



Discussion

Spirituality and spiritual care in and around childbirth

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ABSTRACT

Background: Emerging evidence points to childbirth as a spiritually felt meaningful occasion. Although growing literature and development of guidelines charge the midwife to provide spiritual care felt spiritual experiences are not addressed. There is need to revisit contemporary approaches to spiritual care in midwifery lest something of significance becomes lost in policy rhetoric.

Aim: The aim of this discussion paper is to bring to the surface what is meant by spiritual care and spiritual experiences, to increase awareness about spirituality in childbirth and midwifery and move beyond the constraints of structured defined protocols.

Methods: The authors' own studies and other's research that focuses on the complex contextual experiences of childbirth related to spirituality are discussed in relation to the growing interest in spiritual care assessments and guidelines.

Findings: There is a growing presence in the literature about how spirituality is a concern to the wellbeing of human beings. Although spirituality remains on the peripheral of current discourse about childbirth. Spiritual care guidelines are now being developed. However spiritual care guidelines do not appear to acknowledge the lived-experience of childbirth as spiritually meaningful.

Conclusion: Introduction of spiritual care guidelines into midwifery practice do not address the spiritual meaningful significance of childbirth. If childbirth spirituality is relegated to a spiritual care tick box culture this would be a travesty. The depth of spirituality that inheres uniquely in the experience of childbirth would remain silenced and hidden. Spiritual experiences are felt and beckon sensitive and tactful practice beyond words and formulaic questions.

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1. Introduction

Much is written about spirituality at the end of life yet spirituality at the start of life remains generally lacking exploration and interpretation. The authors of this paper believe that spirituality is quintessential to childbirth. Evidence suggests that we are physical, mental and social beings but also fundamentally spiritual beings. Increasing scientific examination of how body mind and spirit interrelate is emerging yet spirituality as an aspect of human experience remains poorly understood.¹ Spirituality historically was integral to healthcare yet technological developments have gradually concealed these roots under other agendas.² Recently spirituality as a concept in healthcare has resurfaced

and become a rapidly expanding area of researcher's focus.^{3,4} Spirituality is becoming acknowledged as core to our humanness; an aspect of our being that provides access to self-fulfilment, peace and ability to meet the challenges in healthcare.⁵

In response to acknowledging spirituality as an aspect of 'holistic' practice spiritual 'care' protocols have been proposed. However 'spiritual care' continues to be on the peripheral of practice.⁶ Current research focusses on finding optimal ways to provide spiritual care provision and formulate practice theoretical frameworks that are measurable.^{7–9} We are concerned that spiritual care and addressing of spiritual beliefs in midwifery has become mechanical and policy driven. We argue that spirituality in and around childbirth is always more than our capacity to appreciate fully its multidimensional qualities.

Those of us privileged to explore and connect with childbirth would agree that the experience for all involved is special, unique, and spiritual in quality.^{10–15} Spiritual experiences occur in childbirth yet it remains to be proven if mandated 'spiritual care'

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guidelines have any relation to such experiences. It is possible that the drive to implement provision of spiritual care as part of the essential 'tick-box' culture in daily midwifery practice serves to conceal something significant in the lived shared spiritual experiences in childbirth. Women may not expect midwives to be attuned to spiritual experiences yet anticipate respect, sensitivity and acknowledgement of individual spiritual beliefs.¹⁴

Previously spiritual experiences have been labelled as mental disorders yet evidence is emerging that on the contrary spiritual experiences are a sign of wellbeing.¹ Leaving these experiences unspoken and possibly undervalued may unwillingly consign childbirth to secular biomedical and psychological understandings bereft of deeper meaning. We have both completed studies which in part focus on spirituality in and around childbirth from differing perspectives.^{10,16} Drawing on these studies and related other studies we discuss how spirituality in the childbirth year is meaningful and resists attempts to be defined, modelled, ordered or placed into theoretical frameworks that can lead to measurable auditable assessment tools. To begin definitions about language in relation to spirituality are explored.

2. Holism and spirituality

In considering 'holism' the suggestion is the interlinking of the mind-body-spirit or physical, emotional, spiritual, social aspects of a person.¹⁷ The 'spirit' of a person is regarded as the essential essence,^{17,18} whereas humanistic interpretations tend to avoid more religious terminology such as the 'soul'. Others suggest that the individual spirit is where a person truly 'is' within their self or humanity.^{19,20} If we believe this to be the case then the need to ensure appropriate care for the spirit is significant.

