



City Research Online

City St George's, University of London

Citation: Crowther, S., Hall, J., Balabanoff, D., Baranowska, B., Kay, L., Ménage, D. & Fry, J. (2021). Spirituality and childbirth: An international virtual co-operative inquiry. *Women and Birth*, 34(2), e135-e145. doi: 10.1016/j.wombi.2020.02.004

This is the accepted version of the paper.

This version of the publication may differ from the final published version. To cite this item please consult the publisher's version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/23975/>

Link to published version: <https://doi.org/10.1016/j.wombi.2020.02.004>

Copyright and Reuse: Copyright and Moral Rights remain with the author(s) and/or copyright holders. Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge, unless otherwise indicated, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way. For full details of reuse please refer to [City Research Online policy](#).

Manuscript Details

Manuscript number	WOMBI_2019_471_R2
Title	Spirituality and Childbirth: an international virtual co-operative inquiry
Article type	Research Paper - Qualitative Research

Abstract

Problem Medicalised maternity systems do not address spirituality as an aspect of childbirth and its practices of care. Neglecting the spiritual nature of childbirth may negatively affect psychological, emotional and physical wellbeing. Background While there is growing interest in the spiritual side of childbirth there is a paucity of literature on the topic, and hence a lack of understanding generally about how to attend to women's needs for emotional and spiritual support in childbirth. Aim To collaboratively and through consensus explore ways that spirituality could be honoured in 21st Century maternity care. Methods An online co-operative inquiry. Starting with a scoping exercise (N=17) nine co-inquirers continued to Phase One using online discussion boards and seven co-inquirers continued to Phase Two and Three. Co-inquirers were involved in international group work and individual reflective and transformational processes throughout. Findings Four reflective themes emerged: 'meaning and sense-making'; 'birth culture'; 'embodied relationships and intuition'; and 'space/place/time'. 'Spiritual midwifing' was an overarching theme. There were eight areas of individual transformation and actions concerning spirituality and birth: 1) disseminating inquiry findings; 2) motivating conversations and new ways of thinking; 3) remembering interconnectedness across time and spaces; 4) transforming relationships; 5) transforming practice; 6) generating reflexivity; 7) inspiring self and others to change, and 8) inspiring creativity. Conclusion Spiritual awareness around birth experience emerges through relationships and is affected by the spatial environment. Spiritual midwifing is a relational approach to birth care that recognises and honours the existential significance and meaningfulness of childbirth.

Keywords	Spirituality; Childbirth; Co-operative Inquiry; Culture; Meaning; Embodied Relationships
Taxonomy	Spirituality, Birth Environment
Manuscript category	Qualitative Research
Corresponding Author	Susan Crowther
Corresponding Author's Institution	Robert Gordon University
Order of Authors	Susan Crowther, Jenny hall, Doreen Balabanoff, Barbara Baranowska, Lesley Kay, Diane Menage, Jane Fry

Submission Files Included in this PDF

File Name [File Type]

Letter to editorFEB2020.docx [Cover Letter]

04262_SRQR_ChecklistCo Op InquiryFINALv2.docx [Checklist]

revisions Feb 2020.docx [Response to Reviewers (without Author Details)]

Title page FINALNov 2019.docx [Title Page (with Author Details)]

Co op Inquiry outcomes unblinded 2ndFeb.docx [Manuscript (without Author Details)]

Diagram 1 Mind map of the findings.tif [Figure]

diagram 2 Horizontal slice of whole mind-map.tif [Figure]

Diagram 3 Emergent reflective themes and transformations actions.tif [Figure]

Figure 1 Phases of the inquiry and cycles.tif [Figure]

Figures 2 and 3.docx [Table]

competing and conflicting issues statement.docx [Conflict of Interest]

Ethics.docx [Ethical Statement]

author agreement.docx [Author Agreement]

To view all the submission files, including those not included in the PDF, click on the manuscript title on your EVISE Homepage, then click 'Download zip file'.

Research Data Related to this Submission

There are no linked research data sets for this submission. The following reason is given:
Data will be made available on request

Professor Susan Crowther
Faculty of Health and Environmental studies
School of Clinical Sciences
AUT University
Auckland
New Zealand

E: susan.crowther@aut.ac.uk

2nd February 2020

To Chief Editor
Professor Caroline Homer
Women and Birth Journal
Dear Caroline,

Re: revised **Submission of primary research article:**

Spirituality and Childbirth: an international virtual co-operative inquiry

We are delighted to learn that this article is now accepted and upload the unblinded version as requested.

The reviewer's suggestions have informed our revisions and ensured a quality informative and interesting article that we feel is now worthy of publication in Women and Birth. As stated previously the reference list is now 42 which we feel reflects the depth of the subject matter and responds to suggestions from reviewers.

Authorship

All authors have participated in the study and contributed to this revised resubmitted article from conception to writing through to final editing prior to submission. All authors have seen and approved this version of the manuscript being resubmitted. All authors meet the criteria for authorship and all people entitled to authorship are listed as authors.

This article is original work and has not received prior publication and is not under consideration for publication elsewhere.

Please note that since original submission the corresponding and main author has taken up a new chair in New Zealand. The details and new email are above and have been registered on the system. However they not show this on the system when I went to upload unblinded version.

Competing interests

None of the authors of this article have any competing interests.

Funding

There was no funding for this study.

Ethics approval: SERP 19/1/18: Ref – 17-43 (SERP: School Ethics Review Panel: RGU University, Aberdeen, Scotland)

Thank you again for publishing our work in your journal. It has been a useful exercise in bringing our outcomes into written form for others to read, think about and learn.

Kind regards

Susan Crowther

Susan Crowther

(on behalf of the authorship team)

Standards for Reporting Qualitative Research (SRQR)*

<http://www.equator-network.org/reporting-guidelines/srqr/>

Page/line no(s).

Title and abstract

Title - Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	At start p. 1 and title page
Abstract - Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	Yes. On separate sheet

Introduction

Problem formulation - Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	p. 1-2
Purpose or research question - Purpose of the study and specific objectives or questions	p. 4-7

Methods

Qualitative approach and research paradigm - Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/ interpretivist) is also recommended; rationale**	p. 3-7
Researcher characteristics and reflexivity - Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	p. 5-6
Context - Setting/site and salient contextual factors; rationale**	p. 3-7
Sampling strategy - How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale**	p. 3-4
Ethical issues pertaining to human subjects - Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	p. 5
Data collection methods - Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale**	p. 3-7

Data collection instruments and technologies - Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	p. 5-6
Units of study - Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	p. 5-6
Data processing - Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/de-identification of excerpts	p. 7-12
Data analysis - Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale**	p. 7-12
Techniques to enhance trustworthiness - Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale**	P. 25

Results/findings

Synthesis and interpretation - Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory	p. 7-28
Links to empirical data - Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings	p. 7-28

Discussion

Integration with prior work, implications, transferability, and contribution(s) to the field - Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/generalizability; identification of unique contribution(s) to scholarship in a discipline or field	p. 27-29
Limitations - Trustworthiness and limitations of findings	P. 28-29

Other

Conflicts of interest - Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed	N/A
Funding - Sources of funding and other support; role of funders in data collection, interpretation, and reporting	N/A

*The authors created the SRQR by searching the literature to identify guidelines, reporting standards, and critical appraisal criteria for qualitative research; reviewing the reference lists of retrieved sources; and contacting experts to gain feedback. The SRQR aims to improve the transparency of all aspects of qualitative research by providing clear standards for reporting qualitative research.

**The rationale should briefly discuss the justification for choosing that theory, approach, method, or technique rather than other options available, the assumptions and limitations implicit in those choices, and how those choices influence study conclusions and transferability. As appropriate, the rationale for several items might be discussed together.

Reference:

O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. **Standards for reporting qualitative research: a synthesis of recommendations.** *Academic Medicine*, Vol. 89, No. 9 / Sept 2014
DOI: 10.1097/ACM.0000000000000388

Feedback for final revisions

Requested to submit unblinded versions. This has been done.

Title page

Title:

Spirituality and Childbirth: an international virtual co-operative inquiry

Authors:

Susan A. Crowther, RM, PhD (corresponding author). AUT University, Auckland, New Zealand

E: susan.crowther@aut.ac.uk Tel: 0064 223101978 Postal address: 10 Standish Place, Auckland 0629, New Zealand

Jenny Hall, RM, EdD Independent Midwifery Educator and Researcher, England, UK

Doreen Balabanoff, PhD. OCAD University, Toronto, Ontario, Canada, Professor, Environmental Design, Faculty of Design.

Barbara Baranowska, RM, PhD. Department of Midwifery, Centre of Postgraduate Medical Education, Poland (ORCID 0000-0003-2723-9604)

Lesley Kay, RM, PhD, Kingston University and St. George's University of London, England, UK, Associate Professor Midwifery.

Diane Menage, RM. PhD. School of Nursing and Midwifery, Faculty of Health and Life Sciences, De Montfort University, Leicester, England, UK **and** School of Nursing Midwifery and Health, Faculty of Health and Life Sciences, Coventry University, Coventry, England, UK.

Jane Fry, RM, PhD, Faculty of Health and Social Science, Bournemouth University, Dorset, England, UK. Senior Lecturer.

Competing interests

None of the authors of this article have any competing interests.

Funding

There was no funding for this study.

Authorship

All authors have participated in the study and contributed to this submitted article from conception to writing through to final editing prior to submission. All authors have agreed to the final version and related documents being submitted. All authors meet the criteria for authorship and all people entitled to authorship are listed as authors.

Ethics approval: SERP 19/1/18: Ref – 17-43 (SERP: School Ethics Review Panel: RGU University, Aberdeen, Scotland)

Title: Spirituality and Childbirth: an international virtual co-operative inquiry

Abstract

Problem Medicalised maternity systems do not address spirituality as an aspect of childbirth and its practices of care. Neglecting the spiritual nature of childbirth may negatively affect psychological, emotional and physical wellbeing.

Background While there is growing interest in the spiritual side of childbirth there is a paucity of literature on the topic, and hence a lack of understanding generally about how to attend to women's needs for emotional and spiritual support in childbirth.

Aim To collaboratively and through consensus explore ways that spirituality could be honoured in 21st Century maternity care.

Methods An online co-operative inquiry. Starting with a scoping exercise (N=17) nine co-inquirers continued to Phase One using online discussion boards and seven co-inquirers continued to Phase Two and Three. Co-inquirers were involved in international group work and individual reflective and transformational processes throughout.

