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### **Quantifiable Knowledge and Intuitive Knowledge: a holistic approach to ways of knowing in midwifery**

The word midwife means ‘with woman’ and it is the close relationship between a midwife and the clients in her care that largely determines the sources of knowledge she can – and indeed *must* – endeavour to draw on. This piece will aim to consider the types of knowledge that the midwife should cultivate to enable her to make sound decisions about the delivery of care to her clients. Specifically, it will analyse the concepts of ‘quantifiable knowledge’ and ‘intuitive knowledge’, the interplay between them, and the importance of reflective practice and an attitude of life-long learning.

For the purposes of this assignment the midwife will be assumed female and the following definition of midwifery will be used:

An autonomous scholarly discipline, with its own objectives and specialized service, which is provided through the midwife’s professional caring, competence and wisdom, her interpersonal skills and her partnership with the woman in childbirth, together with her own personal and professional development. The midwife’s professionalism enhances the well-being of the woman during the childbirth process, and the childbearing woman is empowered (Halldorsdottir and Karlsdottir 2011, p. 814).

This definition points to the multi-faceted nature of the midwife’s role – possessing scholarly knowledge in tandem with professional caring abilities, competence and wisdom; having interpersonal skills alongside a commitment to personal development. The references to a woman’s well-being and empowerment highlight the necessity of woman-led, woman-centred care – something which underpins the first principle of the Nursing and Midwifery Board of Ireland’s Practice Standards for

Midwives: 'Respect for the Dignity of the Person' (NMBI 2015, p. 6). Based on this definition of midwifery we start to understand that there must be a variety of types of knowledge that the midwife can draw upon to inform her practice – some more quantifiable than others. Very broadly speaking, sources of knowledge or epistemologies (ways in which knowledge is derived) are as varied as are the many academic disciplines, professions and socio-cultural spheres that exist in the world. In her anthropological study of the construction of authoritative knowledge Jordan found that "in any particular social setting a multitude of ways of knowing exist" but that some ways come to be viewed as more important than others (1997, p. 60). She goes on to discuss how in midwifery and nursing, while scientific knowledge is of great import, there is more of an acceptance of these diverse, and often subjective, ways of knowing. What will be suggested here is that the sources of knowledge a midwife may draw on can be divided into two broad categories: quantifiable knowledge and intuitive knowledge. The former will be considered first.

For the purposes of this essay quantifiable knowledge can be defined as knowledge that is easily assessed or examined – the 'scholarly discipline' in the definition of midwifery used above. If we find a midwife to be in possession of her academic qualification, of her registration with her national nursing and midwifery body, and of her certificates in various health and safety codes, it is assumed that she has been vigorously tested on certain aspects of her knowledge as a midwife. This type of knowledge has been called empirical, procedural, explicit, informed and authoritative (Barnfather 2013; Carper 1978 cited in Hunter 2008; Belenky et al. 1997; Jordan 1997), and is a significant part of what makes a midwife eligible to do her job. Over the last two centuries we have seen a rise in the acceptance of scientific knowledge as the gold standard (Gould 2017). However, this positivist epistemological approach to knowing has been criticised in more recent years – especially by feminist writers – for being male-centric and for not considering the breadth of human experience (Hunter 2008). And, while there can be no debating that positivism has its place within the sphere of midwifery practice, one has only to glance at the *Practice Standards for Midwives* in Ireland to see that it must be balanced out with other ways of knowing for effective practice and decision-making to occur. For example, according to these standards, professional responsibility and accountability are of equal importance to quality of practice, trust and confidentiality (NMBI 2015, pp.6-8).

Similarly, in the Department of Health's (DoH) *Position Paper One – Values for Nurses and Midwives in Ireland* (2016) – we learn that:

Practicing caring (...) midwifery is both a conscious thinking activity as well as a sensing process. The (...) midwife uses his/her knowledge, skill and competencies to make a holistic assessment of a person. The nurse/midwife then uses this professional knowledge to make an evidenced-based decision on the appropriate action required.

It is the types of knowledge that are honed through this 'sensing process' that will be considered next.

