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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
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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]

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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

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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

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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

through the childbirth journey. The key insight, and one that requires further attention, is that neglecting spirituality as a part of the childbirth experience could give rise to a breakdown in empathy⁵, compassion⁶ and neglect of the self as an integrated whole⁷. Childbirth has been shown to be an intensely embodied experience, but the interwovenness of mind, body and environment as a significant aspect of birth care is not often acknowledged^{8, 9,10}.

For women, across many cultures, birth is a meaningful and powerful life event recognised as a rite of passage that is empowering and transformative^{11,12}. However, the focus is often solely on the birthing woman, despite others at birth being profoundly affected by birth's emotive and existential moods¹³⁻¹⁷. Although there is growing literature about end of life existential awareness, there remains a paucity of discussion about spirituality in relation to beginning of life^{18,19}. Despite a lack of literature informing practice directly there is an emergent body of work addressing philosophical and existential understandings of childbirth²⁰⁻²², an increasing understanding of the affectivity around childbirth related to hormonal activity^{23,24}, and an increased appreciation of how the environment itself plays a part in birth processes^{10,25-26}. Yet awareness of birth as embodied experience is not adequately penetrating the dominant maternity systems in post-industrial regions, nor the developing regions where western styled maternity institutions are being established.

It is time to speak to the silence surrounding spirituality within childbirth, and to bring diverse approaches and ways of knowing into the current culture of childbirth²⁷. With increasing medicalisation and its associated highlighting of risk, fear dominates much of the global birth culture and discourse. This is a critical time, therefore, for remembering and highlighting how birth is meaningful and significant – not just in terms of survival, but also in terms of spiritual wellbeing and personal and collective flourishing. Indeed, while fear is often prominent in discussions about childbirth, the association between childbirth fear and spiritual awareness is also worthy of further discussion²⁸. It is encouraging to see the development of WHO intrapartum guidance that

