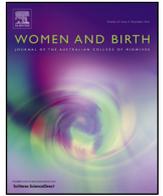




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### Discussion

## Spirituality and spiritual care in and around childbirth

Susan Crowther<sup>a,\*</sup>, Jennifer Hall<sup>b</sup>

<sup>a</sup> AUT University, Auckland, New Zealand

<sup>b</sup> Bournemouth University, UK

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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.<sup>1</sup> Spirituality historically was integral to healthcare yet technological developments have gradually concealed these roots under other agendas.<sup>2</sup> Recently spirituality as a concept in healthcare has resurfaced

and become a rapidly expanding area of researcher's focus.<sup>3,4</sup> 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.<sup>5</sup>

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.<sup>6</sup> Current research focusses on finding optimal ways to provide spiritual care provision and formulate practice theoretical frameworks that are measurable.<sup>7–9</sup> 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.<sup>10–15</sup> Spiritual experiences occur in childbirth yet it remains to be proven if mandated 'spiritual care'

\* Corresponding author.

E-mail addresses: [scrowthe@aut.ac.nz](mailto:scrowthe@aut.ac.nz) (S. Crowther),  
[jhall1@bournemouth.ac.uk](mailto:jhall1@bournemouth.ac.uk) (J. Hall).

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.<sup>14</sup>

Previously spiritual experiences have been labelled as mental disorders yet evidence is emerging that on the contrary spiritual experiences are a sign of wellbeing.<sup>1</sup> 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.<sup>10,16</sup> 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.<sup>17</sup> The 'spirit' of a person is regarded as the essential essence,<sup>17,18</sup> 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.<sup>19,20</sup> 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.<sup>10,11,15,21,22</sup> Women have related sharing stories of birth as making of meaning.<sup>23</sup> Yet spirituality can be defined in many ways and can become conflated with other notions that serve to confuse. Tanyi<sup>24</sup> 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.<sup>17</sup> 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.<sup>25</sup> 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 Rogers<sup>26</sup> theory of the science of unitary human beings or Jean Watson's<sup>27</sup> 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'.<sup>28</sup> The UK's NMC guidance for educating student midwives<sup>29</sup> 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.<sup>30</sup>

The nature of humanity as social beings demonstrates there is recognition of the significance of social interaction.<sup>31</sup> 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.<sup>32</sup> 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,<sup>33,34</sup> yet lip-service is paid in practice.

It is recognised though that having a faith structure has a positive effect on psychological wellbeing,<sup>35</sup> and general health.<sup>36</sup> 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.<sup>14,23,37–43</sup> Spirituality and religious belief appear to provide support or impact on decision-making during the pregnancy continuum.<sup>37,40,41,44</sup>

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.<sup>37</sup> Religious belief and spirituality have also been identified to have an impact on levels of anxiety in pregnancy.<sup>40</sup> Baumiller<sup>45</sup> 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.<sup>39</sup> 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

and assessments as part of a 'tick-box' culture. For example in medicine spiritual competency linked curricular projects have been developed directing a new field in medical studies.<sup>2</sup> In nursing/midwifery education competencies in spiritual care have been reported as being provided in units of study at undergraduate and postgraduate levels.<sup>46</sup> However, there is a danger of reductionism rather than true holism, and for spiritual care to become meaningless. Janice Clark (47: p3) argues health care has moved away from holism and the true meaning of caring for the whole person, into comprehensiveness and therefore 'objectifying' (p29). Such an argument is true for midwifery where we have moved into a tick-box culture to ensure 'everything is covered including the midwives' back', to prove the care has been completed.

Janice Clarke, a nurse researcher, argues against attempting to define spirituality or spiritual care, but instead to recognise how 'person-centred' care IS spiritual care.<sup>47</sup> Across health care there appears to have been a shift towards accepting more existential aspects of life. As highlighted above there has been little mention of spirituality in research related to midwifery. If midwifery care is already 'person-centred', as described in the philosophy of midwifery, then arguably spiritually-based care is already embedded in the midwifery paradigm. However caution must be taken in taking on 'nursing' definitions as midwifery remains a distinct role and profession.

