration programme can be seen in boxes 1, 2 and 3.

I am left handed but use my right hand to perform VEs and delivering, whilst approaching from the right side of the bed (maternal right). I find mentors are very accommodating and have always asked if they could adapt anything or move to assist me. Whilst I write with my left hand I am right hand dominant in most routine daily activities and playing sports.

My advice to other lefties would be 'don't think about it too much, just go with the hand that feels dominant, the one that feels right. I assumed I would use my left hand but I found I wanted to use my right!

Victoria Ivimey-Cook

I practice on maternal left whilst delivering although I am also comfortable on maternal right. When qualified I will definitely choose maternal left!

Rachael Asserati

I am a lefty and practice with my left hand. It is extremely difficult at times - all delivery instruments are right handed and the clock to tell time of delivery is always behind me meaning I have to turn round quickly to check the time. I have practised suturing using sponges on a quiet night shift with my mentor and found it really hard - again they are for right-handed people and really difficult to release the clamp on. However, on the plus side, my mentor can stand directly across from me if they are right-handed which is great for deliveries especially in the first year of training. Clinic beds are also difficult to examine on as they are more suited to right-handed practitioners. Overall, there are many barriers to being a lefty in practice and I'm very nervous to begin suturing when I qualify! For new starters my advice would be to always say you are left-handed - never struggle using your right like I did once on a stretch and sweep. And use it to your advantage when your mentor is hands-on with you when delivering.

Kathy McKenna-Colling

The NMC (2009) states midwives must be 'fit for practice' at the point of registration; however are the issues identified in this article addressed in the current curriculum and are left-handed students appropriately supported in

practice? Performing abdominal examinations, facilitating deliveries and performing episiotomies are still issues for left-handed midwives and whilst there is the potential for flexibility of approach to perform abdominal examinations and facilitating deliveries, guidelines for performing episiotomies (RCOG, 2007; RCM, 2012) are more prescriptive, indicating that the type of incision should be medio-lateral or medial. In 1993 Verralls (1993:59) identified controversy not only about the use of episiotomy but also about the direction in which the incision was made, stating that the 'student must be aware of the policy within her own unit'. In fact whilst a newly published midwifery skills textbook states the incision should be medio-lateral with no reference to left or right, the diagrams clearly indicate a right-handed approach. This has not changed from Sweet (1982) who suggested that the left hand is inserted behind perineum. This right-handed bias continues in a newly published clinical skills textbook which states 'it is not appropriate to perform the episiotomy to the woman's left' (Johnson and Taylor, 2016:239), although it does not provide supporting references for this statement.

To adapt or conform?

Current left-handed student midwives' experiences of practice do not seem to be significantly different to those experienced by Julie in the 1980s. The issues identified by Chapman in 2009 persist. Having heard and read how their left-handedness impacts on their practice, it is clear that more needs to be done to ensure left-handed students are supported in developing their manual dexterity skills - whether it be to help them adapt skills to work better with their left handed dominance or to support them to 'conform' to a right-handed approach - if this is *their* choice. In the classroom this means lecturers should be aware of the potential differences left-handed students may have in the way they process information with regards performing clinical skills, particularly if they are being demonstrated by a right-handed practitioner. Furthermore, when students are using clinical equipment in simulation they should be encouraged to experiment with positioning and techniques.

This article has highlighted the ongoing issue of being a left-handed midwife in a right-handed clinical environment. It has underlined the need for a partnership approach in pre-registration midwifery education between the university and clinical placement providers to ensure left-handed student midwives feel accepted and supported. With less than 11% of the world's population being left-handed, their uniqueness should be celebrated, not suppressed. Famous lefties include Albert Einstein, Barack Obama, Joan of Arc, Winston Churchill, and Neil Armstrong and just look at the impact they had and their incredible achievements!

If you would like to add to the debate please tweet your thoughts using #left_handed_midwives

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Acknowledgements

Thanks to Lottie Blunden for bringing this issue to our attention and to Victoria Ivimey-Cook, Rachael Asserati and Kathy McKenna-Colling for their contributions.

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