Concepts of spirituality and sacredness in childbirth are acknowledged by writers and researchers.^{10,11,15,21,22} Women have related sharing stories of birth as making of meaning.²³ Yet spirituality can be defined in many ways and can become conflated with other notions that serve to confuse. Tanyi²⁴ for example reminds us of distinctions between religion and spirituality:

Spirituality is a personal search for meaning and purpose in life, which may or may not be related to religion. . . [It] brings faith, hope, peace and empowerment. The results are joy, forgiveness of oneself and others, awareness and acceptance of hardship and mortality, a heightened sense of physical and emotional wellbeing, and the ability to transcend the infirmities of existence. (p. 506)

A key factor in the definitions of spirituality is the need for humanity to search for meaning and purpose.¹⁷ Though religious belief is viewed as an aspect of spirituality, there remains lack of recognition of its importance to health care practice and to midwifery. Yet there is no doubt that childbirth is an intensely meaningful time for women, health carers, families and the social world in which we view birth. The link of spirituality and the midwife would seem obvious.

3. Midwifery and spirituality

Historically in the Western tradition nursing and midwifery were grounded in a vocation or calling, recognised by the local community to be alongside those who were giving birth or at the end of life. This progressed later to a more 'religious' basis, with an expectation to remain single and dedicated to serving the community. Thus the role of midwifery and childbirth have been tied up with spiritual significance and religious ritual in the context of western religious belief.²⁵ Even as student midwives Jenny was taught how to perform 'emergency baptism' should a

baby be thought not to survive and a priest was not available. Susan was taught to be quiet and respectful of the moment when a baby is born as it is 'special'. The implication of our early exposures to birth are that birth is in some way other than everyday experiences needing us as midwives to hold birth with reverence. We understood from the start of our careers that childbirth is more than what is visible and known.

Through time the strong connections to religion has moved away. Yet nursing models have related strongly to the spiritual concepts of caring; for example, Martha Rogers²⁶ theory of the science of unitary human beings or Jean Watson's²⁷ theory of transpersonal caring. In other models the concept of 'humanisation' of care is proposed, with a value-based framework that could inherently be regarded as 'spiritual'.²⁸ The UK's NMC guidance for educating student midwives²⁹ includes an expectation that the spiritual wellbeing of women will be considered, in the context of culture and 'whole-person' 'women-centred' care. Likewise the New Zealand Midwifery council promotes understanding of childbirth not just as a physiological process but a significant life event embracing interconnections with families, communities; an occasion rich in social, ethnic and spiritual importance. Appreciation and enculturation into these values is required for the New Zealand graduate midwife so that they can practice in culturally competent ways.³⁰

The nature of humanity as social beings demonstrates there is recognition of the significance of social interaction.³¹ Our lives are influenced by personal history, culture, values, beliefs, upbringing, understandings and the social world to which we belong. In the context of a whole person approach these aspects need to be considered, and the person truly recognised as an individual. Holistic care of the individual is therefore significantly easier when the opportunity for relationship has developed. Within midwifery relationships are seen as key to holding the 'Tapestry' together.³² However across many countries, fragmentation and task-orientated care is the norm with a lack of time for focus on the whole person. The concept of holism where 'the person is greater than the sum of his/her parts' is recognised to be important, and the impact of the health and wellbeing of each 'part' on the others recognised,^{33,34} yet lip-service is paid in practice.

It is recognised though that having a faith structure has a positive effect on psychological wellbeing,³⁵ and general health.³⁶ It is being shown that women's religious belief is also known to be relevant to care, however there is no research from the UK. Instead the evidence is based from women from a variety of cultural and religious backgrounds from a number of countries.^{14,23,37–43} Spirituality and religious belief appear to provide support or impact on decision-making during the pregnancy continuum.^{37,40,41,44}

Heidari et al.'s study shows that religious women have a spiritual awareness of their unborn and may alter their health behaviours as a result.³⁷ Religious belief and spirituality have also been identified to have an impact on levels of anxiety in pregnancy.⁴⁰ Baumiller⁴⁵ suggested that giving birth may bring religious women closer to the Higher Being they believe in. During birth the Higher Being is viewed as able to influence birth, along with a transformative experience where birth becomes more meaningful and religious ritual may be used as a coping mechanism.³⁹ Despite this evidence in general little notice is taken of the impact on pregnancy experience of women's religious belief. The religious belief of women needs to be acknowledged and supported as it helps them discover meaning within pregnancy.

4. Spirituality and spiritual care

The attempt to define spirituality and spiritual care in healthcare has resulted in the development now of processes

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