The alternative though is not addressing spirituality at all and whether midwives may be encouraged to address spirituality through appropriate questioning.<sup>48</sup> John Swinton<sup>47</sup> in the foreword to Janice Clarke's book states: "Spirituality is found not in the academy, but in the deep processes of every day caring" and that spiritual care is described through 'being with' another.

Such 'being with another' is something midwives do every day in practice as they walk with mothers and therefore spiritual care is something that could/should be embedded in all we are doing. So, if spiritual well-being is connected to meaning and purpose in life than arguably as midwives we need to inhere within our practice cultural safety understandings that allow awareness of our own spiritual orientation so we can facilitate sensitive spiritual care.<sup>49</sup> It is plausible that childbirth has significant meaningfulness that manifests in spiritual experiences which reach out and touch us.

## 5. Childbirth as spiritually meaningful

Susan's thesis "Sacred Joy at Birth: a hermeneutic phenomenology" study revealed how the moment of birth is a time of grace in which connections with others both there and not there across professional boundaries, places of birth and types of birth were transcended.<sup>50</sup> It was a study that got close to the experiential phenomenon of being at birth which sought to surface possible meanings of those lived-experiences. Mothers, birth partners, doctors and midwives revealed a space unlike their everyday lives that was attuned joyously at birth.<sup>51,66</sup> Birth was experienced as opportunity to be with others in new ways and open possibilities to things previously unimagined. The experience was embodied and appeared through tears of joy, smiles and touch, smell and seeing. Carter<sup>52</sup> acknowledges embodied joy at birth as an incomprehensible connecting spiritual experience that facilitates women's connection and integration with all aspects of life. The very time in and around birth becomes more than clock, cyclic and lineal time. Childbirth was revealed as a temporal felt shared phenomenon stretching across generations and reaching out to those yet to be born. Time of childbirth was interpreted and named as Kairos time, a time that touched the visible and invisible bringing feelings of divinity and holiness to the occasion.<sup>53,66</sup>

Midwives and others can choose to attune to these spiritual qualities or not.<sup>54</sup> The notion that a checklist or predetermined approach to care would initiate Kairos time was not found. The ineffable qualities of spiritual experience at childbirth revealed in Susan's thesis would be concealed by any labelling, naming and structuring of spiritual care in midwifery practice. Indeed, Kairos time was shown to arrive in the most unexpected circumstances including life threatening high risk interventionist childbirth situations. Indeed, women have been shown to embrace spiritual expression as central to their recovery and integration of high risk childbirth experiences.<sup>55</sup> The idea that a process of predetermined care would awaken spirituality at birth is incongruous. It was by attuning into birth's spiritual mood that birth became an event that was understandable as more than the materialistic understandings and controlled processes. Spirituality at birth in Susan's study was interpreted as something vulnerable and worthy of being safeguarded so that it would continue to exist. The study found that experiences at birth were understood as powerful yet easily ignored, turned away from and disturbed. This calls upon those at birth to be sensitive, tactful and shelter what is held as precious in childbirth. Susan's thesis revealed how midwives and others need to align with 'something invisible yet felt'. By attuning to an unfolding spiritual 'otherness' around childbirth embodied experiences occur such as hair standing up on the back of the neck, contagious smiles, sudden tears of joy and wonder coming nowhere and everywhere as the ineffable addresses those at birth. The overwhelming nature of the moment of birth suggests something of tremendous importance. This is a moment that is corporally and relationally felt which is effortlessly and surprisingly claiming those privileged to be there. In this respect birth is spiritually meaningful to women and those present including midwives.

## 6. Midwives role as spiritually meaningful

Jenny's thesis "The essence of the art of a midwife: Holistic, multidimensional meanings and experiences explored through creative inquiry" study<sup>10</sup> identified how experienced midwives regarded their role as meaningful and personally significant. They described the meanings associated with the art of midwifery and of being a midwife, recognising that midwifery is linked to their personal identity. For some the role of a midwife was viewed as a 'calling', a 'vocation', which was mirrored by the participants of Carmen Linhare's<sup>56</sup> study. They viewed the role as a privilege and rewarding, and therefore gained through the process of care. It was evident that they reviewed aspects of their role in the light of a holistic paradigm, where spirituality was identified as an element, alongside the physical, emotional and social contexts.