Findings Four reflective themes emerged: 'meaning and sense-making'; 'birth culture'; 'embodied relationships and intuition'; and 'space/place/time'. 'Spiritual midwifing' was an overarching theme. There were eight areas of individual transformation and actions concerning spirituality and birth: 1) disseminating inquiry findings; 2) motivating conversations and new ways of thinking; 3) remembering interconnectedness across time and spaces; 4) transforming relationships; 5) transforming practice; 6) generating reflexivity; 7) inspiring self and others to change, and 8) inspiring creativity.

Conclusion Spiritual awareness around birth experience emerges through relationships and is affected by the spatial environment. Spiritual midwifing is a relational approach to birth care that recognises and honours the existential significance and meaningfulness of childbirth.

Statement of Significance

Contribution of your paper to the existing literature	There is a paucity of research focused on childbirth and spirituality, particularly concerning midwifery practice and education.
Problem or Issue	Neglecting the spiritual aspects of childbirth may negatively affect psychological, emotional and physical wellbeing.
What is Already Known	Cultural and spiritual aspects of childbirth have been identified across different disciplines and shown to be integral to childbirth.
What this Paper adds	Working in an unprecedented asynchronous manner, this cooperative inquiry engaged participants across several global regions. Spirituality as an aspect of childbirth is foregrounded, gesturing to a quality of being that informs practical ways of being around childbirth named 'spiritual midwifing'.

1. Introduction

Within current discourse about childbirth, the consideration of spirituality as an aspect of the lived experience of birth is emerging¹. For this article the term spirituality represents an aspect of our lives that brings meaning, sense of purpose, unifies our life narrative, feelings of interconnectivity and of deepening relationships with self and others ('others' being seen and unseen). It may be connected to religion and also a belief in a quality of divinity but not necessarily. Spirituality is part of our wellbeing and includes psychological, emotional and cultural aspects of being and becoming. In perinatal care, wellbeing is increasingly understood as including more than physical safety². To ignore and avoid discussion of spirituality as an aspect of birth is to overlook the human experience at the heart of childbirth. Thus, considering spirituality as part of childbirth has import for all care practice understandings and activities³. A recent systematic literature review focused on the topic as related to postnatal mood disorders and highlighted the need to address how we organise and enact care in and around childbirth⁴. The review found that unmet psychosocial, emotional and spiritual needs for women may contribute to mood disorders, and pointed to: 1) the importance of promoting meaningful relationships, through developing sensitivity to cultural and spiritual values and beliefs; 2) acknowledging and working with embodied manifestations of spirituality; and 3) enabling an environment in which spiritual growth and wellbeing are foregrounded as significant

119
120
121 through the childbirth journey. The key insight, and one that requires further attention, is that
122
123 neglecting spirituality as a part of the childbirth experience could give rise to a breakdown in
124
125 empathy ⁵, compassion ⁶ and neglect of the self as an integrated whole ⁷. Childbirth has been shown
126
127 to be an intensely embodied experience, but the interwovenness of mind, body and environment as
128
129 a significant aspect of birth care is not often acknowledged^{8, 9,10}.

131
132
133 For women, across many cultures, birth is a meaningful and powerful life event recognised as a rite
134
135 of passage that is empowering and transformative ^{11,12}. However, the focus is often solely on the
136
137 birthing woman, despite others at birth being profoundly affected by birth's emotive and existential
138
139 moods ¹³⁻¹⁷. Although there is growing literature about end of life existential awareness, there
140
141 remains a paucity of discussion about spirituality in relation to beginning of life ^{18,19}. Despite a lack of
142
143 literature informing practice directly there is an emergent body of work addressing philosophical
144
145 and existential understandings of childbirth ²⁰⁻²², an increasing understanding of the affectivity
146
147 around childbirth related to hormonal activity ^{23,24}, and an increased appreciation of how the
148
149 environment itself plays a part in birth processes ^{10,25-26}. Yet awareness of birth as embodied
150
151 experience is not adequately penetrating the dominant maternity systems in post-industrial regions,
152
153 nor the developing regions where western styled maternity institutions are being established.

154
155
156 It is time to speak to the silence surrounding spirituality within childbirth, and to bring diverse
157
158 approaches and ways of knowing into the current culture of childbirth²⁷. With increasing
159
160 medicalisation and its associated highlighting of risk, fear dominates much of the global birth culture
161
162 and discourse. This is a critical time, therefore, for remembering and highlighting how birth is
163
164 meaningful and significant – not just in terms of survival, but also in terms of spiritual wellbeing and
165
166 personal and collective flourishing. Indeed, while fear is often prominent in discussions about
167
168 childbirth, the association between childbirth fear and spiritual awareness is also worthy of further
169
170 discussion²⁸. It is encouraging to see the development of WHO intrapartum guidance that
171
172
173
174
175
176
177

178
179
180 acknowledges that childbirth is not only about surviving, but also about care that enables a woman
181
182 and her infant(s) to reach their full potential and flourish²⁸.
183
184

185 Our inquiry suggests that a spiritual awareness around childbirth could be nurtured through
186
187 sensitive care and experientially conducive environments. It asks whether birth as a spiritual
188
189 experience can find a foothold – an existential place of belonging amidst 21st-century technology in
190
191 which it now is so deeply embroiled. It queries whether childbirth health care providers, such as a
192
193 midwife, can be acknowledged and empowered as caregivers who bring value and capacity well
194
195 beyond the role of ‘technician’³⁰? It is encouraging that the import of providing spiritually aligned
196
197 care is beginning to be acknowledged within midwifery education ³¹⁻³³. Ways of knowing childbirth
198
199 are being challenged, and these challenges require our collective and personal reflection and
200
201 actional responses ^{34,35}. This article presents outcomes from a co-operative inquiry that sought
202
203 different ways of knowing through reflection and transformational actions.
204
205
206

207 **2. Methodology**

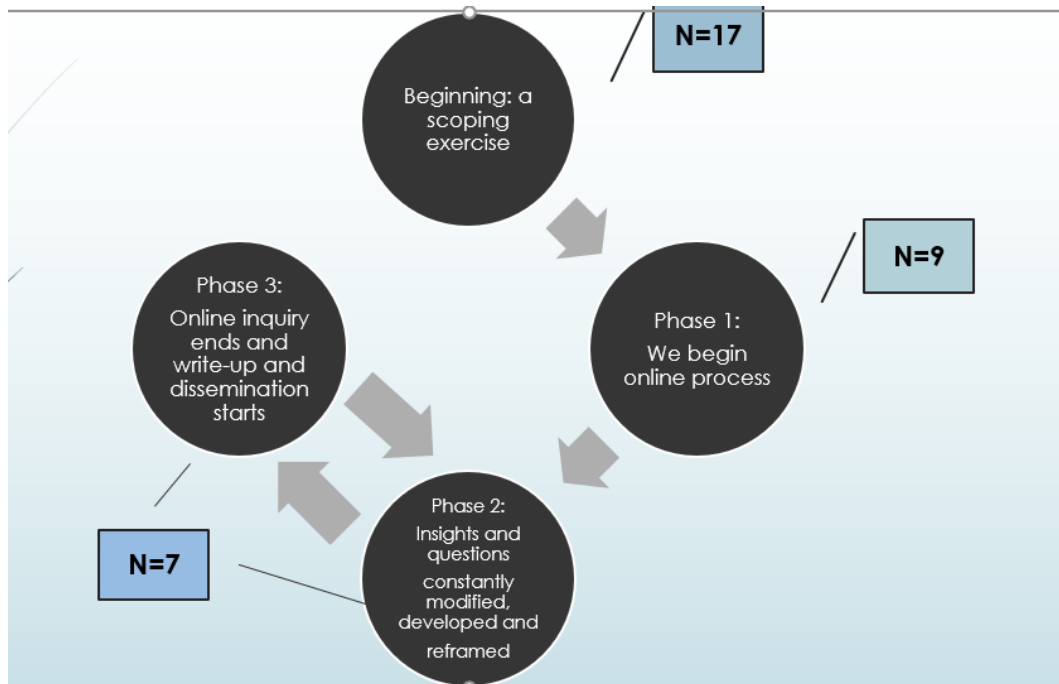
208

209
210 We participated in an action research project employing a co-operative inquiry, informed by the
211
212 writings/methods of John Heron ³⁶. The conceptual framework of this type of study is grounded in a
213
214 participatory approach in which participants are part of the inquiry, and a focus on working ‘with’,
215
216 and not ‘on’ research subjects. In this inquiry, the participants were mostly midwives involved in 21st
217
218 century childbirth practice, but other interested participants joined, with perspectives that brought
219
220 art and design understandings into the dialogue.
221
222

223
224 The cooperative inquiry approach fosters the development of personal and collective transformation
225
226 through an ongoing, non-hierarchical, reflective and transformative dialogue³⁶. This is a form of
227
228 experiential inquiry that demands reflexivity (a turning back to oneself), in an iterative activity
229
230 (influenced progressively by repetitive reflective cycles), and a capacity for critical subjectivity
231
232
233
234

(questioning that uncovers assumptions or reveals new insights). The inquiry traversed several iterative phases (Figure 1).

