

Response expansion as a practice for raising a concern during regular prenatal checkups

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Abstract

The present study addresses the issue of how pregnant women raise possible concerns in regular prenatal checkups. Within this context, the reason for the visit is not a particular problem which a pregnant woman has and would be supposed to reveal during the visit. Rather, the reason for the visit is transparent from the outset, that is, to have a prenatal checkup. However, pregnant women may have various problems that they wish to discuss with the healthcare provider. Indeed, there are various practices which pregnant women can employ to present their possible problems. In this study, I focus on a set of such practices: pregnant women expanding their responses to healthcare providers' routine questions to take initiative in presenting problems. Drawing on a corpus of 42 video-recorded regular prenatal checkups in Japan, I will elucidate structural features of the practices and their consequences.

Keywords: response expansion; conversation analysis; prenatal checkups; problem presentations

1. Introduction

Many conversation analytic researchers have been studying interactions between healthcare providers and patients in primary care *acute* visits (see Heritage and Maynard 2006). One of the most salient features of these (acute) visits relevant to the present study is that the very reason for the visits is a problem that concerns the patients; the problem is supposed to be revealed at the beginning of each visit (Robinson 2006; Robinson and Heritage 2006a). In contrast, in regular prenatal checkups, the reason for a pregnant

woman's visit to a healthcare provider, an obstetrician or midwife, is not expected to be some matter that concerns them, but rather to have a regular checkup.

However, it is still probable that pregnant women might have various problems that they would wish to discuss with their healthcare providers. Of course, healthcare providers inquire, at various points during each visit, about any possible concerns that the pregnant women may have, but it appears that there are various practices which *pregnant women* employ to take initiative in their problem presentations without being solicited by the healthcare providers.

Stivers and Heritage (2001) describe a practice that a patient who has come to a primary care doctor (of internal medicine) for a routine checkup employs to take the initiative in raising concerns (see also Drew 2001); the patient expands her response to the doctor's inquiry and incorporates her concerns into this expansion. Pregnant women also employ a similar practice in their regular checkups.¹ In this study, I focus on the practice of expanding responses to healthcare providers' routine questions, i.e. questions about possible routine problems, such as abdominal tension, backache, lack of appetite, leg-swelling, omission of some tests, etc. By 'expanding a response' (or 'response expansion'), I mean as follows. Pregnant women's responses to healthcare providers' questions are usually occupied by a recognizable complete answer to the question. However, pregnant women sometimes initiate an operation on the recognizable answer before or after it – providing an account for it, modifying it, adding another piece of information related to it, or the like. These operations 1) may (or may not) be carried on within the same turn-at-talk as the answer; 2) may be part of the *activity* of 'answering' the original question (e.g. justifying, modifying, etc., the just-provided answer) or not (e.g.

adding another piece of information); and 3) may (or may not) be indicative of a possible problem. Stivers and Heritage (2001) consider two types of expansions: ‘expanded answers’ and ‘narrative expansions’. The former ‘pursue projects which the patient encounters as made relevant, or even “required,” by the answer [the patient] has just provided’, such as the projects of clarifying, modifying, etc., the answer; in the latter, in contrast, “the patient actively initiates the offering of information that is neither part of answering a just prior question, nor part of clarifying a just provided response” (179). However, some of the expansions which will be examined (Extracts 3 and 4) are neither constructed as narratives, nor as part of clarifying, modifying, etc. the just-provided answers; rather, they are designedly “added” new pieces of information, which more or less depart from the terms of the questions. I will also examine cases which are developed as narratives, but are part of justifying or modifying the just-provided answers (Figure 1).

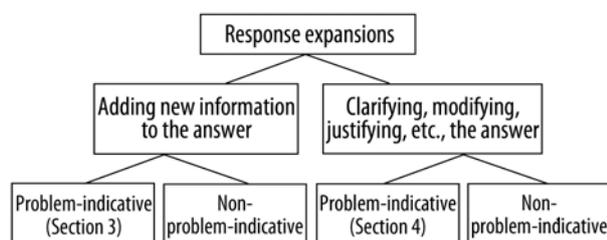


Figure 1. *Types of response expansions*

First, I analyse simpler cases, in which pregnant women’s response expansions contain additional information which is intimately related to the original inquiry (Section 3). Then, I will extensively analyse two more complex cases in which pregnant women struggle to present problems in a more unrestricted fashion (Section 4). In conclusion, I will discuss the procedural grounds for these practices (Section 5).

2. Data and method

The data corpus I draw on consists of 42 video-recorded regular prenatal checkups at various settings, such as private obstetric-gynecologic clinics, the obstetric-gynecologic division of general hospitals, and “midwife houses,” where midwives practice independently (see Nishizaka 2011), in several urban areas of Japan from 2002 through 2008.² In Japan, pregnant women are

usually recommended to take a checkup every month at the earlier stage of pregnancy and every other week or even every week in the third trimester. A prenatal checkup usually consists of various measurements, ultrasound and/or other examinations and consultations. I extracted and analysed 21 cases of pregnant women’s expanded responses to healthcare providers’ routine questions. Routine questions appear to be an essential part of regular prenatal checkups. Prenatal checkups are very similar to what Heritage and Clayman (2010) call ‘well visits’, that is, visits such as annual visits whose premise is that the patient is well: ‘Medical questioning in “well visits” ... is [normally] aimed at achieving a routine overview of the patient’s health or social information’ (148). However, note that in some interactions between healthcare providers and pregnant women, these routine questions are not assembled into a ‘history-taking’ phase, as some researchers have observed in acute visits (Byrne and Long 1976; Robinson 2003), but distributed intermittently throughout each interaction.

The method that I employ is informed by conversation analysis (see Heritage 1984; Sacks 1992; Schegloff 2007); rather than documenting observable patterns of the parties’ behaviour, I focus on what they do with normative orientations to sequential organizations of their interaction.

3. Adding problem-indicative information in response expansions

3.1. Expanding the response to a routine question

Extract 1 is an example of sequences initiated with routine questions.³ The midwives’ (MDW) inquiries in line 01, formatted as a yes/no question, is a typical routine question (a question about abdominal tension); the healthcare provider first proposes a candidate (possible) problem that the pregnant woman (PWM) at the 27th week in her pregnancy may supposedly have (early abdominal tension), and in response the woman claims that she possibly has such a problem. In line 05, the midwife asks a routine follow-up question (a question about the frequency of the tension).