During the research discussions the midwives mentioned spirituality as a concept. They highlighted understanding that this was not about religious belief, but the meaning was hard to verbalise. Instead it was viewed to be integrated to being a midwife and about loving and caring for people.

The midwives also discussed spiritual and holistic care and related it to the actual art of practice. Building relationships with women is viewed as spiritual. Understanding cultural and religious needs in a non-judgemental individualised way is regarded as an important aspect of religious care.

Intuitive care was discussed as an 'inner knowing', which was connected to spiritual care. They relate to 'something within' them, an 'inner calmness' along with 'knowing' when to intervene. There was also mention of telepathic responses between midwives in both home and hospital settings related to care.

For midwives as well birth is seen as a 'miracle', as 'magical' and a meaningful event which makes midwives feel emotions. It is a period of transformation from one state into another with the

creation of a 'new life' in most cases. It is therefore perhaps not a surprise that for some of this group of midwives being the midwife at a birth is a key spiritual event. Overall they view it as a positive spiritual event, but at the same time recognising that the event is more devastating for some women. However in these situations the midwives regarded these women required more 'spiritual support' and that the women gained spiritual resources from somewhere. It was not clear what was meant by this viewpoint but a recognition that women appeared to gain some 'strength' from an inner or outer source that enabled them to 'get through' the experience. This has also been identified in a study of women experiencing complicated pregnancies.<sup>55</sup> It is evident that midwives need to consider more carefully the spiritual nature of birth for women, whether a straightforward or more complex experience.

## 7. Discussion

From our research, and that of others, it becomes evident that the phenomenon of spirituality is implicit in childbirth experience and midwifery practices. Childbirth has repeatedly been shown to be deeply meaningful.<sup>10,57</sup> Notions of spirituality, holism and spiritual care are found referenced throughout midwifery literature.<sup>21,56,58</sup> Undoubtedly the experience of spirituality in and around childbirth is more far reaching than, for example, asking what religion a mother subscribes to, whether blood transfusion is acceptable to a Jehovah witness or how a Maori mother wishes to deal with her baby's placenta.

### 7.1. Letting go of false dichotomies

There is and always have been spiritual experiences in and around childbirth before any theorising, conceptualising or ordering of care and/or management. This paper highlights distinctions between spiritual lived meaningful experiences of childbirth and the rhetoric concerning spiritual care provision where spiritual experience and spiritual care would seem at odds. Emerging research into spirituality reveals improvements in wellbeing, psychologically and physically<sup>59,60</sup> yet tell us little of experience as lived in and lived through. Childbirth narratives are abound with false dichotomies; normal/abnormal, high technological/low technological, institutional birth/primary birth as if clear demarcated divisions in human experience are possible and universally applicable. Distinctions between meaningful spiritual experiences and popular rhetoric concerning spiritual care provision in and around childbirth are another false dichotomy. Spiritual care thus seems a misnomer inferring a compartmentalised and standardised approach to human spiritual experience. Spirituality according to our research is inclusive of spiritual care, spiritual experience and spiritual meaning; they are mutually inclusive and yet always more.

It would be a travesty if profound meaningful lived experiences at childbirth were overshadowed by current theoretical concepts and policy guidelines of spiritual care alone. The literature and everyday midwifery practice points to an unnameable lived in and lived through experience. Childbirth exposes midwives and others to an occasion that can be interpreted as Otto's description of the numinous, an experience that "...passes understanding, and of which the tongue can only stammer brokenly. Only from afar, by metaphors and analogies, do we come to apprehend what it is in itself, even so our notion is but inadequate and confused" (p.34).<sup>61</sup> The experience is therefore not able to be measured or formulated into standardised guidelines applicable to everyone.