Figure 1: Phases of the inquiry and cycles with participant numbers at each stage



The inquiry started with a scoping exercise and moved to an online series of group meetings. In the scoping exercise, a group of interested individuals came together at a workshop entitled 'Spirituality and Childbirth: An initial co-operative inquiry', organized by Susan Crowther (SC) and Jenny Hall (JH), during the 2017 International Conference on Normal Birth UK. The workshop was advertised in the conference programme and participants were free to attend or not. The workshop utilised a variety of group exercises to explore the idea of spirituality and childbirth, including exploration of terms, sharing of lived experiences, personal narratives, and poetic/imaginative expression. The idea of developing a co-operative inquiry on spirituality and childbirth via an online platform was put forward, posing the question 'could a co-operative group process effectively use virtual means to gather and record data of an experiential inquiry?' Expressions of interest in participation and contact information were given and recorded. The workshop discussions were documented (with

296 consent) and shared via voluntary group emails. Follow-up emails sought confirmation of who
 297
 298 wished to participate in the further inquiry (pending ethical approvals and feasibility of technological
 299
 300 infrastructure). Responses provided consent to be included in a participant list. Ethics was approved
 301
 302 (RGU SERP January 2018: ref 17-43), and at commencement of the online inquiry, nine of the
 303
 304 seventeen original participants showed willingness to continue with the inquiry. The Participant
 305
 306 Information Sheet (PIS) indicated that participants were free to leave the inquiry at any time. Two
 307
 308 participants chose to leave the inquiry following the online discussion phase, leaving seven
 309
 310 researchers to analyse thematically, consolidate and refine written materials, create diagrams, and
 311
 312 prepare the outcomes for dissemination. (see figure 2).
 313
 314
 315
 316
 317

318 **Figure 2:** Co-inquirers through journey of the inquiry
 319
 320

Phase	Name	Regions	Professional group
Scoping N+11	Anonymous	Australia, New Zealand, England, Scotland, Iran, Poland, Canada	Midwives, doulas, birth activist, researchers, educationists and practitioners, artist/designer, social scientist
Phase 1 N=9	Susan Crowther	New Zealand/ Scotland	Midwife academic
	Jenny Hall	England	Midwife academic
	Doreen Balabanoff	Canada	Designer/Artist/Academic (Env Design)
	Lesley Kay	England	Midwife academic
	Jane Fry	England	Midwife academic
	Barbara Baranowska	Poland	Embryologist/Midwife
	Diane Menage	England	Midwife academic
	Caroline Calonder	England	Artist
	Ruth Sanders	England	Midwife academic
Phase 2 & 3 N=7	Susan Crowther	NZ/Scotland	Midwife academic
	Jenny Hall	England	Midwife academic
	Doreen Balabanoff	Canada	Designer/Artist/Academic (Env Design)
	Lesley Kay	England	Midwife academic
	Jane Fry	England	Midwife academic
	Barbara Baranowska	Poland	Embryologist/Midwife
	Diane Menage	England	Midwife academic

355
356
357 The research data includes the initial face-to-face symposium outcomes, the online discussion board
358
359 content (textual and image-based), writings about thematic areas (developed collaboratively in
360
361 teams) and diagrams developed to articulate the emergent understandings in a meaningful but
362
363 concise way. The use of 'asynchronous' discussion boards provided the second phase of the
364
365 cooperative inquiry project. In working across global time zones, diverse localities and technical
366
367 issues, we finally adopted an institutional interactive and secure discussion board, Skype videocalls
368
369 and a Dropbox folder for sharing of data. This aspect of the project was experimental and innovative,
370
371 and, as far as we know, a unique exemplar (to date of completion) in this model of inquiry, which
372
373 typically relies on synchronous face-to-face meetings (same time and place) to create confidence
374
375 and levels of comfort in a social group, and for making observations and disclosing personal thoughts
376
377 and experiences. Further details and conceptual underpinnings of the methodology and this unique
378
379 approach will be published in a future article. The motivation of this approach was to bring together
380
381 multiple perspectives from different regions, professional groups and experiential/practice-based
382
383 contexts in an accessible format.
384
385

386
387 Figure 3 shows questions posed at the initial workshop, and how they evolved during the online
388
389 inquiry phase. Broad themes from the (face-to-face) workshop conversations were utilised as a basis
390
391 for the online discussion boards. New questions led to new content that thickened understandings
392
393 and opened further arenas for exploratory discussion. Periods of time were given for individual
394
395 reflection and responses to questions arising within the developing answers/content. The inquiry
396
397 developed slowly and sporadically (within given deadlines, over a one-year period); allowing a truly
398
399 'slow soak' – so that participants' memories and revelatory thoughts could emerge organically. The
400
401 additional questions emerged as further threads opened during the online phases of work.
402
403

404
405 The inquiry was both a group and an individual reflective process, which contributed to an ongoing
406
407 transformational process, eventually articulated as actions each participant volunteered to take up
408
409 in their various practices. SC and JH set the tone, and modelled the openness and collegiality of the
410

inquiry, and fostered a culture of sensitive sharing and querying. Although they initiated the inquiry by facilitating the initial workshop and posing questions in the discussion boards, the fine-grained facilitation lessened as the inquiry unfolded and participants became progressively cognisant of the non-hierarchical nature of the inquiry. The following section reports on the outcomes of the inquiry in two parts: a) emergent reflective themes and b) transformational outcomes.

Figure 3: Starting and evolving questions within the inquiry

Phase of study	Questions
Workshop: scoping exercise questions	<ul style="list-style-type: none"> • How is spirituality experienced by you, women and their families in and around childbirth? • How does recognizing spirituality in and around childbirth keep childbirth safe and normal?
Online inquiry: initial questions	<ul style="list-style-type: none"> • Introducing ourselves, our interests in this area and why this topic matters to us • What do we mean when we say spirituality? • What does spirituality and childbirth mean to you? • How is spirituality experienced by you in and around childbirth? • How does recognizing spirituality in and around birth keep birth safe, and normal?
Online inquiry: additional questions	<ul style="list-style-type: none"> • What has your experience of the inquiry been? • What is childbirth and intuition? 3) What is the role of memory?

3. Outcomes

In describing the outcomes of the inquiry, it is valuable to first illuminate the co-operative and phenomenological process of engagement that provided a fertile (virtual) environment for our work, which lead to meaningful outcomes. Each participant brought, in their own words, phrases, poems, images, descriptions of self and background/work. The inquiry evoked dynamic, personal and textual offerings epitomising an honesty and an emotional richness of expression that was vivifying. Each contribution to the inquiry emphasised the embodied and lived feelings that had unconcealed 'what matters most' at the heart of the birth experience for all involved. As the contributions flowed or

473
474
475 ping-ponged online, intimate and poetic insights came forward, and a deeply personal and shared
476
477 resonance among participants was felt about the subject matter.
478

479
480 Describing her cathartic images of a traumatic birth experience, Caroline, an artist, spoke about the
481
482 stitching she utilised in her artwork, she writes about image 1:
483

484
485 the repetitious rhythmic nature of the process...takes me deep inside of myself to
486
487 a place beyond time and context, where the physical, emotional and spiritual are
488
489 in rhythm with each other.
490



511 **Image 1:** 'dis chord', mixed media (NB reversed 'c' is intentional)
512

513 A poem (only a fragment quoted here) by Jane illuminated her 'journey of knowing' as a midwife:
514

515
516 When I'm with you I breathe you in.
517 I feel your heart beat.
518 I sense your thoughts,
519 your body, and your soul...
520

521 Susan responded:
522

523
524 Loved your poem. Especially I felt inside me the phrase: 'When labour awakes
525 within you my knowing is heightened'...[it] brings remembrance of that 'feel' of
526 intense interconnectedness with life's cycling and unfolding.
527
528
529

532
533
534 Lesley spoke of her two sons' births:
535

536 I believe that women carry the memories of their births with them forever and
537 that their experience of childbirth is pivotal to their mental wellbeing...I am
538 concerned that birthing in the modern world has lost all sense of...the sacred and
539 special...the sense of the experience being a rite of passage and a beginning we
540 should recognize, nourish and protect...
541

542 Jenny responded to Doreen's interest in the birth environment's impact on mind/body:
543

544
545 The environment for birth is so significant...I believe, for a spiritual connection to
546 take place. So much has been written about how women need to 'go inside
547 themselves' and...a cold, clinical environment is not conducive to that.
548

549 Caroline noted the emphasis on the "moment of physical arrival" (of the newborn) and stated:
550

551 ...for me *this limit* our understanding of the birth experience...I, personally, felt
552 robbed of that "sacred" moment...However, when I first breastfed my son...I felt
553 at peace...I would describe the experience [as]... "*transcendental*" ... Those
554 experiences seemed to exist outside of time and context, and relate to body,
555 mind and heart.
556

557 As ideas built upon one another, new 'threads' in the inquiry were initiated. Mind-mapping by
558 Doreen provided a glimpse into the depth and breadth revealed through our exploration (Diagram
559 1).
560
561

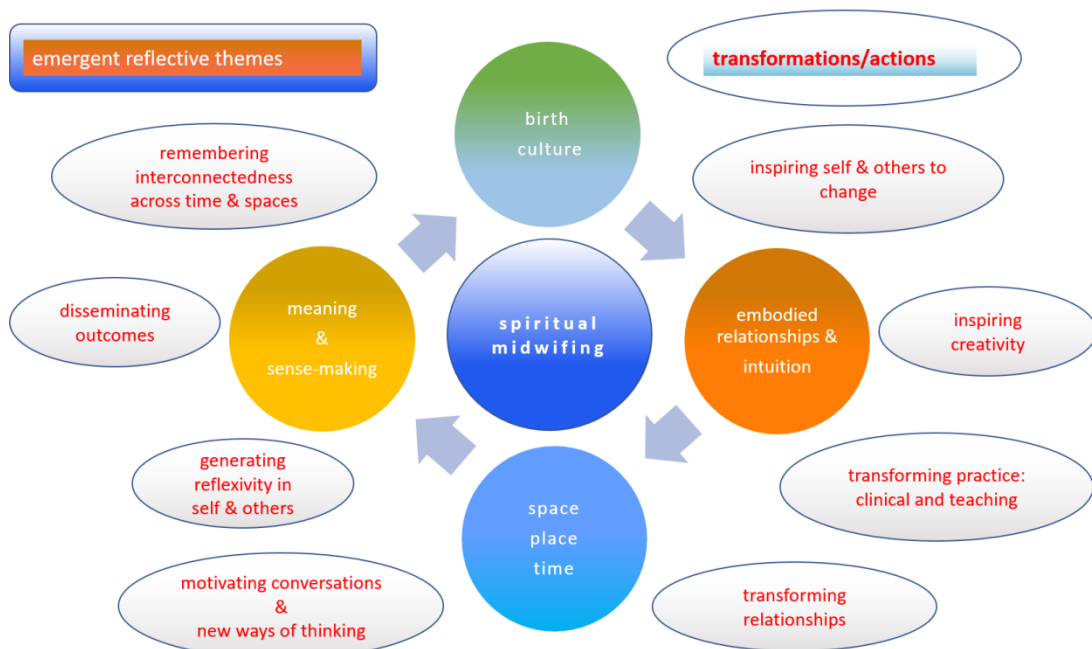
562
563 Representing the interconnectedness of awareness, attitudes, practices, and environmental aspects
564 of birth, the mapping of significant bits of our extended conversation encapsulated the complexity of
565 overlapping meanings that are present in the birth experience. In this cloud-like diagram, the
566 assembled data from many pages of transcripts is represented in a graphic distillation, revealing
567 relatedness and co-dependent of aspects of meaning. A horizontal 'slice' of the diagram in diagram 2
568 shows the range of internal and external influences and states of consciousness from contemplation
569 to sensation, from beliefs to moods - that came to light through our discourse.
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590