One version of the practice of expanding responses can be observed in Extract 2. After the pregnant woman attempts to answer (line 02; arrow b) the midwife’s routine question about lower back pain (line 01; arrow a) and the midwife preemptively registers the no-problem answer (line 03), the pregnant woman moves on to mention another possible problem, i.e. the

pain around her groin area (lines 05 and 07; arrows c), which was not inquired about by the midwife.

(1) [FK I: 27 weeks]

- 01 MDW: → *onaka tama ni hattari mo: nqshi:*
stomach sometimes get-tense P not
"Doesn't ((your)) stomach sometimes get tense?"
- 02 PWM: *nfu:n haru no kekkoo, (.) aru r kamo* 7
well get-tense P often exist maybe
"Well ((it)) often gets tense, maybe."
- 03 MDW: *L ar u* 7
exist
"((It)) does."
- 04 PWM: *r n: n: n:* 7
yeah yeah yeah
"Yeah, yeah, yeah."
- 05 MDW: → *L hinpan ni hari* 7 *masu:?*
often P tense JD
"Does ((it)) get tense very often?"

(2) [FW I: One day before the due day]

- 01 MDW: a → *.t hh koshi wa itaka ttari shi masu?* =
back P painful like do JD
".t hh Does ((your)) lower back hurt?"
- 02 PWM: b → = *(a=) koshi wa ita rku:*
oh back P (not-)painful
"(Oh) as for my lower back it doesn't hurt,"
- 03 MDW: *L ze:nze r n daijoo r b'*
entirely no-problem
"No problem at all."
- 04 PWM: *L n n:n* |
yeah
"No."
- 05 PWM: c → *L sokedebu:*
groin
"The groin,"
- 06 MDW: *N n r n*
"Yeah, yeah."
- 07 PWM: c → *L koko ga:*
here P
"this part"
- 08 MDW: *.th a r <koko ga> ne:*
oh here P P
".th Oh, this part ((does))."

Extract 3 is a similar example; the pregnant woman only answers the question about lower back pain affirmatively (line 05; arrow b), before she expands the response to add another possible problem, i.e. the pain around the 'joint', i.e. the groin (line 07; arrow c). The beginning of the expansion slightly overlaps the midwife's registering the answer, during which the midwife extends her hand towards a document in front of her (while looking at it), appearing to move onto another routine question.

(3) [FW II: 39 weeks]

- 01 MDW: a → *koshi ga omoi toka r:*
lower-back P heavy or
"((Do you have)) something like the heaviness of your lower back?"
- 02 PWM: *L n: r n n*
"Mm hm."
- 03 MDW: a → *L tasho wa, ari r masu.*
more-or-less P be PL
"you have some?"
- 04 PWM: *L n:n*
"Yeah."
- 05 PWM: b → *ha:i*
"Yes."
- 06 MDW: *nn n r n*
"Yeah yeah."
- 07 PWM: c → *L tsukene mo itai n' r (de)su kedo* 7 *ne::* *.hhhh*
joint also hurt JD but P
"The joint also hurts. .hhhh"
- 08 MDW: *L n:n hai*
mm yes
"Yes."

Extract 4 is another example of the same practice. The midwife asks a routine question about abdominal tension (line 01; arrow a), which is rather necessary for pregnant women at the latest stage of pregnancy.⁴ The pregnant woman, who answers the question affirmatively (lines 02–03; arrows b), moves on to mention a possible problem, that is, that her uterus may not be adequately open yet for the birth (lines 06–07; arrows c).

(4) [FW II: 39 weeks]

- 01 MDW: a → *Edoo: ?E uheh .hh kekkoo hattari shi masu ka r:?*
how fairly tense be JD-PL IR
"£How ((is it))?£ uheh .hh ((Does your stomach)) get fairly tense?"
- 02 PWM: b → *L a*
oh
- 03 b → *hari wa hin r pan ni kuru yoo ni nari mashi ta* 7 *ne:*
tension P frequently come like P become JD-PL did P
"Oh, tension has started to occur frequently." [Lines 02-03]
- 04 MDW: *L u::n.*
"Mm hm."
- 05 MDW: *L ha-*
- 06 PWM: c → *L hh mada shikyuu ga zenzen hirai te*
still uterus P at-all open P
- 07 c → *nai: r::: tte zenka r i:: r iware mashi ta ne.*
not P last-time be-told JD-PL did P
".hh The uterus was not opened at all, I was told last time."
- 08 MDW: *L aa soo. n:n .hh L n:n L h*
oh so yeah yeah
"Oh I see. Yeah. .hh Yeah."

Note that abdominal tension is a sign of the closeness of the birth. The pregnant woman, after responding to the midwife's inquiry by mentioning one good sign (frequent tension) which has occurred since the

previous visit, goes on to raise a matter understood as a concern; in lines 06–07 (arrows c) she mentions that in the previous visit (one week before) the uterus was not yet opened *at all*, indicating a possible problem which she may have. (Uteruses are expected to be adequately open at the latest stage of pregnancy. In this respect, the emphatic expression *zenzen* [*at all*] in line 06 strongly indicates the pregnant woman's concern.)

Incidentally, note the ways in which the pregnant women in Extracts 2 and 4 initiate their responses to the healthcare providers' first questions. These pregnant women in their responses first repeat the focal words in the healthcare providers' questions (*koshi* [lower back] in Extract 2, and *hari* [tension]⁵ in Extract 4), and mark them with the contrastive marker *wa*. This contrastive marking may, though not always, project the pregnant women's incipient responses to be one item of a contrast pair, such that the claim that X *wa* Q implicates that there is a yet-to-be-mentioned Y, where Y is from the same class as X, and that Y contrasts with X in terms of Q-ness. Accordingly, the first utterance units in the pregnant women's responses in Extracts 3 and 5 may indicate that there is a possible problem in spite of the incipient no-problem answer.⁶

3.2. Responses to response expansions

The midwife in Extract 2 appears to respond to the possible problem which was raised by the pregnant woman in the expansion of her response. Extract 5 is the continuation of Extract 2. The midwife provides an account for the pain at the groin in line 12 (arrow d) and also normalizes the pain, by indicating that it is not a real problem but rather what happens to the woman at this stage of pregnancy in the normal course of fetal development.