### 7.2. Childbirth as spiritually significant

The childbirth year holds meaning and significance including and beyond that currently spoken. Much is left silenced and placed

in the too hard basket in regards to spirituality at the start of life. Not only is their significance for the woman and midwife, but there should also be awareness of the humanness of the unborn baby.<sup>61</sup> Relegated to the cliché statements in policy yet acknowledged as significant and important in everyday practice spirituality has become tangled up and obscured by technocratic structuring. The more we attempt to explain, structure and control childbirth the more we seemingly are left bereft of its meaning to us as human beings. The thesis of this paper is that spirituality in and around childbirth may have become forgotten yet affects everyone across professional boundaries and cultural differences. The authors do not however want to enter into polemic dialogue about the use of technology; that is not the purpose of this paper. In fact discussion has taken place around the spiritual meanings for those experiencing complicated pregnancies.<sup>54</sup> Caution is required not to infer any definite final conclusions or call for rejection of anything. To emphatically grasp childbirth as spiritually meaningful does not require the experience to be one's own.

Our research showed that childbirth is innately sacred yet at risk of being wrapped up in guidelines/corporate institutional practices that would leave childbirth in peril of being understood in secular cold facts. No amount of rule dominated structure creates spiritual experience. Whatever spirituality may be it cannot be known and honoured by a group of practices. On the contrary being bound by theories of assessments solely based on safety and cultural sensibilities dehumanises and deprives us of spiritual experience and meaning.

There is something going on for it is not possible for there to be nothing going on. Childbirth holds an abundance of overflowing spiritual meaning worthy of our combined awareness lest it becomes informed purely by bio-medicalism and scientism's reductionist lens. We argue there is risk of losing our humanity and feeling of connection to something more than our mundane preoccupations with how to manage and control childbirth.

Does contemporary childbirth sole emphasis and fascination with mortality and morbidity deny the mysteriousness of our natal existence? Childbirth continuously reminds us of our interconnectedness to others seen and unseen woven through our human experience.<sup>49</sup> Each birth touches us somehow. Childbirth brings the mystery of our natality near to us both imminently and transcendently. When we meet the gaze of a newborn who holds us hostage and responsible something opens our awareness to whatever that mystery may-be. Susan found that birth reminded us of our shared natality. Our natality is the possibility of always being new beginners opening potential futures yet unknown<sup>62,63</sup>; thus childbirth is deeply relational and spiritually meaningful.

### 7.3. Connecting with childbirth's meaningfulness

Religiously conforming to social norms of practice and language in and around childbirth serve only to separate us from what is most precious and meaningful. Leaving the rules behind implies risk taking yet it is this letting go of structure that takes us beyond what is expected revealing possibilities glimpsed in our feeling world. This is not about compromising safety or threatening quality skilled midwifery care. It is quality safe skilled midwifery care and more. We hope that this paper serves as a challenge to practitioners, policy makers, educationists and researchers who are in the world of childbirth. We would argue that midwifery education requires philosophical underpinning to honour the holistic nature of childbirth lest something of experiential importance be sacrificed. The need to include spirituality into nursing education more than presently done is eloquently propounded as improving spiritual care<sup>65</sup>; yet we argue that spirituality is more that spiritual assessment alone and is more than can be taught. Mitchell & Hall<sup>64</sup> suggest that philosophy of

holistic care be creatively taught to student midwives. Perhaps adoption of a creative holistic approach across an entire midwifery curriculum would herald emergence in spiritually attuned midwifery. We contend that this would bring experiential understanding and revelation of hidden meaning beyond current discourse.

## 8. Conclusion

This paper urges us not to become confined by spiritual assessments. Spirituality speaks of something wholly integrated evolving and constantly on the edge of our ability to define. Not being able to create structure, control and measure something does not imply it is non-existent. The feeling of joy you may feel as a midwife in those moments when a mother first meets her baby are tangibly felt yet invisible.<sup>69</sup> Sensitivity and receptivity to childbirth attunes midwifery to mystery that is seemingly just there. Attuning to childbirth orientates midwives to a quality of holism that is arguably more efficient than fragmentary tasks that achieve particular outcomes. To attune is to be swept away and not be disconnected from the experiences that touches and beckons tactful responses to childbirth. The possibility to keep midwifery practice authentic, connected and alive requires approaches that are more than any procedural check list task.