650 lives as practitioners. The key outcomes were distilled collaboratively as transferrable knowledge,
651
652
653 i.e., 'transformational actions' for future use, by us and others.
654
655
656

657 3.1 Reflective themes and transformations

658
659
660 Four reflective themes and eight transformations and actions were distilled from our discussions
661
662 (see diagram 3). 'Spiritual midwifing' emerged as the central hub, representing a space and a
663
664 practice in which awareness of spirituality is understood as fundamentally relational. The
665
666 surrounding outcomes represent an ecological, rather than a hierarchical understanding. The
667
668 following section presents the key concepts, as discussed by the group, embedded within the four
669
670 themes and eight transformative actions.
671
672
673

674 **Diagram 3:** Emergent reflective themes and transformations/actions



709
710
711 **3.2 Reflective themes**
712

713 **3.2.1 Central Theme: Spiritual midwifing**
714

715 The inquiry revealed the significance of the role(s) of caregivers who embody spiritual sensitivity. It
716 engaged participants in committing to transformative approaches influential to honouring
717 spirituality in birth experience, practices and environments. 'Spiritual midwifing' surfaced as the
718 'heart' of transformative action for the humanisation of birth – a praxis that incorporates values and
719 sensitive practices within midwifery itself but is relevant beyond any one profession. The notion of
720 'spiritual midwifing' embodies ways of knowing and caring that value existential, emotional, and
721 traditional understandings of spirituality. It gestures toward protection of birth space from
722 domination by technological or biomedical approaches. Spiritual midwifing, as we came to
723 understand it, is about life, about being human, about slowing down from the constant business of
724 provision of care, in order to find and nurture a caring space/place – a territory that enables time for
725 reflections and relationships, and that truly resonates with the specialness of birth. Through spiritual
726 midwifing the need to measure and define what birth is, in absolute generalised terms, is released –
727 and a way is opened to an unbounded, unfettered appreciation of the profundity of birth. This is
728 significant because we are always in relationship with other human being(s) around birth.
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744

745
746
747 Spiritual midwifery beckons us to stand back, pause and ponder that “we are a human being first, a
748 professional (i.e. midwife, doctor, architect) second and an employee third” (Diane). The nature of
749 relationality and shared humanity between the midwife, woman and her family are made manifest
750 throughout the inquiry, as a sense of experiencing birth viscerally, and together:
751
752

753 ...the being together, sharing experiences in the birthing room of touching,
754 smelling, seeing, hearing, laughing, crying, breathing, groaning, shouting, eating,
755 sweating, moving, drinking, urinating, pushing and all else that makes the
756 occasion so immanent (Susan).
757
758
759
760
761
762
763
764
765

768
769
770 An essential aspect of this embodied sharing is understood as the conjoining of the two concepts of
771
772 presence and safety: “Maybe the concept of spiritual safety is around the care giver being totally
773
774 present in that moment” (Jenny). The term ‘spiritual midwifing’ gestures to a sense of meaningful
775
776 guardianship of birth space, to being present in a trusting relationship. The metaphysical or
777
778 transcendent nature of birth can affect all involved as they live through the moment by moment
779
780 paradoxical emotions – and what lingers after. Barbara’s story of being at a stillbirth evokes the
781
782 profound intertwining of sorrow, beauty, and love experienced as midwife and parents share in a
783
784 spiritual attuned atmosphere:
785

786
787
788 The birth was like a journey. For several hours, the parents talked about what
789
790 kind of child Victoria was and what she would be like in the future. They prayed
791
792 during the breaks of this story, thanking God for the wonderful nine months. We
793
794 cried while laughing. Her Spirit was present within their hearts. When coming
795
796 home from the hospital, I had so much peace and energy in me that I came on
797
798 foot.

795 **3.2.2 Theme: Meaning and Sensemaking**

797 Honouring each human life as meaningful draws forth an appreciation of childbirth as innately
798
799 spiritual. It is a way of seeing childbirth as connected to seen and unseen 'otherness' – the mystery
800
801 of existence. Within human sense-making concerning being and becoming there is an existential
802
803 concept of life as both inward and outward facing: “[it is] a sense of ... seeing beyond everyday
804
805 existence and finding meaning and purpose in life or in an aspect of life” (Diane). Meaning making
806
807 around childbirth, therefore, may occur through perception of the senses and connection with the
808
809 physical humanness that makes the spiritual tangible:
810

811
812
813 ...connection can be made in any number of ways - by the way we might feel
814
815 when we touch - something or somebody - it might happen when we are 'moved'
816
817 by a piece of music, a piece of architecture, a natural phenomenon, or a work of
818
819 art – [as] it helps us to see and understand something about our human
820
821 experience. It grounds us yet at the same time it lifts us - allowing our spirits to
822
823 soar and our sense of belonging to grow (Lesley).

820 In such moments of recognition meaning is revealed as an awareness of depth – a deep well of
821
822 emotions, hopes, desires, values – providing a shift in our mind-set, our embodied sense of what we
823

827
828
829 feel and know "...that stirs our very existential positioning in the world... When meaning moves us
830
831 from one understanding to another - we have been moved" (Susan).
832

833
834
835 Expressions of this depth of meaning-making can occur through the practice of art, as they did in our
836
837 inquiry (e.g. see Image 1). These moments are both inward and outward experiences and
838
839 expressions of meaning. The art of practice, in diverse fields, provides a similar pathway into
840
841 moments of discovery that deepen our existential consciousness and understanding. Birth provides a
842
843 connection to the timeless and the universal, and to extraordinary personal experience. Doreen
844
845 remembered a caregiver shielding her newborn daughter's eyes from the bright light, so that she
846
847 opened them, and looked with wonder into her parent's eyes. Her thought as she described this: "A
848
849 new soul has entered earthly life. How profound...". Caroline expressed how the spiritual intimacy of
850
851 connection with self, infant and world arose through her embodied experience of close physical
852
853 contact:
854

855
856
857 I would describe the first time I breastfed my baby as my moment of "birth" and
858
859 where my story of mothering really begins; for me breastfeeding was a "spiritual
860
861 experience, transcendental... I felt in touch with the rhythms of our bodies and
862
863 could withdraw very much inside myself...experiences existing outside of time
864
865 and context.

866
867
868 Ruth told a story of mutual connection centred on the 'presence' and 'resonance' of birth as a
869
870 transformational experience:
871

872
873 There were several moments during her labour near and immediately after birth
874
875 where she kept looking at me and saying 'you are magic', to which I replied 'and
876
877 you are magic' and there seemed a very real connection that we were all working
878
879 in the room with something much greater than ourselves. Even though we walk
880
881 very different spiritual paths I feel that it is a recognition of the presence of
882
883 spirituality in another person which creates a resonance and unsaid connection
884
885 even as...the root of the spiritual path is radically different. I think the fact that
886
887 we share a sacred moment of transformation in birth creates and affirms...almost
888
889 regardless of outcome in the process.

890
891 The importance of connectedness and relationality continually emerged in the inquiry.
892
893
894
895

886
887
888 She closed her eyes. I felt like a bridge that took her to delivery. I felt as if she
889 anchored a rope in me and moved on. She gave birth beautifully, like a lioness
890 (Barbara).
891

892 Jenny revealed the personal, fluctuating, ineffable nature of a trusting and felt connectivity:
893
894

895 I remember those times of stillness where inwardly I am praying, connecting with
896 the outward creative force and gaining strength and wisdom as I [am] waiting
897 watchfully...as she is connecting inwardly with those forces that are impacting
898 her body and soul. These are times when her eyes are likely to be closed and not
899 connecting with me – this comes when she is ready to push the baby out of her
900 body.
901

902 The theme of Meaning and Sense-making led us to inquiry into contemporary birth culture(s), in
903 which we felt spirituality is largely absent.
904
905
906

907 **3.2.3 Theme: Birth culture**

908

909 Birth culture emerged as a human framework of complex interrelationships – interwovenness
910 between people, environments, and beliefs. Birth culture is connected to psychosocial,
911 socioeconomic, material and technological, and political landscapes varying across societies and
912 timeframes. Yet despite the diversity in birth cultures ³⁷, throughout the inquiry it became evident
913 that there is an underlying, unspoken, shared existential birth culture that transcends regional
914 differences, institutional practices, professional groups, epochs, types of births, policies and
915 guidelines. We (re)affirmed through our inquiry that childbirth is a transformative experience for all
916 involved; a creative human endeavour, full of ineffability, mystery and love, that cannot be
917 contained within a discourse, model of care or singular culture that fails to recognize this shared
918 human experience as greater than the sum of medical or technological events¹.
919
920
921
922
923
924
925
926
927
928
929
930

931 Our inquiry observed that the nature of birth, as related to the fundamental experience of being
932 human in this world, was part of the mysterious and unknown nature of life, and the question, ‘what
933 else there might be?’. We heard, in our conversations, that considering birth as a mysterious
934 becoming, a ‘coming into being’, points us towards what matters most in life. Although it is a time of
935 vulnerability and fragility, birth is also a time of incredible power, and a reminder of our capacity to
936
937
938
939
940
941
942
943
944

945
946
947 create and begin anew. We acknowledged that in our lived experience, birth and death frame our
948
949 existential engagement with wondering about spirit and matter and shared ideas about humanising
950
951 birth as a bringing of compassion, love, awareness and respect for diverse understandings and
952
953 traditions. We recognised that a dominant and influential biomedical narrative shapes Western
954
955 contemporary birth experiences, a pervasive narrative which has become exported to developing
956
957 regions of the world.
958

959
960
961 ... what is meaningful for a family is not what is appreciated by a system of care
962 that is institutionally driven...The complexity of providing care to others who
963 dwell within an entirely different cosmology and world of values is challenging to
964 institutions like the NHS. What is safe for the father and his family [may not be]
965 what is deemed safe by the NHS protocol and advice' (Susan).
966

967 Lesley described the need to serve as a catalyst for change, challenging the institutional medicalised
968
969 approach that has shaped the mainstream of birth culture:
970

971
972 We live in a globalised world – in this world birth is dominated by influential ways
973 of being – e.g. the medical mode of birth – birth in the institution, birth according
974 to the clock and birth as a technological feat – there is a 'uniform' way of being
975 towards birth – to take a unique approach to birth means discovering that there
976 is another way – being brave enough to move outside of the 'uniform' way – this
977 could be described as taking a spiritual approach – or being authentic – feeling
978 and understanding birth as a rite of passage with emotional and psychological
979 significance....
980