However, the possible concerns raised in the expansions of the pregnant women's responses are not always responded to as such. Extracts 6 and 7 are the continuation of Extracts 3 and 4 respectively. In Extract 6, the midwife only minimally acknowledges what the pregnant woman has added in the expansion ('*n::n hai* [Yes]' in line 08; arrow d), and moves on to another routine question, a question about the fetal movement (line 10; arrow e). In Extract 7, the midwife acknowledges the information conveyed by the expansion ('*aa soo* [Oh I see]' in line 08; arrow d), and moves on to a routine follow-up question, i.e. a question as to whether the pregnant woman feels pain similar to menstrual pain when her abdomen is tense (lines 09 and 11; arrows e).

- (5) [FW I: The continuation of (2)]
- 05 PWM: c→ ↳*sokēbu:*,
groin
"The groin,"
- 06 MDW: *Nn* *Γmn*
"Yeah, yeah."
- 07 PWM: c→ ↳*koko ga:*
here P
"this part"
- 08 MDW: *.th a* *Γ<koko ga> ne::*
oh here P P
".*th* Oh, this part ((does))."
- 09 PWM: ↳(*yasu de:*
(P)
- 10 MDW: *Γsoo desu yo ne::Γ::*
so JD P P
"Right."
- 11 PWM: ↳*n::n na:nka.* ↓
well kind-of
- 12 MDW: d→ *.hh aka chan ga* *Γorite ru kara ne::*
baby P come-down because P
".*hh* Because the baby has come down."
- 13 PWM: ↳*Lyooosuru ni(hh).* *ehehehhh*
in-one-word
"*()*, to put it in one word. *ehehehhh*"
[Including lines 08 and 11]
- (6) [FW II: The continuation of (3)]
- 07 PWM: c→ ↳*tsukene mo itai n' Γ(de)su kedo ↓ne::* *.hhhh*
joint also hurt JD but P
"The joint also hurts. *.hhhh*"
- 08 MDW: d→ ↳*n::n hai*
mm yes
"Yes."
- 09 (2.4) ((MDW looks at the pregnant woman's record.))
- 10 MDW: e→ *>aka chan wa:< yoku, (.) ugoki wa.*
baby P much movement P
"((Does)) the baby, (.) ((How about the baby's)) movement?"
- (7) [FW II: The continuation of (4)]
- 05 MDW: x→ ↳*ha-*
- 06 PWM: c→ ↳*hh mada shikyuu ga zenzen hirai te*
still uterus P at-all open P
- 07 c→ ↳*nai:* *Γ::: tte zenka Γ::: Γiware mashi ta ne.*
not P last-time be-told JD-PL did P
".*hh* The uterus was not opened at all, I was told last time."
- 08 MDW: d→ ↳*aa soo. n::n. hh* *↳n::n* *↳h*
oh so yeah yeah
"Oh I see. Yeah. *.hh* Yeah."
- 09 MDW: e→ *hatta toki ni* *Γ:* *koo*
tense when this-way
- 10 PWM: ↳*n::n.*
"Mm hm."
- 11 MDW: e→ *shitap:para ga: (.) koo:-:* *>seeritsuu no yoona itami toka.<*
lower-stomach P this-way period-pain P like pain or
"When ((the stomach)) gets tense, at the lower stomach ((you have)) pain like period pain or?" [Lines 09 & 11]

Note that in lines 09 and 11 of Extract 7 the midwife appears to resume the attempted question

in line 05 (arrow x) that she (the midwife) self-interrupted when the pregnant woman had initiated the expansion (*ha-* in line 05 is hearable as the first syllable of *hatta*, which reappears in line 09). (This particular midwife routinely asks this type of question after a woman at the latest stage of pregnancy answers that her abdomen becomes tense frequently.) This resumption of what the midwife was doing when the pregnant woman was initiating the expansion strongly shows that the midwife's question in lines 09 and 11 is not responsive to the expansion, and that the midwife treats the expansion as no more than an additional piece of information.

Response expansion is a practice which pregnant women *may* use to add any information that is problem-indicative, as in Extracts 2–4. However, the expansion is still embedded in the information-gathering activity, and the possible problem mentioned in it *may not* be responded to as such (i.e. as a *problem*).

To sum up, after a recognizable answer to a routine question is provided (even if collaboratively, as in Extract 2; see Lerner 1991, 1996; see also Hayashi 2003), pregnant women may or may not add any information that they think is relevant, and the additional information delivered there may or may not be problem-indicative. The possible problem, and even the information, may or may not be responded to as such.

All the expansions that we have reviewed in this section only involve a very limited range of information. The information is intimately related to what the healthcare providers inquired about in their first questions; in Extracts 2 and 3 the groin or joint is from the same physical area as the lower back, and in Extract 4, in the context of the 39th week of pregnancy, the abdominal tension and the opening of the uterus are understood as being from the same class of indications: closeness of the birth. Furthermore, the concern about the possible problem indicated in the expansion is not expressed explicitly; it is delivered just as an additional piece of information.

However, pregnant women can raise their possible concerns in a more unrestricted fashion by response expansion; pregnant women can raise a matter which is not so intimately related to the healthcare provider's original inquiry, and express it explicitly as a concern or worry. In what follows, I examine two episodes of this kind in order to explore the interactional import of raising a problem in response expansion.

4. Presentation of a concern in response expansions

4.1. Embedded reason for the answer

In all of the expansions reviewed in the preceding section, the pregnant women added another piece of information *after* the completion of a recognizable answer to the healthcare provider's original inquiry. In Extract 8, excerpted from an interaction between a midwife and a pregnant woman at a midwife house, the pregnant woman embeds her concern as a reason for the answer to the midwife's routine question. The midwife asks the woman whether she intends to visit an obstetrician again to have some tests before delivery (lines 01 and 04; arrows a). Note that midwives from midwife houses usually recommend pregnant women in the latest weeks of pregnancy to also visit an obstetrician at least every other week. What can be understood as an answer to the midwife's inquiry only appears in lines 11–12 ('When ((it)) becomes a little closer ((I)) am thinking of going once more'; arrows b1). *Prior to* this utterance, the pregnant woman provides a reason for this answer (lines 07 and 09; arrows c1); in this account, she explicitly says that she is *concerned* about the current 'estimated fetal weight'.