This is an invitation into deeper thinking in the hope of surfacing what childbirth gifts us. Starting to understand spiritual experiences may uncover societies' meanings connected with childbirth and provide opportunity to examine congruence or otherwise with contemporary midwifery and maternity policy. How birth is spiritually meaningful has implications for maternity services. Acknowledging that childbirth brings enigmatic experiential feelings invites reflection on how we may be at odds in contemporary standardised technocratic approaches to childbirth. This is a reminder to respond to the call of ineffable experiences that childbirth often invokes. To attune and be touched by spiritually meaningful experiences in and around childbirth is a call to tactful presence and a move beyond the tick box culture. Our aspiration is to embrace a vision of childbirth that is more than standardisation of spiritual care through protocols that seek to control and have it all 'wrapped-up'. Our work gestures something mysterious which stirs and thrills us about childbirth; a mystery that thwarts our ability to capture how childbirth is meaningful and always more than our present understanding.

## References

1. Moreira-Almeida A. Implications of spiritual experiences to the understanding of mind–brain relationship. *Asian Journal of Psychiatry* 2013;6(6):585–9. <http://dx.doi.org/10.1016/j.aip.2013.01.006>.
2. Puchalski CM, Blatt B, Kogan M, Butler A. Spirituality and health: the development of a field. *Acad Med* 2014;89(1):10–6. <http://dx.doi.org/10.1097/acm.0000000000000083>.
3. McSherry PW, Ross L. *Spiritual Assessment in Healthcare Practice*. 2010.
4. Ramezani M, Ahmadi F, Mohammadi E, Kazemnejad A. Spiritual care in nursing: a concept analysis. *Int Nurs Rev* 2014;61(2):211–9. <http://dx.doi.org/10.1111/inr.12099>.
5. Lephed L. Spirituality: everyone has it, but what is it? *Int J Nurs Pract* 2014. <http://dx.doi.org/10.1111/ijn.12285>.
6. Carr TJ. Facing existential realities: exploring barriers and challenges to spiritual nursing care. *Qualitative Health Res* 2010;20(10):1379–92. <http://dx.doi.org/10.1177/1049732310372377>.
7. Cockell N, McSherry W. Spiritual care in nursing: an overview of published international research. *J Nurs Manage* 2012;20(8):958–69. <http://dx.doi.org/10.1111/j.1365-2834.2012.01450.x>.
8. Vlasblom JP, van der Steen JT, Jochemsem H. Spiritual care in a hospital setting: nurses' and patients' perspectives. *Nurs Rep* 2012;2(1). <http://dx.doi.org/10.4081/nursrep.2012.e7>.
9. Burkhart L, Hogan N. An experiential theory of spiritual care in nursing practice. *Qualitative Health Res* 2008;18(7):928–38. <http://dx.doi.org/10.1177/1049732308318027>.
10. Hall J. *The essence of the art of a midwife: holistic, multidimensional meanings and experiences explored through creative inquiry (EdD)*. Bristol: University of the West of England; 2012. Available from: <http://eprints.uwe.ac.uk/16560/>.
11. Doherty ME. Voices of midwives: A tapestry of challenges and blessings. *Am J Maternal/Child Nurs* 2010;35(2):96–101.
12. ICM. *International code of ethics for midwives*. The Hague, Netherlands: International Confederation of Midwives; 2008. Retrieved from: <http://www.internationalmidwives.org/Documentation/CoreDocuments/tabid/322/Default.aspx>.
13. Parratt J, Fahy KM. Including the nonrational is sensible midwifery. *Women Birth* 2008;21(1):37–42.
14. Carver N, Ward B. Spirituality in pregnancy: a diversity of experiences and needs. *Br J Midwifery* 2007;15(5):294–6.
15. Lahood G. Rumour of angels and heavenly midwives: anthropology of transpersonal events and childbirth. *Women Birth* 2007;20(1):3–10.
16. Crowther S. *Sacred joy at birth: a hermeneutic phenomenology study*. (PhD) Auckland University of Technology; 2014.. Retrieved from <http://hdl.handle.net/10292/7071>.
17. McSherry W. *Making sense of spirituality in nursing and health care practice: An interactive approach*. 2nd edition. Jessica Kingsley Publishers; 2006.