981 Our inquiry foregrounded a timeless birth culture; a resilient birth culture that resists being
982
983 bounded, restrained and standardised, a culture that holds our continuity with all of life, and our
984
985 spiritual wellbeing, and attunes to birth as significant and consequential. This underlining birth
986
987 culture can work for our common good to protect and keep us safe, not only physically, but also
988
989 psychologically, emotionally and spiritually. Lesley cited Heidegger's (early) warning about
990
991 technology, as relevant to our concerns ³⁸: *Everywhere we remain unfree and chained to technology,*
992
993 *whether we passionately affirm or deny it. But we are delivered over to it in the worst possible way*
994
995 *when we regard it as something neutral.... (p.4).* Lesley suggested:
996
997

998
999 Spirituality and intuition...are part of our essence of being human and are
1000 qualities which are ... outside the 'epic' of technological intelligibility... in which
1001 we live and function. The 'horizon of meaning' surrounding technological,
1002
1003

1004
1005
1006 medicalised birth increases the 'orderability' of birth, and utilises calculative
1007 thought (oriented towards measurement, certainty and control). As Heidegger
1008 warned, the seeming 'neutrality' of this technological approach masks the
1009 problem inherent in it: that it sees women as standardised resources with
1010 reproductive capacities, rather than unique beings.
1011

1012 Susan responded:

1013
1014
1015 As Heidegger sees it people have a natural inclination to conform, because
1016 ultimately, they want to be accepted within their community. To be authentic, to
1017 be truly ourselves we need to be open to our 'unique possibilities' and to value
1018 our inner voices – we need to be courageous and open to different ways of
1019 knowing and understanding the world around us.
1020

1021 The import of our relationship to the surrounding lifeworld, including other present beings, is
1022 highlighted in the next theme.
1023

1024 **3.2.4 Theme: Embodied Relationships and Intuition**

1025
1026
1027
1028 We spoke often of the embodied, sensitive nature of birth, as felt by the birthing woman, her baby,
1029 and all involved in birth experiences and how this was centred on respectful care and connection
1030 with the woman's feelings. Medicalised birth culture was felt to be diminishing the authenticity of
1031 birth culture, of human response and connection, rendering birth incomplete. Lack of trust and
1032 sense of safety was described as a threat to wellbeing, as women (including caregivers) may feel
1033 distressed, bereft of meaning, and dislocated or disconnected in response to impersonal birth
1034 approaches, rather than encouraged by the existential awakenings that sensitive birth experience
1035 may bring.
1036
1037
1038
1039
1040
1041
1042
1043
1044

1045 The authenticity of birth culture, of satisfying birth experience, was discussed as a 'groundedness',
1046 an awareness of something immanent, primal, embodied - something beyond words that arises
1047 within us and reminds us of our shared humanity, and our connection to all of life over deep time.
1048 Doreen spoke about embracing immanence, and appreciating the mystery of childbirth as innate,
1049 intrinsic and alive in the moment: "Connection is where the spiritual is...a sense of something that
1050 goes beyond the physical". Lesley added 'birth allows us to forge relationships with those who have
1051 been and those who have yet to come – it is a connection to what makes us human'. As we pursued
1052
1053
1054
1055
1056
1057
1058
1059
1060

1063
1064
1065 this thread of inquiry it became evident that to be immanent is to be embodied and rooted into life.
1066
1067 We saw how connectedness to earth, cosmos, and other beings was a deeply felt aspect of
1068
1069 meaningful birth experience. We agreed that to act and speak from the understanding that spiritual
1070
1071 aspects of birth exist and require attention, in contemporary birth settings, takes bravery, fortitude,
1072
1073 and intuition.
1074

1075
1076 Our questioning that centred on intuition drew out thoughts about attunement with self and others.
1077
1078 Considered as an aspect of caregiving, intuitive relationship was understood as an embodied
1079
1080 confluence of minds and bodies. Barbara noted that this rapport seems to enact a mode of “gentle
1081
1082 protection” for the woman. Doreen spoke of a kinship founded upon the sustenance and inspiration
1083
1084 provided by a nurse who was not in charge of her but came in to offer advice: “This relationship
1085
1086 sustained me...nurturing our spirits... she was an angel for me. I never got to tell her. I hope she
1087
1088 knew”. Jenny pointed to an existential presencing, a dedicated and focused dwelling in this space
1089
1090 and time: “maybe ... spiritual safety is around the care giver being totally present in the moment, as
1091
1092 you all relate.” Doreen added:
1093

1094
1095 I want to highlight how intuition is a way of knowing that is embodied... to
1096
1097 mention again mind-body-environment interconnectivity... how it relates to
1098
1099 intuition and spirituality...Merleau Ponty’s insight is profound. He pointed to the
1100
1101 inseparability of living being and surrounding environment. Ultimately, he coined
1102
1103 the term ‘flesh of the world’ to speak of this invisible connectivity and
1104
1105 reciprocity... Also, Goethe tells us of different modes of seeing, and that seeing
1106
1107 with the eyes of the spirit is important lest we look without empathy, and thus
1108
1109 risk looking past a thing.
1110

1111
1112 Susan noted that this way of knowing requires a reflexive stance where one uses an internal
1113
1114 dialogue, “asking myself: am I here fully? or am I only partially here? If only partially, what do I need
1115
1116 to do to be fully present?” Susan added that attuned relationships “invoke moments of compassion,
1117
1118 tactful practice, sensitivity and deep connection in times of intense intimacy”. In this spiritual space,
1119
1120 both the birthing woman’s and the midwife’s ways of knowing were understood as embodied and
1121
1122 intuitive. Susan described intuition as “a pinnacle of intellect that emerges when all available
1123
1124 sensory, embodied, felt and skills conjoin and draw forth a depth of understanding that would be

1122
1123
1124 lacking if the focus was fragmented”. Jane agreed, adding that “the experience and utilisation of
1125
1126 intuition is a complex phenomenon that includes the reception of subtle clues, own emotions,
1127
1128 bodily-felt sensations, images and dreams”. In this way intuitive ways of knowing were revealed
1129
1130 within the inquiry as tacit knowledge. The import of tacit and experiential knowledge relates to the
1131
1132 next theme and the interrelationships between place, space and time.

1133 1134 1135 **3.2.5 Theme: Place-Space-Time**

1136
1137
1138 Our inquiry led us to place-space-time as a complex, interwoven interconnected aspect of our
1139
1140 experience and our awareness, therefore we place hyphens to show their primordial
1141
1142 interconnectivity. Questioning how place-space-time are implicated in (or constitute) the world of
1143
1144 birth led us to existential and phenomenological issues. We discussed the sense that birth appears at
1145
1146 the borderline of different worlds or ways of being. We noted that for a woman on the brink of
1147
1148 motherhood this is felt most keenly. We described, from our own experience, that women have a
1149
1150 sense of awe and anticipation as they bring a new person into the world, a sense of one part of their
1151
1152 life ending and a new one beginning, a sense of birth as a bridge between (mysterious) worlds.
1153
1154
1155
1156 There was a sense of timelessness and lightness in the inquiry when speaking of this spatio-temporal
1157
1158 aspect of childbirth experience. We acknowledged a sense of being ‘between’ or at a borderline – a
1159
1160 feeling experienced not only by those giving birth, but also by those who attend, support and
1161
1162 witness birth. Barbara articulated this awareness of spiritual immanence poetically:

1163
1164
1165 *Spirituality is a bit like gently floating above the ground, without fear, with*
1166 *confidence. As if it was a delicate protection. The borderline between here and*
1167 *somewhere.... we do not have full access, but we strive to experience it.*
1168

1169
1170 There was a sense in the inquiry that something ‘other’ occurs in the spaces between us. That is, in
1171
1172 our coming together, something beyond our individual selves is given voice, an emergent wisdom.
1173
1174 Likewise, in the birthing room something can manifest between those there, providing a gestalt and
1175
1176 a harmonic feeling of wholeness. We discussed how birth spaces that empower holistic care support
1177
1178 the physical, emotional and spiritual experience of birth, offering women feelings of deep safety and

1181
1182
1183 'rightness'. A birth space providing a felt sense of place "is contingent on everyone who enters into
1184 the space... a combination of thoughts, feelings and body in such a way that everything seems
1185 appropriate and light" (Susan).
1186
1187
1188

1189
1190 The group was concerned that the place-space-time of contemporary birth experience is challenging
1191 to birth professionals working in pressurised environments, and in facilities that strive to keep busy
1192 services running with stretched resources. We noted that the timelessness of birth and the precious
1193 nature of time around birth is neglected and unacknowledged in settings built upon quantitative
1194 approaches and 'efficiency'. Diane spoke of the sense of deep time that childbirth awakens:
1195
1196
1197
1198
1199
1200

1201
1202 A part of spirituality for some women seems to be the feeling of being a part of
1203 nature and the circle of life. The idea that when a woman is birthing, she is part
1204 of an unbroken line of birthing women, stretching back and back into the past,
1205 has come out of my conversations and reflections. This idea...provides a sense of
1206 continuity and connection to the past and the future. Women often think of their
1207 mothers and grandmothers at this time but some also feel connected to the
1208 distant past. It is a sense of a link with the beginning of life on earth and what it
1209 means to be a human (and a woman) who is a part of that chain of life and who
1210 will pass life on to another. In this way birth has profound meaning.
1211

1212 Barbara described her embodied sensation of a temporality imbued with rhythms:
1213

1214
1215 I have a different feeling of time (more towards polychronicity, [*i.e.*] this event
1216 takes a certain time... [rather than] time determining the course of the event).
1217 The time... is arranged in rhythm... contractions of the woman who is giving birth,
1218 or the breaths of the dying, sobbing of parents saying good-bye to the child.
1219
1220

1221 Doreen spoke of Gernot Böhme's notion of 'atmosphere', and the ways in which our experience of
1222 place is "mooded", and this aligned with others' awareness of *feelings* generated by the birth
1223 environment ³⁹. Barbara spoke of a woman who was very frightened, who "nervously looked around
1224 as if she wanted to escape or fought something invisible. As if she was afraid that danger would
1225 come from all sides." Susan responded:
1226
1227
1228
1229
1230

1231
1232 I am reminded yet again how shapes, images, colours, sounds and lights of
1233 birthing spaces can invite calm and bring us to a feeling of 'rightness' or
1234 conversely bring feelings of being agitated, fearful and 'harshness'.
1235
1236
1237
1238
1239