(8) [FW VI: 37 weeks]

- 01 MDW: a→ *e:eto: are de shi ta 'kke, dokutaa no <hoo wa ɾ:>*
well that JD do PAST IR doctor P to P
"Well, was ((it)) that? To the doctor,"
- 02 PWM: L_{ge}
"Yes."
- 03 (.)
- 04 MDW: a→ *aa:: mada (.) ikare: masu:?*
uh still go JD-PL
"uhm are ((you)) still going?"
- 05 PWM: *a_ɾa byōoin desu ɾka:?.hh*
oh clinic JD IR
"Oh, the clinic? .hh"
- 06 MDW: L_{NV NV}
"Yeah." "Yeah yeah."
- 07 PWM: c1→ *nan'ka .h ɾano:: sɾ:uitee ga ne chotto ki ni =*
kind-of uhm estimation P P a-little concern P
- 08 MDW: L_{nan 'te.} ↓
what P
"What ((did he)) say?"
- 09 PWM: c1→ *nar(h)u n'(h)d ɾe(hh) .hhɾ*
have JD
"Well, .h uhm ((I)) have a concern about the ((baby's)) estimated ((weight)), so(hh) .hh" [Lines 7 and line 9]
- 10 MDW: L_{nn nn} ↓
"Yeah yeah."
- 11 PWM: b1→ *moo chotto majika n' natte kara chotto moo*
more a-little close P become after a-little more
- 12 b1→ *ikkai ɾitte miyogo kana to ɾomotte:: ɾ.hh*
once go try wonder P think
"When ((it)) becomes a little closer, ((I)) am thinking of going once more, and .hh"

- 13 MDW: $\uparrow n:n$ $\underline{ee ee ee}$ \underline{hh}
 "Yeah." "Yes yes yes. *hh*"
- 14 PWM: c2→ \uparrow $\uparrow k\text{ona}'ida-$
 "The other day,"
- 15 MDW: x→ \underline{L} $\underline{are kara:}$
 that since
 "Since then,"
- 16 (0.4)
- 17 PWM: c2→ \uparrow $\uparrow sa:n juu$ \uparrow \underline{isshuu} ka $nanka$ no $toki$ ni $itta$ $toki$
 thirty one-week or something P time P went when
 "When ((I)) went the other day during the thirty-first week or so,"
- 18 MDW: x→ \underline{L} $\underline{ni ga:}$ \downarrow
 (Febru-)

Indeed, following the appearance of the recognizable answer to her inquiry, the midwife attempts to move onto the next thing (lines 15 and 18; arrows x). However, the pregnant woman further expands her response and goes on to elaborate her concern (lines 14 and 17, through 24 of Extract 9; arrows c2).

The pre-answer expansion is achieved systematically in the following way. In line 05 ('Oh, the clinic?'), the pregnant woman provides a candidate understanding of the midwife's question (Schegloff *et al.* 1977). This understanding check by the pregnant woman demonstrates that the pregnant woman understands clearly what the midwife is inquiring about; it enables anything said following the midwife's confirmation (line 06) to be understood as related to the answer which is now expected to ensue eventually. This and the midwife's response to it (confirming the pregnant woman's understanding) together provide the pregnant woman with a space that she (the pregnant woman) can utilize to produce any preliminaries to the production of the answer to the original question before the answer, recognizable as such, appears. The pregnant woman indeed uses this space to raise her concern about the estimated fetal weight as a preliminary, i.e. a reason for her answer that she intends to visit the obstetrician.

Extract 9 is the continuation of Extract 8. The pregnant woman mentions the estimated fetal weight calculated by the doctor at her last visit, which was heavier than usually expected for that stage of pregnancy (lines 17, 19 and 23–24; arrows c2). The pregnant woman further mentions the fact that her first child was 'very big' (line 26; arrow c3), and makes it explicit that she is worried (line 28; arrow c4). It is now revealed that what she is worried about is the size of the fetus.