In relation to midwifery, intuitive knowledge has been written about variously as: deeply embodied knowledge, a hunch, a sort of sixth-sense or gut-feeling, and even as common sense (Hunter 2008; Barnfather 2013). Dixon (2010) talks about it being a combination of experiential knowledge and insight that can lead to safer practice and, drawing on Dixon's work, Barnfather (2013) suggests that we need to learn to believe in intuition. They both describe intuitive knowledge as being "the art of midwifery that is difficult to articulate" but "that allows for sensitivity to emotions, use of unconscious clues, and [the] ability to acquire knowledge without reason" (Barnfather 2013, p. 132). The aspects of midwifery practice that are less easily defined and which draw more heavily on the practitioner's 'inner compass' are what will be considered intuitive knowledge here.

In the DoH's *Position Paper One* (2016) the core values of compassion, care and commitment are identified as the foundation for midwifery practice. Underlying these values are a seemingly infinite number of other values – encouragement, understanding, integrity, sincerity, holism, professionalism, curiosity, diligence and passion, to name a few. Knowledge of these values is a requirement of being a midwife – in Ireland, or anywhere – and being able to embody and demonstrate these values in a manner that is genuine is also a vital aspect of good midwifery practice. However, the knowledge of how to do this is not necessarily easily learned. In 2018, Pearson alluded to just this when she suggested that it is easier to see a lack in compassion than to actually define it! One intuitively senses if they are or are not the recipient of compassion and, equally, whether they are practicing it successfully or not. In the same vein, there are intuitive aspects to effective

communication and consultation (Browne et al. 2014), with a great proportion of both being non-verbal. Being able to sense what a woman needs and wants without her having to explicitly say it aloud – especially when she is in the throes of childbirth – is an art which is cultivated through listening to the inner knowing and wisdom of intuition both as well as through hands-on experience. Relationship development also fits in here (recall interpersonal skills and partnership with women as part of the definition of midwifery used above), and looking at this Noseworthy et al. (2013) talk about a woman choosing a particular midwife through an intuitive process – sensing that they will be a good fit.

Of course, there are limitations to the use of intuitive knowledge in practice as it generally cannot be demonstrated as evidence based. Indeed, Acton (2008) feels that the notion of intuition ‘dumbs down’ all of the experience and knowledge a midwife uses to make decisions. Crucially, it is proposed here that neither one of the forms of knowledge being discussed can take precedence over the other. It is a combination of both the quantitative and the intuitive that makes for a well-rounded midwife – one who not only instils confidence and trust in her client, but one who draws on the expertise and preference of the mother in the field of her own body and her power and ability to birth her child (Spencer and Yuill 2018; Noseworthy et al 2013). When considering the importance of this combination of knowledge, Buckley (2016) cautions that while birth is an instinctive, intuitive process there is a duty to hone and study the instincts around birth. Barnfather (2013) refers to the amalgamation of explicit (quantitative) and intuitive knowledge as ‘tacit knowledge’ and she, among other writers, speaks to the role of education in aiding midwives to reflect on and strive towards this combination for holistic practice (Halldorsdottir and Karlsdottir 2011; Hunter 2008).

Making time for regular reflection is a crucial skill for midwives. The field of midwifery is constantly evolving and the practicing midwife must remain abreast of developments through the cyclical learning process of study, practice and reflection (Power 2015; Briscoe and Clarke 2018). Not only this, but it is suggested that the savvy midwife should take time for self-reflection and meditation in order to develop her inner qualities, to cultivate insight and wisdom, and to allow for life-long learning (Wain 2017). In this way, reflective practice aids the midwife to better understand,

and draw on, the various forms of knowledge at her disposal; allowing for true professional development – the kind that benefits both the field and the clients it serves (Calvert et al. 2017).

Ways of knowing within the field of midwifery are as numerous as the women and babies that experience the birthing process on a day-to-day basis. While some of these ways of knowing are more easily quantified, and others take a more intuitive, sensorial approach, all are valid, and it is the responsibility of the midwife to endeavour to maintain a posture of learning throughout her career and to continue to explore the many sources of knowledge available to her through practice. This will allow her to constantly hone her ability to give care effectively, to consult with the clients she works with, and to make holistic and compassionate professional decisions. In effect, it will enable her to commit to truly being 'with woman'.

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