1240
1241
1242 We concurred that settings where birth occurs are worthy of deeper consideration. Doreen spoke of
1243
1244 the meanings inherent in the architectural language through its forms, materials, colours, spatial
1245
1246 organisation and affordances (what the environment offers to its users). She spoke of delight in
1247
1248 seeing the sky during birth, and Jenny noted her attraction to water as a spiritual element. We noted
1249
1250 the role of sense of place, light, views of landscape – that they influence feelings, attitudes, moods,
1251
1252 and sense of temporality.
1253

1254
1255 Environment/atmosphere/mood of place is crucial. The environment can and
1256 does influence those within it. Safe space may lead to optimal outcomes, as
1257 conducive environments for birth are conducive to whole person focus (Lesley).
1258

1259 We concurred that a sanctuary space is important for spiritual experience ¹⁰. ‘Quality’ in the clinical
1260
1261 setting was noted as tied to the notions of ‘saving lives’ or ‘safety’ (understood as “obstetric-
1262
1263 neonatal outcomes, lack of complications, appropriate technical facilities, incubators, specialists,
1264
1265 costs of care)” (Lesley). Yet *spiritual* safety is complex, relational, embodied, environmental, and
1266
1267 emotional. Flexible, sensitive environments of beauty and connection to nature/cosmos, where
1268
1269 women and midwives can encounter deep and immersive time were acknowledged as important.
1270
1271 We articulated our sense that spiritual consciousness during birth is mysteriously but tangibly bound
1272
1273 up with the physical.
1274

1275
1276
1277 In our methodological approach, identifying these four themes was the precursor to our next steps
1278
1279 as action researchers. The next section articulates our commitments towards transformative change
1280
1281 through action.
1282

1283 **3.3 Transformations and actions**

1284
1285
1286
1287 Co-operative inquiry is more than a reflective and collaborative process; it encompasses
1288
1289 transformative actions³⁶. This means that from the outset, co-inquirers have been engaged in an
1290
1291 ongoing transformational process. SC frequently reminded participants during the online discussion
1292
1293 to be careful not to get caught in a cycle of reflective exploration alone because this was akin to
1294
1295

1299
1300
1301 sowing flower seeds without allowing them to flower. Co-operative inquiry is a call to personal
1302
1303 transformation and action. As such it was essential that the generated reflective themes from the
1304
1305 online discussions led to action. Actions were both idiosyncratic (personal) and group (social)
1306
1307 actions, and a blend of “1st and 2nd order actions – the first being broader and more aspirational, and
1308
1309 the second an actual ‘doing’. It was vital that we moved to 2nd order actions to actualise our inquiry
1310
1311 to praxis. The inquiry led to the following eight transformative actions that the group considered
1312
1313 valuable in accomplishing an elevation of awareness around spirituality and childbirth which
1314
1315 manifests spirituality into the world of contemporary childbirth practices and experiences: 1)
1316
1317 dissemination of outcomes; 2) motivating conversations; 3) remembering interconnectedness; 4)
1318
1319 transforming relationships; 5) transforming practice; 6) generating reflexivity 7) inspiring self and
1320
1321 others 8) inspiring creativity.
1322

1323 1324 1325 **3.3.1 Dissemination of outcomes**

1326
1327 We presented the inquiry process and findings at The International Normal Labour and Birth
1328
1329 conference (June 2019), and publication of this article and at the time of writing we are preparing
1330
1331 further dissemination strategies.
1332
1333

1334 1335 **3.3.2 Motivating conversations**

1336
1337 Motivating conversations and new ways of thinking is about prompting dialogues with others who
1338
1339 we work with and/or study with, around the topic of spirituality and childbirth. It involves getting
1340
1341 others to think differently about childbirth and to consider spirituality as an aspect of childbirth.
1342

1343
1344 Susan provides an example,
1345
1346

1347 I am on the Nursing and Midwifery (UK regulatory body) working group
1348 developing new standards for midwifery education across the UK. I continue to
1349 bring the significance of spirituality as a notion akin to but not the same as
1350 psycho-emotional wellbeing or spiritual/religious care. Although these notions
1351 are important, I keep reminding the chair and others this [the term spirituality’
1352 has more to do with our sense of meaning making, purpose and
1353
1354
1355

1358
1359
1360 interconnectedness. I was clear that the word spiritual needed to be in the
1361 standards.
1362

1363 **3.3.3 Remembering interconnectedness**

1364

1365 Remembering interconnectedness involves nurturing a sense of the deeper relationship that we feel
1366 with others, with nature and cosmos, across time and space – within and beyond the everydayness
1367 of practice, work and personal life. Diane stated this idea with simple profundity: “We all arrived on
1368 this planet by being born and we will all die one day. We are all connected by this simple fact”.
1369
1370
1371
1372
1373
1374

1375 **3.3.4 Transforming relationships**

1376

1377 Transforming relationships is an action concerned with deeper appreciation and understanding of
1378 self and others. Barbara explains one way in which she is seeking to act on this goal:
1379
1380

1381
1382 I am looking for spirituality every day in my relationship with my four-year-old
1383 daughter. In our relationship I devote more moments to catching emotions than
1384 just 'taking on everyday responsibilities'. For me today, spirituality is also
1385 mindfulness.
1386

1387 **3.3.5 Transforming practice**

1388

1389 Transforming practice – through our conversations and actions, in teaching, clinical practice,
1390 research, professional and personal lives – means making opportunities, and providing permission,
1391 space and time to speak to these largely unspoken yet often experienced aspects of childbirth. Jane
1392 spoke of her ideas and efforts:
1393
1394
1395
1396
1397

1398 I will be lobbying to have the word Spirituality / Spiritual Care in the forthcoming
1399 UK Midwifery Standards... When planning Freshers' week, I want to include a
1400 session from the university chaplain on mindfulness in the first week so students
1401 could see from the onset the importance of nurturing themselves (rather than
1402 becoming resilient which I consider to be such a hard word).
1403

1404 **3.3.6 Generating reflexivity**

1405

1406 Generating reflexivity is about re-examining, over and over again, our own relationships to
1407 spirituality and childbirth, in new and novel ways, whilst engaging with what we brought to this
1408 inquiry in a real and tangible way, through our practice-based work. Doreen spoke of her growing
1409 openness in bringing the 'difficult' (i.e. neglected, not deemed appropriate) topic of spirituality
1410
1411
1412
1413
1414

1417
1418
1419 forward in her teaching practice: “This year...I seemed to be opening up more and more...speaking of
1420
1421 spirituality and beauty as natural and important aspects of environmental design.”
1422

1423 1424 **3.3.7 Inspiring self and others** 1425

1426
1427 Inspiring self and others to change includes creating opportunities, through new actions. For
1428
1429 example, Lesley is working to develop an '*art of midwifery*' module as part of curriculum
1430
1431 development – with the aim of “helping students to appreciate and express childbirth and
1432
1433 spirituality experiences”.
1434

1435 1436 **3.3.8 Inspiring creativity** 1437

1438
1439 Inspiring creativity is an action arising from our awareness that exploring spirituality and childbirth is
1440
1441 not only enabled through research or scholarly writings. Other creative avenues are needed to
1442
1443 express our deeply felt themes. Members of the inquiry were inspired to share poems they had
1444
1445 written and pieces of art they had created, e.g. Caroline’s artwork and Jane’s poem shared in this
1446
1447 article (see above). There was a growing appreciation of creative means of expression in our work
1448
1449 practices. Jenny and other educators spoke of introducing more creative expression into midwifery
1450
1451 learning. Barbara describes the necessity for alternative, imaginative modes of discovery:
1452

1453
1454 ...the professional environment perceives psychological and spiritual aspects as
1455 secondary, after ensuring 'medical' safety, therefore I am asking students to
1456 express their childbirth [experiences] through various forms of expression.
1457
1458
1459
1460

1461 **4 Discussion** 1462

1463
1464 Throughout this co-operative inquiry, relationships, spiritual insight, awareness and knowing
1465
1466 emerged in ways that provided new avenues for further exploration, discussion and action. The
1467
1468 inquiry opened a safe and positive space for delving into personal knowledge, grounded in the
1469
1470 participants’ lived experience, scholarly work, professional and educational practices. The use of an
1471
1472 online discussion group was not ideal but provided a chance for reflection and non-linear,
1473

1476
1477
1478 asynchronous development and proliferation of thoughts and ideas. The notion of 'enabling'
1479
1480 personal and collective expression about spirituality and childbirth was modelled within the inquiry
1481
1482 itself. The inquiry was deliberately phenomenological, focusing on opening the topic through lived
1483
1484 experiences and how these were meaningful, rather than technical or quantitative analysis.
1485
1486

1487
1488 The outcomes of this inquiry proffers insight into a little-discussed aspect of contemporary
1489
1490 childbirth, and points to opportunities for further consideration. Exploration of approaches to
1491
1492 childbirth care that privilege the spiritual nature of birth are important to human health and a
1493
1494 quality of wellbeing that goes beyond the physical. Childbirth, in whatever system of care and/or
1495
1496 level of acuity and environment, can be spiritually distressing/unsafe – or can be spiritually uplifting,
1497
1498 and enabling of human flourishing^{1,4}. The outcomes affirm that awareness and practices privileging
1499
1500 spirituality as a deeply felt, meaningful and significant aspect of birth experience can and should be
1501
1502 contemplated, nurtured and dwelt within, if truly salutogenic birth is to be fostered in the birth
1503
1504 culture(s) of the future. We affirmed that spirituality – as a deeply felt, meaningful and significant
1505
1506 aspect of birth experience can and should be nurtured within birth culture in order to fully meet the
1507
1508 needs and desires of birthing women.
1509
1510

1511
1512 Relationships in and around childbirth have been revealed through this inquiry as important in
1513
1514 achieving a 'good birth' ². This inquiry foregrounds the importance of honouring the sacredness of
1515
1516 childbirth through cultivation of 'tactful' relationships in the birthing space. This is congruent with
1517
1518 others work that foregrounds the importance of relationships, for example, Reed et al's work on
1519
1520 ritual companionship⁴¹, Lundgren et al's research highlighting the role of an anchor person ⁴² and
1521
1522 Anderson's explanation of how relationships build feelings of safety so that a woman can surrender
1523
1524 to the power of birth³⁰. Relationality is integral to positive childbirth experience and is central to the
1525
1526 significance and meaningfulness of childbirth.
1527
1528
1529
1530
1531
1532