- (9) [FW VI: The continuation of (8)]
- 17 PWM: c2→ \uparrow $\uparrow sa:n juu$ \uparrow \underline{isshuu} ka $nanka$ no $toki$ ni $itta$ $toki$
 thirty one-week or something P time P went when
- 18 MDW: x→ \underline{L} $\underline{ni ga:}$ \downarrow
 (Febru-)
- 19 PWM: c2→ \underline{ni} \uparrow \underline{hh} ni sen $hyaku:?$
 two two thousand hundred
 "When ((I)) went the other day during the thirty-first week or so, ((I)) was told ((the baby weighed)) two *hh* two thousand ((one)) hundred ((grams))?" [Lines 17 and 19]
- 20 MDW: \underline{L} $\underline{n:n}$
 "Mm hm"
- 21 (0.2)
- 22 MDW: $\underline{n:n}$
 "Mm hm"
- 23 PWM: c2→ $toka$ $iware$ te $sore$ ga san juu yon $shuu$ $sootoo$ $toka$
 or-so told P it P thirty four week as-big-as or-so
- 24 c2→ tte $iware$ ta $n'desu$ $ne:?$ \uparrow \underline{hh}
 P told PAST JD P
 "or so, and was told that it was as big as a thirty-four-week old (([unborn] baby)). *hh*"
- 25 MDW: \underline{L} $\underline{nn n:n}$
 "Yeah yeah."
- 26 PWM: c3→ $nanka$ $s:-$ $uchi:$ $sugo:$ $'$ $ookikatta$ $n'de$ ue \uparrow $ga:$ \underline{h} \uparrow $h=$
 kind-of I very was-big JD older-child P
 "Well, v- as my first son was very big, too, *hh*"
- 27 MDW: \underline{L} $\underline{nn nn}$ \downarrow
 "Yeah yeah."
- 28 PWM: c4→ =< $chotto$ > $shinpa$ (hi)(h) n (h) a (h) $n'd$ (h) e \uparrow su (h) yo ne \underline{hh} \uparrow
 a-little worry JD P P
 "((I)) am a little worried. *hh*"
- 29 MDW: \underline{L} $\underline{nn nn nn}$ \downarrow
- 30 \uparrow $\underline{n:n}$
 "Yeah yeah yeah yeah." [Lines 29-30]
- 31 PWM: b2→ \underline{L} $\underline{dakara:}$ \underline{h} $chotto$ moo $chotto$ $shite$ $kara:$
 therefore a-little more a-little after
 "So, *h* a little bit later,"
- 32 MDW: $\underline{n:}$ \uparrow n
 "Mm hm"
- 33 PWM: b2→ \underline{L} \underline{magiwa} ni $natte$ $kara$ $sono$ $suitee$ $o:?$ mi te $morai$
 close P become after well estimation P have-checked
- 34 b2→ \uparrow \underline{ni} $itte$ $koyoo$ $kana$ \uparrow \uparrow $nante$ $omoi$ \uparrow $tari$ shi $t'ru$ =
 P go intend wonder like think do be
 "when ((it)) becomes close, ((I)) am thinking of visiting ((the doctor)) to learn ((the baby's)) estimated ((weight))."
 [Including line 36]
- 35 MDW: d→ \underline{L} $\underline{qa:}$ $naruhodo$ $ne:$ \downarrow \underline{L} $\underline{ee ee}$ \underline{hh}
 oh I-see P yes yes
 "Oh, I see. Yes yes."
- 36 PWM: b2→ = n' \uparrow \underline{desu} $kedo:$ \uparrow
 JD though
- 37 MDW: e→ \underline{L} \underline{ichi} ban sai \downarrow go ni $itta$ no wa \underline{ni} $gatsu:$ $:$
 very last P went P P February
- 38 MDW: e→ $\underline{hatsuka:}$ \uparrow
 twentieth
 ". *hh* It was on February 20 when ((you)) went last time."
- 39 PWM: \underline{L} \underline{soo} $desu$ ne \uparrow \uparrow \underline{hh}
 so JD P
 "That's right."
- 40 MDW: \underline{L} $\underline{h:}$ nn nn $n:n$
 "h:: Yeah, yeah, yeah."
- 41 MDW: e→ \underline{h} so ' shi $tara$ $chotto$ < $ikkagetsu:$ \uparrow > \uparrow \underline{aiteru} \uparrow =
 so a-little one-month has-elapsed
- 42 PWM: \underline{L} $\underline{qa:}$ $\underline{L:}$ $\underline{qa:}$ $:$ \downarrow
 "Oh yes."

- 43 MDW: e→ = *kara* °*chotto* *aki* *sugi te masu*
 because a-little elapsed too-much JD-PL
- 44 e→ *yo* *ne*°.
 P P
 ".h So, because one month has elapsed, too much has elapsed, right?" [Lines 39, and 41–42]
- 45 PWM: *La* °*aki sugi te masu*:?°
 "Oh, too much has elapsed?"
- 46 MDW: e→ *n::n* *ikare'n' dattara moo* >*itta* *hoo ga ii desu ne*<.
 yeah go-PL if soon go should-better JD-PL P
 "Yeah. If you go, you'd better go as soon as possible."

In lines 31 and 33–34 (arrows b2), the pregnant woman incorporates her worry expressed in line 28 (arrow c4) into the reason why she wants to visit the doctor again later. She marks this utterance as the conclusion derived from what she has just said, with the connective *dakara* (*therefore* or *so*). The utterance in lines 33–34, in particular, is hearable as a second answer to the midwife's original question (line 01 and 04 of Extract 8; arrows a).

4.2. The construction of and response to the expansion

The worry about the size of the fetus is not so intimately related to the possible problem that the midwife inquires about in the segment reproduced as Extracts 9 and 10, as it is in Extracts 2–4; whereas, for example, abdominal tension and the openness of the uterus are indications of the same class, another visit to a doctor (or possible omission of some relevant tests) and the possibility that the fetus is too big are not of the same class in the same fashion. This is enabled by the fact that the pregnant woman presents her worry as a reason for her answer to the original question – because anything can be mentioned insofar as it is understood as a possible reason for the answer.

The construction of the expansion after the first recognizable answer (lines 17 through 36; arrows c2–c4, and b2) is also notable. The entire expansion consists of five utterance units (or 'turn-constructional units'; Sacks *et al.* 1974), as marked with different numbered arrows. On the one hand, the incremental addition of one utterance unit after another is interactionally achieved by the midwife's refraining to take a full turn at talk at the completion of each unit (lines 25, 27 and 30; see Schegloff 1982) and by the pregnant woman's continuing to talk, but, on the other hand, the appearance of the second answer will constitute a clear boundary of the expansion; it marks a possible completion of the entire expansion.

Indeed, the midwife, precisely at the moment when the pregnant woman's initiation of the

second answer becomes recognizable, registers the information conveyed by the answer (line 35; arrow d), and moves onto advising the pregnant woman to visit the doctor as soon as possible only because a substantial amount of time has elapsed since her previous visit, without responding to the worry raised in the expansion (lines 37–38, 41, 43–44, and 46; arrows e). Furthermore, note that this advice appears to be the one that the midwife started just following the first recognizable answer to the original question, but abandoned to let the pregnant woman continue her response; *ni ga-* in line 18 (arrow x) can be understood as an aborted version of *ni gatsu* (*February*), which (re-)appears in line 37. The resumption of the midwife's self-interrupted attempt provides evidence that the midwife does *not* address the expressed worry as such, which has just been revealed. The midwife skips the worry, in spite of the characteristics of the presentation of the concern, which can be summarized as follows:

- 1) The pregnant woman makes it explicit that she is concerned and worried (*ki ni naru* [*concerned*] in line 07 and 09 and *shinpai* [*worried*] in line 28);
- 2) The matter that concerns the pregnant woman is not of the same class as the one about which the midwife inquired in her original question; and
- 3) The presentation of the possible concern in the expansion is constructed as a well-grounded one. The pregnant woman cites the concrete number that the doctor told her in her previous visit, thus achieving the 'relevant precision' (Drew 2003). In doing so, she demonstrates that her worry is not just an arbitrary one, but rather that it is based on some kind of objective evidence. In addition to this, she mentions what she experienced when she had her first child. This is also intended to be a ground for her worry (see Heritage and Robinson 2006, for these features of problem-presentations in acute visits, to which the legitimization of each visit as such is relevant).