18. Robinson S, Kendrick K, Brown A. *Spirituality and the practice of healthcare*. London: Palgrave; 2003.
19. Burkhardt MA, Nagai-Jacobson M. *Spirituality: living our connectedness*. Albany: Delmar; 2002.
20. Long A. Nursing: a spiritual perspective. *Nursing Ethics* 1997;4(6):496–510.
21. Fahy K, Hastie C. Midwifery guardianship: reclaiming the sacred in childbirth. In: Fahy K, Foureur M, Hastie C, editors. *Birth territory and midwifery guardianship*. London: Butterworth Heinemann Elsevier; 2008. p. 39–56.
22. Gaskin IM. *Spiritual midwifery*. Cambridge, UK: Summertown; 2002.
23. Semenic SE, Clark Callister L, Feldman P. Giving birth: the voices of Orthodox Jewish women living in Canada. *J Obstet Gynecol Neonatal Nurs* 2004;33(1):80–7.
24. Tanyi RA. Towards clarification of the meaning of spirituality. *J Adv Nurs* 2002;39(5):500–9.
25. Anon. The Office of Midwife – Some Historical Background Accessed 10/11/2014 Available from: <http://www.nursing.manchester.ac.uk/ukchnm/midwives/officeofmidwife.pdf>.
26. Rogers M. *An introduction to the theoretical basis of nursing*. 1970.
27. Watson J. *Nursing: the philosophy and science of caring*. Denver: University Press of Colorado; 2008.
28. Todres L, Galvin K, Holloway I. The Humanisation of healthcare: a value framework for qualitative research. *Int J Qual Stud Health Well-being* 2009;4(2):68–77.
29. Nursing Midwifery Council (NMC). *Standards for pre-registration midwifery*. London: NMC; 2009.
30. MCNZ. *Competencies for entry to the register of midwives*. Wellington: MCNZ; 2007.
31. Cawley N. An exploration of the concept of spirituality. *Int J Palliative Nurs* 1997;3(1):31–6.
32. Hunter B, Berg M, Lundgren I, Olafsdottir O, Kirkham M. Relationships: the hidden threads in the tapestry of maternity care. *Midwifery* 2008;24:132–7.
33. Greenstreet W, editor. *Integrating spirituality in health and social care: perspectives and practical approaches*. Oxford: Radcliffe; 2006.
34. Swinton J. *Spirituality and mental health care: rediscovering a forgotten dimension*. London: Jessica Kingsley; 2001.
35. Laurencelle RM, Abell SC, Schwartz DJ. The relation between intrinsic religion faith and psychological wellbeing. *Int J Psychol Religion* 2002;12(2):109–23.
36. Koenig HG, McCullough ME, Larson DB. *Handbook of religion and health*. New York: Oxford University press; 2001.
37. Heidari T, Ziaei S, Ahmadi F, Mohammadi E, Hall J. Maternal experiences of their unborn child's spiritual care: patterns of abstinence in Iran. *J Holistic Nurs Online* October 2 2014. <http://dx.doi.org/10.1177/0898010114551416>.
38. Varcoe C, Brown H, Calam B, Harvey T, Tallio M. Help bring back the celebration of life: a community-based participatory study of rural Aboriginal women's maternity experiences and outcomes. *BMC Pregnancy Childbirth* 2013;29:13. <http://dx.doi.org/10.1186/1471-2393-13-26>.
39. Clark Callister L, Khalaf I. Spirituality in childbearing women. *J Perinatal Educ* 2010;19(2):16–24.
40. Mann JR, McKeown R, Bacon e, Vesselinov J, Bush RF. Religiosity, spirituality and antenatal anxiety in Southern U.S. women. *Archiv Women's Mental Health* 2008;11:19–26.
41. Jesse DE, Schoneboom C, Blanchard A. The effect of faith or spirituality in pregnancy: a content analysis. *J Holistic Nurs* 2007;25(3):151–8.
42. Clark Callister L. Making meaning: women's birth narratives. *JOGNN* 2004;33(4):508–18.
43. Sered SS. Childbirth as a religious experience? Voices from an Israeli hospital. *J Feminist Stud Relig* 1991;7:7–18.
44. Klassen PE. *Blessed events: religion and home birth in America*. Princeton, NJ: Princeton University Press; 2001.
45. Baumiller R. Spiritual development during a first pregnancy. *Int J Childbirth Educ* 2002;17:7.
46. Attard J, Baldacchino DR, Camilleri L. Nurses' and midwives' acquisition of competency in spiritual care: a focus on education. *Nurse Educ Today* 2014. <http://dx.doi.org/10.1016/j.nedt.2014.04.015>.
47. Clarke J. *Spiritual Care in Everyday Nursing Practice: a new approach*. Palgrave Macmillan; 2013.