1535
1536
1537 Birth's enigmatic and precious gifts lie beyond the constraints of lineal time, organisational dictates,
1538
1539 and systems of care. To embrace spirituality at birth is to acknowledge the role of emotionality,
1540
1541 embodied perception, relationality, tradition, nature and culture as aspects of each unique birth^{4,17}.
1542
1543 The outcomes of this inquiry gesture to personal and collective empowerment, emotional growth,
1544
1545 societal health, and the potential for beautiful and memorable birth experiences. This inquiry
1546
1547 contributes to a changing narrative about birth, with the hope that we can supersede the modernist
1548
1549 birth narrative that depicts birth as risky and unsafe⁴⁰. This radical form of inquiry reminds us that
1550
1551 we all participate in the advancement and development of 21st century birth culture in how we are
1552
1553 and what we do. Shall we continue to reinforce a birth culture attuned to technological sovereignty,
1554
1555 resulting in a desacralizing of something so precious and tender? This inquiry is a call for us all to
1556
1557 reflect, and to act in ways that avoids such a travesty. Further transdisciplinary engagement with
1558
1559 diverse participants – across diverse disciplines, intellectual boundaries and physical distances would
1560
1561 be valuable in counterbalancing the technocratic and biomedical narratives prevalent within 21st
1562
1563 century birth discourse.
1564
1565

1566 **5 Conclusion**

1567
1568
1569 Through this inquiry we rediscovered individual and collective spiritual understandings of birth. The
1570
1571 inquiry opens the conversation about spiritual birth and spiritual midwifing, which can now be
1572
1573 discussed and understood further through the four principal areas of concern we identified: birth
1574
1575 culture; embodied relationships and intuition; space, place, and time; and meaning and sense-
1576
1577 making. Spiritual midwifing showed itself as an attuning to birth at a time of intense intimacy,
1578
1579 drawing us into personal and collective existential inquiry. It highlighted the import of honouring
1580
1581 birth spaces as places that enable us to take a pause in our busy lives and respond to the invitation
1582
1583 to come back to ourselves and others in enriching lasting ways. To ignore this invitation is to miss
1584
1585 out on an embodied experience of joy and connectedness gifted in and around childbirth.
1586
1587
1588
1589
1590
1591
1592
1593

1594
1595
1596
1597
1598
1599
1600
1601
1602
1603
1604
1605
1606
1607
1608
1609
1610
1611
1612
1613
1614
1615
1616
1617
1618
1619
1620
1621
1622
1623
1624
1625
1626
1627
1628
1629
1630
1631
1632
1633
1634
1635
1636
1637
1638
1639
1640
1641
1642
1643
1644
1645
1646
1647
1648
1649
1650
1651
1652

References

1. Crowther S, Hall J. *Spirituality and Childbirth: Meaning and Care at the Start of Life*: Taylor & Francis; 2017.
2. Smythe E, Hunter M, Gunn J, et al. Midwifing the notion of a 'good' birth: a philosophical analysis. *Midwifery* 2016; **37**: 25-31.
3. Crowther S, Hall J. Spirituality and spiritual care in and around childbirth. *Women and Birth*. 2015;28(2):173-8.
4. Crowther S, Stephen A, Hall J. Association of psychosocial–spiritual experiences around childbirth and subsequent perinatal mental health outcomes: an integrated review. *J Reprod Infant Psychol*. 2019:1-26.
5. Moloney S, Gair S. Empathy and spiritual care in midwifery practice: Contributing to women's enhanced birth experiences. *Women Birth* 2015; **28**(4): 323-8.
6. Youngson R. Compassion in healthcare—the missing dimension of healthcare reform. *J Caregiver stress staff support in illness, dying, bereavement* 2011: 49-61.
7. Parratt J. Territories of the self and spiritual practices during childbirth. *Birth Territory and Midwifery Guardianship: Theory for practice, education and research* Edinburgh: Butterworth Heinemann Elsevier 2008: 39-54.
8. Lupton D, Schmied V. Splitting bodies/selves: Women's concepts of embodiment at the moment of birth. *Sociology of Health and Illness* 2012.
9. Ayers-Gould JN. Spirituality in birth: Creating sacred space within the medical model. *International Journal of Childbirth Education* 2000; **15**(1): 14.
10. Fahy K, Foureur M, Hastie C. *Birth territory and midwifery guardianship*. London: Butterworth Heinemann Elsevier; 2008.
11. Callister LC, Khalaf I. Spirituality in Childbearing Women. *The Journal of Perinatal Education* 2010; **19**(2): 16-24.
12. Reed, R, Barnes, M. & Rowe, J Women's experience of birth: childbirth as a rite of passage, *International Journal of Childbirth*, 2016; **6** (1): 46-56.
13. Bélanger-Lévesque M-N, Dumas M, Blouin S, Pasquier J-C. "That was intense!" Spirituality during childbirth: a mixed-method comparative study of mothers' and fathers' experiences in a public hospital. *BMC pregnancy and childbirth* 2016; **16**(1): 294.

- 1653
1654
1655
1656
1657
1658
1659
1660
1661
1662
1663
1664
1665
1666
1667
1668
1669
1670
1671
1672
1673
1674
1675
1676
1677
1678
1679
1680
1681
1682
1683
1684
1685
1686
1687
1688
1689
1690
1691
1692
1693
1694
1695
1696
1697
1698
1699
1700
1701
1702
1703
1704
1705
1706
1707
1708
1709
1710
1711
14. Lahood G. Birth, fathers, ritual and 'reproductive consciousness' in transpersonal anthropological perspective [PhD]. Auckland, NZ: Massey University; 2006.
 15. Barrett A. Spiritual obstetrics. In: Crowther S, Hall J, eds. *Spirituality Childbirth: Meaning and care at the start of life*. London: Routledge; 2017: 133-41.
 16. Linhares CH. The Lived Experiences of Midwives with Spirituality in Childbirth: Mana from Heaven. *Journal of Midwifery and Women's Health* 2012; **57**(2): 165-71.
 17. Crowther S, Smythe L, Spence D. Mood and birth experience. *Women and birth : journal of the Australian College of Midwives*. 2014;**27**(1):21-5.
 18. Wojtkowiak J, Crowther S. An existential and spiritual discussion about childbirth: Contrasting spirituality at the beginning and end of life. *Spirituality in Clinical Practice*. 2018;**5**(4):261-72.
 19. Crowther S. Birth and Spirituality In: Laszlo Z., Flanagan, B. eds. *The Routledge International Handbook of Spirituality and Society*. London, UK: Routledge; 2019; 113-9
 20. Bornemark J, Smith N. *Phenomenology of pregnancy*: Södertörns högskola; 2016.
 21. Hennessey A. Ritual and art in a philosophy of birth. *Spirituality and Childbirth*: Routledge; 2017: 48-70.
 22. Delaporte M, Martin M. *Sacred inception: reclaiming the spirituality of birth in the modern world*. Lanham: Lexington Books; 2018.
 23. Dixon L, Skinner J, Foureur M. The emotional and hormonal pathways of labour and birth: integrating mind, body and behaviour. *New Zealand College of Midwives Journal* 2013; **48**: 15-23.
 24. Buckley SJ. *Hormonal physiology of childbearing: Evidence and implications for women, babies, and maternity care*. Washington: Childbirth 2015.
 25. Hammond A, Foureur M. Interconnectivity in the birth room. In: Downe S, Byrom S, eds. *Squaring the Circle: Normal birth research, theory and practice in a technological age*: Pinter & Martin Limited; 2019: 180-92.
 26. Balabanoff, D. "The Inappropriate Birthing Body and How the Environment is Implicated". In *Inappropriate Bodies: Art, Design and Maternity*. Toronto: Demeter Press; 2019: 251-290.
 27. Possamai-Inesedy A. The silence of spirituality within sociology of childbirth: Epistemological and methodological considerations. *Australian Religion Studies Review* 2009; **22**(2): 137-60.

- 1712
1713
1714
1715
1716
1717
1718
1719
1720
1721
1722
1723
1724
1725
1726
1727
1728
1729
1730
1731
1732
1733
1734
1735
1736
1737
1738
1739
1740
1741
1742
1743
1744
1745
1746
1747
1748
1749
1750
1751
1752
1753
1754
1755
1756
1757
1758
1759
1760
1761
1762
1763
1764
1765
1766
1767
1768
1769
1770
28. Mohamadirizi M, MOHEBBI DZ, Torabi F, Mohamadirizi S. The relationship between spiritual intelligence and fear of childbirth in low-risk pregnant women. 2017: 26-31.
 29. WHO. WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018.
 30. Anderson, T, 'Feeling safe enough to let go: the relationship between a woman and her midwife during the second stage of labour', in M Kirkham (ed), *The midwife-mother relationship*, 2nd ed, Palgrave Macmillian, Basingstoke; 2010
 31. Attard J, Baldacchino DR, Camilleri L. Nurses' and midwives' acquisition of competency in spiritual care: A focus on education. *Nurse Educ Today* 2014; **34**(12): 1460-6.
 32. Mitchell M, Hall J. Teaching spirituality to student midwives: A creative approach. *Nurse Education in Practice* 2007; **7**(6): 416-24.
 33. Hall J. Facilitating learning of spirituality in midwifery. *Spiritual care* 2016; **5**(2): 81-8.
 34. Davis-Floyd R. *Ways of Knowing about Birth: Mothers, Midwives, Medicine, and Birth Activism*; 2017.
 35. Downe S, Byrom S. *Squaring the Circle: Normal birth research, theory and practice in a technological age*. London: Pinter & Martin Limited; 2019.
 36. Heron J, Reason P. The practice of co-operative inquiry: Research 'with' rather than 'on' people. *Handbook of action research* 2006; **2**: 144-54.
 37. Callister LC, Khalaf I. Culturally diverse women giving birth: Their stories. In: Selin H, & Stone, P. K., ed. *Childbirth across cultures: Ideas and practices of pregnancy, childbirth and the postpartum* NY: Springer; 2009: 33-40.
 38. Heidegger M. The question concerning technology. In: Krell DF, ed. *Basic writings*. NY: Harper collins; 1993/1954: 311-41.
 39. Böhme G. *The aesthetics of atmospheres*: Routledge; 2016.
 40. Kay L, Downe S, Thomson G, Finlayson K. "Engaging with birth stories in pregnancy: a hermeneutic phenomenological study of women's experiences across two generations". *BMC pregnancy and childbirth* 2017; **17**(1): 283-293
 41. Reed, R, Barnes, M. & Rowe, J 2016, 'Women's experience of birth: childbirth as a rite of passage', *International Journal of Childbirth*, 2016; **6** (1): 46-56