Interestingly, the pregnant woman in Extracts 8–9 seizes another opportunity to raise the same concern several minutes after the reproduced segment of interaction. When she pulls down her thermal pants to reveal her abdomen for palpation, she mentions the stretch marks which have appeared on her abdomen this time, by saying, 'Though not cracked when ((I delivered my)) older child, ((my)) stomach is a little

bit cracked, ... so ((I)) think ((the baby)) is quite big'. This remark can be heard as the presentation of the same concern more straightforwardly, because it is heard as related to the palpation now being started (see Nishizaka 2010, for a more detailed analysis). The reappearance of the presentation of the same concern shows that the pregnant woman had a strong commitment to the concern about the size of the fetus. In spite of her individual commitment, the activity that the pregnant woman performs in Extracts 8–9 is answering the midwife's question, rather than presenting her concern. The pregnant woman's presentation of the concern is entirely embedded in another activity in progress. Indeed, the midwife does not address this concern as such, but rather pursues the progress of the ongoing activity, giving advice upon receiving the answer to her question.

Furthermore, one should note that the midwife's question in lines 01 and 04 may be understood as pre-advice at the moment of its production (see Terasaki 2004; Schegloff 2007, for pre-sequences). That is to say, it is designed such that, depending on the answer given to it, the midwife is expected to give some advice regarding the pregnant woman's future visit to the doctor. In this case, if the answer does not indicate that the pregnant woman intends to visit the doctor within an adequate time period after the previous visit, the midwife is expected to advise the pregnant woman to do so. The pregnant woman's actual answer, which indicates that she is thinking of not going immediately, warrants the midwife's go-ahead to advise the pregnant woman to make a visit as soon as possible, given that one month has already elapsed since the previous visit. The midwife's advice-giving is precisely following the trajectory projected by her first question.

4.3. Addressing the possible concern raised in response expansion

I now turn to a case where a healthcare provider addresses the possible concern raised in a way similar to the previous case (Extracts 8–9), and explore structural features of her way of doing so. Extract 10 is excerpted from an ultrasound examination performed by a midwife at an obstetric clinic. During the ultrasound examination, the midwife asks the pregnant woman various routine questions. At line 01 (arrow a), the midwife inquires of the pregnant woman about eating. After giving a no-problem answer to the question (lines 03; arrows b)⁷ and its confirmation (line 05), the pregnant woman raises the issue of asthma (lines 07–08; arrows c1).

- (10) [IK V: 37 weeks]
- 01 MDW: a→ *gohan wa doo?=tabe 're te'ru:?' chanto.*
 food P how eat can be properly
 "How about eating? Do you eat? Properly."
- 02 (.)
- 03 PWM: b→ *gohan wa mushiro tabe 're te r'ru.*
 food P rather eat can be
 "As for eating, ((I have)) no problem with eating."
- 04 MDW: *L'tabe'reru?*
 can-eat
 "((You)) eat?"
- 05 PWM: *nn r'n*
 "Yeah."
- 06 MDW: *L^{oooh} h^{oo}*
- 07 PWM: c1→ *.hh >tada< saikin mata zensoku deteki*
 only recently again asthma occur
- 08 c1→ *chat: r: te: ʔ*
 have and
 ".hh Only, recently, ((I)) got an asthma attack again, and"
- 09 MDW: *L'aa soo ka. ze^J nsoku attan' dak'ke.*
 oh so IR asthma be-PAST JD IR
 "Oh I see. Did ((you)) have asthma?"

The return of asthma attacks may be intrinsically problem-indicative. Indeed, precisely at the point that it becomes apparent that the pregnant woman is mentioning the return of asthma attacks, the midwife picks up the word asthma (*zensoku*) and topicalizes the asthma issue ('Did ((you)) have asthma?' in line 09). Note, however, that the entire expansion initiated in line 07 is projected, with the word *tada* (*only*), as a modification of the no-problem answer that she has provided. This projection provides the pregnant woman with a space into which she can introduce anything related to the modification in progress, before the modification is recognizably complete. Indeed, the entire response expansion thus initiated develops in this way. In Extract 11, which is the continuation of Extract 10, the pregnant woman relates the issue of her asthma to the issue of eating, by saying that asthma attacks occur at night (lines 14–15), because of this she takes a nap in the afternoon (line 17), and is afraid that her life may become disorganized (line 20) and that she may gain weight (line 26). What the pregnant woman says in these lines can be heard as a modification of her no-problem response to the midwife's original inquiry about eating. The midwife herself exhibits this hearing, when she asks the pregnant woman whether she still eats enjoyably, and in particular, introduces the question with the contrastive marker *dakedo* (*but* or *still*) (line 38), that is, by contrasting the trouble of weight increase with normal eating, which is the import of the pregnant woman's original no-problem answer.