48. Hall J. Spirituality and labour care. In: Walsh D, Downe S, editors. *Essential midwifery practice: intrapartum care*. 2010:235–51.
49. Farry A, Crowther S. Cultural safety in New Zealand midwifery practice: Part 2. *Practising Midwife* 2014;17(7):30–3.
50. Crowther S. *Sacred joy at birth: a hermeneutic phenomenology study (PhD)*. Auckland University of Technology; 2014 Available from <http://hdl.handle.net/10292/7071>.
51. Crowther S. Sacred space at the moment of birth. *Practising Midwife* 2013;(December):21–3.
52. Carter SK. Gender and childbearing experiences: Revisiting O'Brien's dialectics of reproduction. *NWSA J* 2009;21(2):121–43.
53. Crowther S, Smythe E, Spence D. Kairos time at the moment of birth. *Midwifery* 2014. <http://dx.doi.org/10.1016/j.midw.2014.11.005>. (in press).
54. Crowther S, Smythe L, Spence D. Mood and birth experience. *Women and Birth. J Aust College Midwives* 2014;27(1):21. <http://dx.doi.org/10.1016/j.wombi.2013.02.004>.
55. Price S, Lake M, Breen G, Carson G, Quinn C, O'Connor. The spiritual experience of high-risk pregnancy. *J Obstet Gynecol Neonatal Nurs* 2007;36(1):36–70.
56. Linhares CH. The lived experiences of midwives with spirituality in childbirth: Mana from heaven. *J Midwifery Women's Health* 2012;57(2):165–71. <http://dx.doi.org/10.1111/j.1542-2011.2011.0013.3.x>.
57. Etowa JB. Becoming a mother: the meaning of childbirth for African-Canadian women. *Contemporary Nurse* 2012;41(1):28–40. <http://dx.doi.org/10.5172/contu.2012.41.1.28>.
58. Schneider DA. The miracle bearers: narratives of birthing women and implications for spiritually informed social work practice. *J Social Service Res* 2012;38(2):212–30. <http://dx.doi.org/10.1080/01488376.2011.647983>.
59. Burkhart L, Hogan N. An experiential theory of spiritual care in nursing practice. *Qualitative Health Res* 2008;18(7):928–38. <http://dx.doi.org/10.1177/1049732308318027>.
60. Otto, R. (1917/1923). *The idea of the holy (Das Heilige)* (J. W. Harvey, Trans.). London: Oxford University Press.
61. Hall J. Spirituality of the unborn child. *J Clin Nurs* 2006;15:804–10.
62. Arendt H. *The human condition*. Chicago: University of Chicago Press; 1958.
63. O'Byrne A. *Nativity and finitude*. Indianapolis, IN: Indiana University Press; 2010.
64. Yilmaz M, Gurler H. The efficacy of integrating spirituality into undergraduate nursing curricula (2014). *Nurs Ethics* 2014. <http://dx.doi.org/10.1177/0969733014521096>.
65. Mitchell M, Hall J. Teaching spirituality to student midwives: a creative approach. *Nurse Educ Pract* 2007;7(6):416–24.
66. Crowther S, Smythe L, Spence D. Mood and birth experience. *Women Birth* 2014;27(1):21. <http://dx.doi.org/10.1016/j.wombi.2013.02.004>.