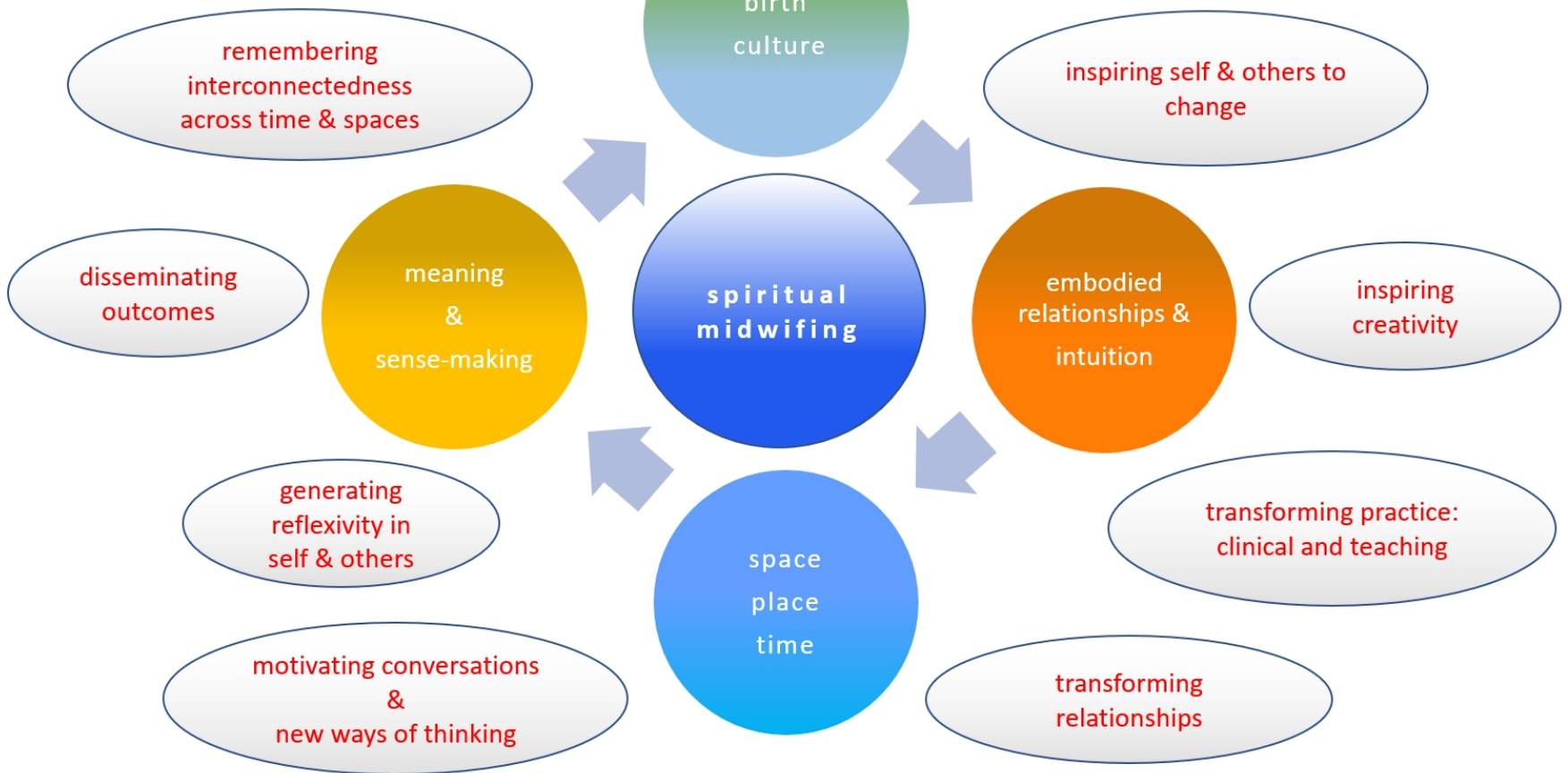
1771
1772
1773
1774
1775
1776
1777
1778
1779
1780
1781
1782
1783
1784
1785
1786
1787
1788
1789
1790
1791
1792
1793
1794
1795
1796
1797
1798
1799
1800
1801
1802
1803
1804
1805
1806
1807
1808
1809
1810
1811
1812
1813
1814
1815
1816
1817
1818
1819
1820
1821
1822
1823
1824
1825
1826
1827
1828
1829

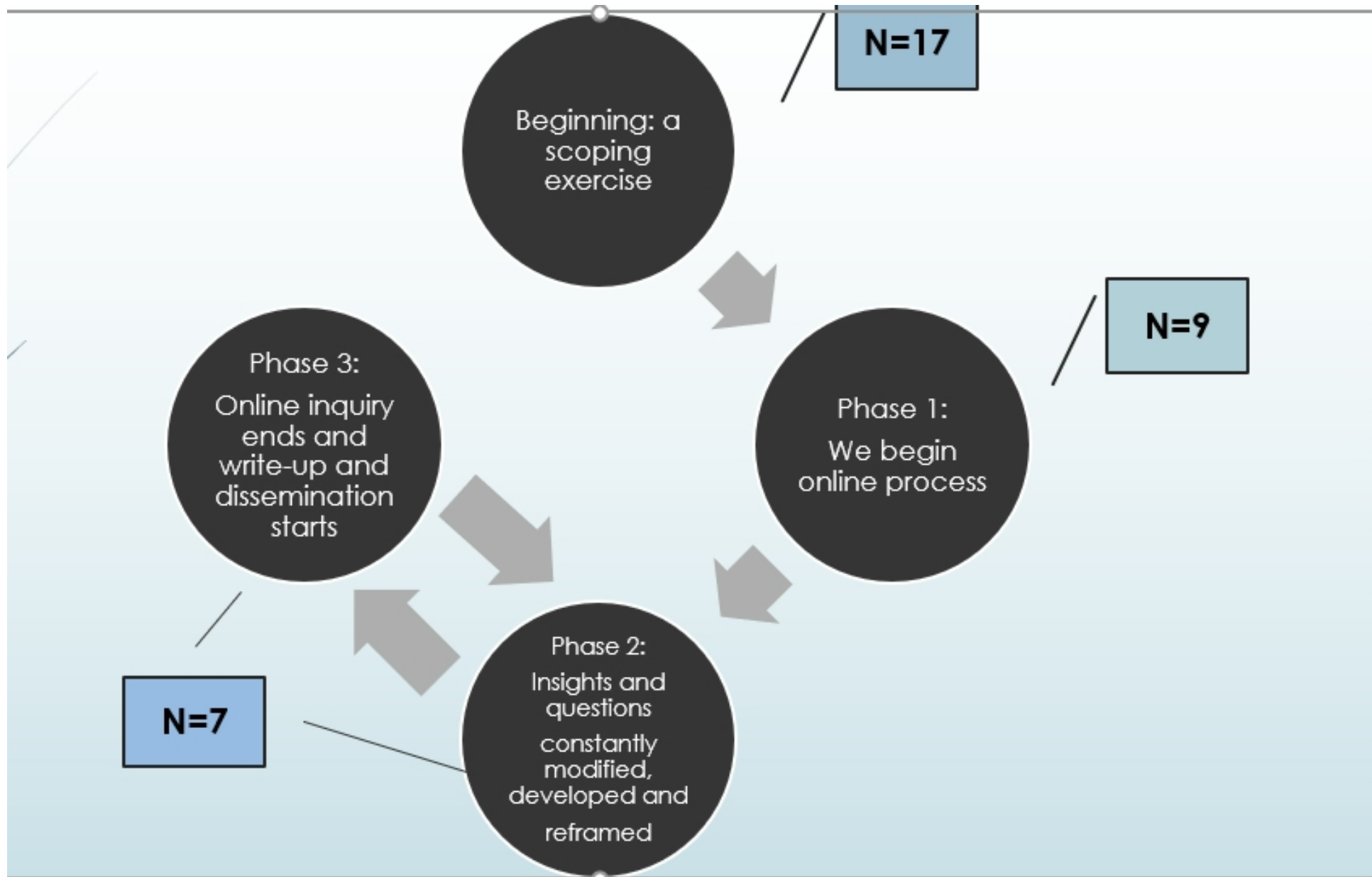
42. Lundgren, I & Dahlberg, K 2002, 'Midwives' experience of the encounter with women and their pain during childbirth', *Midwifery*, 2002; 18: 155-164.



emergent reflective themes

transformations/actions





Tables (figures 2 and 3)

Figure 2: Co-inquirers through journey of the inquiry (NB names removed for peer review only)

Phase	Name	Regions	Professional group
Scoping N+11	Anonymous	Australia, New Zealand, England, Scotland, Iran, Poland, Canada	Midwives, doulas, birth activist, researchers, educationists and practitioners, artist/designer, social scientist
Phase 1 N=9	[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]	New Zealand/ Scotland England Canada England England Poland England England England	Midwife academic Midwife academic Designer academic (Env Design) Midwife academic Midwife academic Embryologist/Midwife Midwife academic Artist Midwife academic
Phase 2 & 3 N=7	[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]	NZ/Scotland England Canada England England Poland England	Midwife academic Midwife academic Designer academic (Env Design) Midwife academic Midwife academic Embryologist/Midwife Midwife academic

Figure 3: Questions in the inquiry

Phase of study	Questions
Symposium	<ol style="list-style-type: none"> 1. How is spirituality experienced by you, women and their families in and around childbirth? 2. How does recognizing spirituality in and around childbirth keep childbirth safe and normal?
Online: initial phase	<ol style="list-style-type: none"> 1. Introducing ourselves, our interests in this area and why this topic matters to us 2. What do we mean when we say spirituality? 3. What does spirituality and childbirth mean to you? 4. How is spirituality experienced by you in and around childbirth? 5. How does recognizing spirituality in and around birth keep birth safe, and normal?
Online: additional questions	<ol style="list-style-type: none"> 1. What has your experience of the inquiry been? 2. What is childbirth and intuition? 3) What is the role of memory?

Competing and conflicting interests

None of the authors of this article have any competing interests.

Funding

There was no funding for this study.

Ethics

Ethics approval: SERP 19/1/18: Ref - 17-43 (SERP: School Ethics Review Panel: RGU University, Aberdeen, Scotland)

Author agreement

Authorship

All authors have participated in the study and contributed to this submitted article from conception to writing through to final editing prior to submission. All authors have seen and approved the manuscript being submitted. All authors meet the criteria for authorship and all people entitled to authorship are listed as authors.

This article is original work and has not received prior publication and is not under consideration for publication elsewhere.