- (11) [IK V: The continuation of (10)]
- 10 (.)
- 11 PWM: c1→*de: kyoo mata mashi >are dat'tara< kanpoo*
and today again if that JD-PAST-if chinese(-medicine)
- 12 c1→*moraao ka to omotte:*
get IR P think-PAST
"And if possible ((I)) was thinking of getting Chinese
(medicine) today."
- 13 MDW: *u n*
"Yeah."
- 14 PWM: c2→*L.hhhhhh e-kinoo no ban toka mo yoru ni deru*
yesterday P evening like also night P occur
".hhhhhhh The attack usually occurs at night, like last night,"
- 15 c2→*no de r:*
because
- 16 MDW: *L n*
"Yeah."
- 17 PWM: c2→*hi r r u m a : : 7 ni koo .hh ne chau to:*
day-time P this-way sleep have if
"and if because of this, ((I)) take a nap in the afternoon,"
[Including line 15]
- 18 MDW: x→ *L nani nonde ru. J*
what take be
"What ((medicine)) do you take?"
- 19 MDW: *u n*
"Yeah."
- 20 PWM: c2→*L ko' seekatsu fu(k)isoku ni nacchatte r:*
this-way life disorganized P have-become
"well, life becomes disorganized, and"
- 21 MDW: *L n n*
"Yeah."
- 22 PWM: *.hh*
- 23 (.)
- 24 PWM: c2→*>toku ni seekatsu fu(h)kiso(h)ku ni rna(h)ru(h)*
particularly life disorganized P become
- 25 MDW: *L e?*
- 26 PWM: c2→*to(h) ta: ijuu p o o : : n t r o (hh) .hh*
if weight MIM P
"if life becomes disorganized, particularly, my weight
(increases) like *poon(hh)* ((that is, all of sudden)) *.hh*"
- 27 MDW: *L hh hehehehehh .h h*
- 28 d1→*.h t ai juu ne : : £*
weight P
".h £The weight.£"
- 29 PWM: *so(h) r o (h) na(h)n de(h)s'(hh)° .hh*
right JD-PL
"Tha(h)t's(h) r(h)ght(hh)."
- 30 MDW: d2→ *L >demo< taijuu (.) n: ch r otto wa fueteru=*
but weight well a-little P increase
- 31 PWM: *L i- fu: e ta: : hh*
increase-PAST
"((It)) increased."
- 32 MDW: d2→*=ne: yappa ne: .*
P as-expected P
"But ((you)) gain a little weight, inevitably."
[Lines 30 & 32]
- 33 (0.4)
- 34 MDW: d2→*r ooku ne?*
increase P
"((It)) increases, you see?"
- 34 MDW: d2→*r ooku ne?*
increase P
"((It)) increases, you see?"
- 35 PWM: *L .hhhhhhhhhhhh n: _ r n*
"Yeah."
- 36 MDW: *L n: n*
"Yeah."
- 37 (0.6)
- 38 MDW: d3→*dakedo (0.6) oishiku gohan tabe'rete run' deshō?*
but enjoy food can-eat be JD-IR
"But, (0.6) ((you)) eat enjoyably, don't you?"

The asthma issue is incorporated into the activity of 'answering' an inquiry about eating as an account for the modification of the original no-problem answer, that is, as an account for the pregnant woman's worry about normal eating (i.e. whether she could continue to eat as much as she does in spite of her recent weight increase possibly caused by asthma), rather than being raised as her concern as such. However, though the pregnant woman's concern about asthma is not expressed explicitly, at some points the properly problem-presentational nature of her telling surfaces. First, in the first utterance unit (arrows c1) of the entire expansion, she uses the word *saikin* (*recently*), and further expresses her thought of obtaining some medicine for asthma. She thus presents the asthma issue as a new and treatable thing, that is, an *acute problem*. Second, on the midwife's side, not only does she produce a topicalizing question for the asthma issue in line 09, but she also attempts to address the asthma issue in line 18 (arrow x). The sequential position in which this attempt occurs is prominent in that it occurs immediately after the pregnant woman mentioned what had happened on the previous night (lines 14–15); that is, the attempt is responsive to the indication that the asthma issue is a current, ongoing one. However, neither the topicalizing question in line 09 nor the question about the current medicine for asthma is responded to by the pregnant woman. In spite of these surfacings of the properly problem-presentational nature, the pregnant woman's telling develops on the very trajectory which has been projected by the modification marker *tada* (*only*) in line 07.

Interestingly, after the sequence concerned with the eating issue is completed, the asthma issue is reinvoked by the midwife. In Extract 12, the continuation of Extract 11, after both of the participants confirm that there is no eating problem for the pregnant woman (lines 38–50), the midwife produces a question similar to the one with which she (unsuccessfully) attempted to address the asthma issue in line 18, though this time she also provides

a candidate answer, following an open wh-question (line 52). Furthermore, she goes into the asthma issue more straightforwardly in lines 54–55.

(12) [IK V: The continuation of (11)]

- 38 MDW: d3 → *dakedo* (0.6) *oishiku gohan tabe'rete run' desho?*
but enjoy food can-eat be JD-IR
"But, (0.6) ((you)) eat enjoyably, don't you?"
- 39 (.)
- 40 PWM: *m-wa mo: rnda:i na:i. ʔ n: r:n.*
P problem no yeah
"There is no problem about ((that))."
- 41 MDW: *ʔne:? n::n. ʔ socchi no hoo ga*
P yeah that P more P
- 42 *daiji da kara.*
important JD because
"See? Yeah. That is more important, you know."
- 43 (.)
- 44 PWM: *mushiro tabe nai. to: kimo rchi waruku =*
rather eat not if feel sick
- 45 MDW: *ʔn-*
- 46 PWM: = *rnat::te >kicha ru< no GA:(hh)*
become will P P
"Rather, if I don't eat, I will come to feel sick again,
so" [Lines 44 & 46, including line 48]
- 47 MDW: *ʔAA aa .hh ʔn mada?*
"Oh." "Still?"
- 48 PWM: *r m a t a r(de te'ru) kara:*
again come-out because
- 49 MDW: *ʔi(h)ma(h) da(h) ni(h)? ʔ.he he heh*
now even P
"Sti(h)ll(h)? .he he heh"
- 50 MDW: *£sooka sooka£ hai.*
I-see I-see yes
"£I see.£ OK."
- 51 (1.0)
- 52 MDW: → *dore daro: kanpoo yaku tte. hh (.) gajutsu:?*
what JD-IR Chinese medicine said ((name of a brand))
"What is ((it)), the Chinese medicine that you talked
about? Gajutsu?"
- 53 PWM: *hh ja nak ru te::*
JD not and
"((It)) is not ((that)), but"
- ((8 lines omitted))
- 54 MDW: → *zensoku ʔima daijo'bu soo da kedo. (.) kekkoo*
asthma now all-right like JD though fairly
- 55 → *shindo ri?*
hard
"As for the asthma, you look fine now, but has it
been bad?"

Thus, even though the possible problem raised in the response expansion can be understood as an acute problem, the constraint imposed by the first question on the trajectory appears to be oriented to by the participants such that the problem is only addressed after the sequence initiated by the question is completed.⁸

5. Conclusion

I examined two types of response expansions in which pregnant women self-initiate problem presentations. The first type is the practice of adding another piece of problem-indicative information to the answer to the healthcare provider's original question. This practice is organized as sequentially juxtaposing, with the just given answer, the report of a fact intimately related to this answer. A possible completion of the provision of a new piece of information supplies a place where the healthcare provider can deal with the additional information, whether merely registering the information or also addressing the indicated problem. The second type of expansion involves a more unrestricted fashion of raising a possible concern, but, interestingly, it is more 'molded' into the ongoing activity of answering the original question. Those possible concerns raised in this type of expansion were framed as part of a preliminary to (i.e. a reason for) or a modification of the answer. On the one hand, such framing appears to permit an unrestricted introduction of a pregnant woman's possible concern, while the practice of sequentially juxtaposing additional information (i.e. the first type of expansion) only works if the additional information is, in one way or another, of the same class as the original answer onto which it is added.⁹ On the other hand, as we saw, the healthcare providers may only address the concern raised in the second type of expansion after the answering activity in which the expansion is embedded is completed and, furthermore, after the sequence in which the answering activity is embedded is completed (if they do respond any way).

Response expansion still appears to be one of the systematic opportunities that pregnant women utilize to take the initiative in presenting their concerns in an 'optimized' way, that is, in a way which optimizes the simultaneous satisfaction of the following two requisites: first, the presented problem should be understood as a possible problem, and second, the problem should not be presented as such an acute and serious one as to necessitate an immediate response to its presentation. Indeed, if the problem were really serious and acute, the pregnant woman would be supposed to visit the healthcare provider earlier without waiting until the appointed visit. The opportunity is systematically provided for pregnant women's self-initiated presentation of a 'normal' problem (to borrow Sudnow's [1965] usage of the word) for pregnant women at each stage of pregnancy, such that healthcare

providers can address it if, and only if, they think it is appropriate.

In this respect, the surfacing of the properly problem-presentational nature of the telling in Extract 11 may be interesting. Asthma is not a 'normal' problem for pregnant women; an asthma attack during the delivery of a baby would cause a very serious problem. Furthermore, the pregnant woman describes the asthma attacks as recent ones, or even as an event of the previous night; the description is constructed such that the problem is very acute and that the day of the appointment for the regular checkup may have been the soonest day on which she could visit to the clinic. The surfacing may be related to this manner of construction of the pregnant woman's description.

What I have elucidated is an interactional structure. Indeed, pregnant women may have various individual commitments to the possible concerns that they raise. However, insofar as a problem presentation is embedded within another activity, whether information-gathering or advice-giving, this activity may override the problem presentation in terms of action sequencing such that the problem presentation may not be responded to as such. It is also important to bear in mind, as Stivers and Heritage (2001: 176) remark, that 'it does not seem profitable to treat [the healthcare providers' behavior] as an instance of a broader pattern of "insensitive" behavior or of a generic resistance to the introduction of lifeworld topics by his patient'. Thus, the 'optimized' way of raising a possible concern and its consequence are structural features of interaction, which are describable in a methodical way without recourse to participants' individual or cultural tendencies.

Notes

- 1 Of course, response expansion as such is systematically used to accomplish various things other than raising distinct concerns, for example, by patients in medical settings (see Gill 1998; Robinson and Heritage 2006b; Stivers 2006), by interviewees in news interviews (Clayman and Heritage 2002, chapter 7), and even by witnesses in courtroom interaction, who are ostensibly supposed to answer questions in an extremely restricted fashion (see Atkinson and Drew 1979, chapter 5).
- 2 All of the interactions reproduced in this article happen to be between a midwife and a pregnant woman in the later weeks of pregnancy. However, note that the purpose of this article is to explicate one set of practices that pregnant women employ, and that exploring a possible distribution of these practices, which may be interesting, is beyond its scope.
- 3 All the extracts cited in this article are composed of three tiers. At each numbered line, there is first a romanized version of the original Japanese. Below this is a phrase-by-phrase gloss, and finally, on the third tier, a rough English translation. The first tier of transcript utilizes a transcription system developed by Gail Jefferson (see Jefferson 2004, for the most recent version). In the second tier glosses, the following abbreviations are used: IR for 'Interrogative'; JD for 'Judgmental'; MIM for 'mimetic'; P for 'Particle'; PAST for 'past tense'; PL for 'Polite'; and PN for 'Proper name'. The letters and Roman numerals in brackets next to the extract number indicate the identity of the pregnant woman in each extract, and I also note in the brackets the pregnant woman's week of pregnancy.
- 4 On the other hand, abdominal tension at the earlier stage of pregnancy can be a sign of miscarriage. In this respect, it is interesting to compare the question design in line 01 of Extract 4 with the design in line 01 of Extract 1. Whereas the question in line 01 of Extract 4 is constructed such that the 'yes' answer is preferred, the question which is addressed to a pregnant woman at the 27th week of pregnancy is constructed as a negative interrogative which prefers a 'no' answer (see Heritage 2002; Boyd and Heritage 2006; Heritage *et al.* 2007). This difference in question designs is not accidental, given the difference in weeks of pregnancy; each of these questions is designed such that the preferred answer ('yes' or 'no') should be the desirable or normal one in terms of a normal pregnancy.
- 5 In Extract 4, the midwife uses a conjugation of the verb *haru* ('*hattari*' in line 01) in her question, and in response to it the pregnant woman picks up the word and uses its noun form *hari*.
- 6 The pregnant women's responses to the healthcare providers' first questions in Extracts 2 and 4 are 'nonconforming responses' (Raymond 2003), that is, responses which do not contain any words for 'yes' or 'no', though they are responses to yes/no interrogatives (see also Hayashi 2010; Stivers and Hayashi 2010, for Japanese interaction). If 'speakers only produce them "for cause"' (Raymond 2003: 950), the pregnant women's nonconforming responses may serve as an alert for a non-straightforward subsequent development of the current responses.
- 7 Note that the pregnant woman's response here again is 'nonconforming' and contains the contrasting practice: the focal item (*gohan* [*food*]) repeated with the contrastive *wa*.
- 8 In her response expansion, the pregnant woman also raises the concern about weight increase. The midwife appears to address this concern in the course of addressing the eating issue. However, the midwife addresses the weight issue only insofar as it is part of the eating issue; she does not advise the pregnant woman on how to keep weight increase in control, as healthcare providers actually do in other contexts.
- 9 Note that when the pregnant woman in Extract 9

employs a practice of juxtaposition to expand her response after her first answer, she goes on to elaborate the reason for the answer, not the answer itself; this makes it possible for her to continue raising her concern in an unrestricted fashion, but also keeps her on the same topic as the reason that the elaboration is added on. I borrow the idea of the practice of juxtaposition from Lynch (1985, 1988).

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