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

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

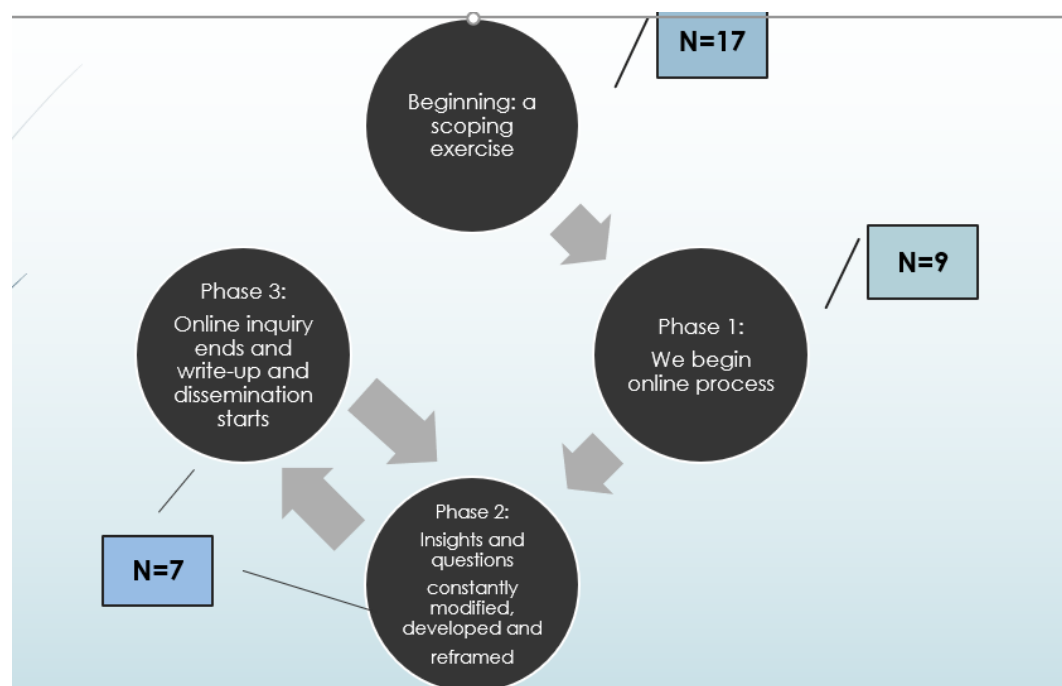
2. Methodology

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

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

(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

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

Figure 2: Co-inquirers through journey of the inquiry

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 Jenny Hall Doreen Balabanoff Lesley Kay Jane Fry Barbara Baranowska Diane Menage Caroline Calonder Ruth Sanders	New Zealand/ Scotland England Canada England England Poland England England England	Midwife academic Midwife academic Designer/Artist/Academic (Env Design) Midwife academic Midwife academic Embryologist/Midwife Midwife academic Artist Midwife academic
Phase 2 & 3 N=7	Susan Crowther Jenny Hall Doreen Balabanoff Lesley Kay Jane Fry Barbara Baranowska Diane Menage	NZ/Scotland England Canada England England Poland England	Midwife academic Midwife academic Designer/Artist/Academic (Env Design) Midwife academic Midwife academic Embryologist/Midwife Midwife academic

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

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

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

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

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

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

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



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

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

When I'm with you I breathe you in.
I feel your heart beat.
I sense your thoughts,
your body, and your soul...

Susan responded:

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

Lesley spoke of her two sons' births:

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

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

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

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

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

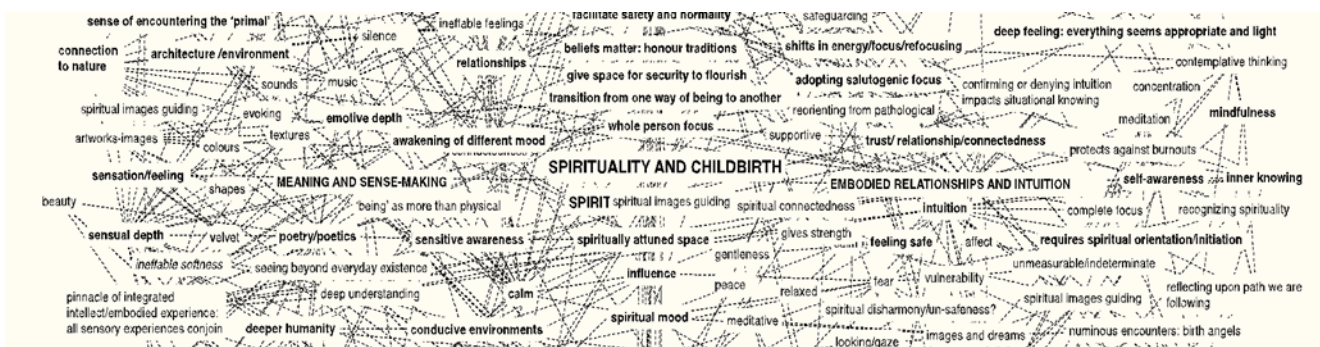
As ideas built upon one another, new 'threads' in the inquiry were initiated. Mind-mapping by Doreen provided a glimpse into the depth and breadth revealed through our exploration (Diagram 1).

Representing the interconnectedness of awareness, attitudes, practices, and environmental aspects of birth, the mapping of significant bits of our extended conversation encapsulated the complexity of overlapping meanings that are present in the birth experience. In this cloud-like diagram, the assembled data from many pages of transcripts is represented in a graphic distillation, revealing relatedness and co-dependent of aspects of meaning. A horizontal 'slice' of the diagram in diagram 2 shows the range of internal and external influences and states of consciousness from contemplation to sensation, from beliefs to moods – that came to light through our discourse.

Diagram 1: Mind-map of the findings



Diagram 2: Horizontal slice of whole mind-map



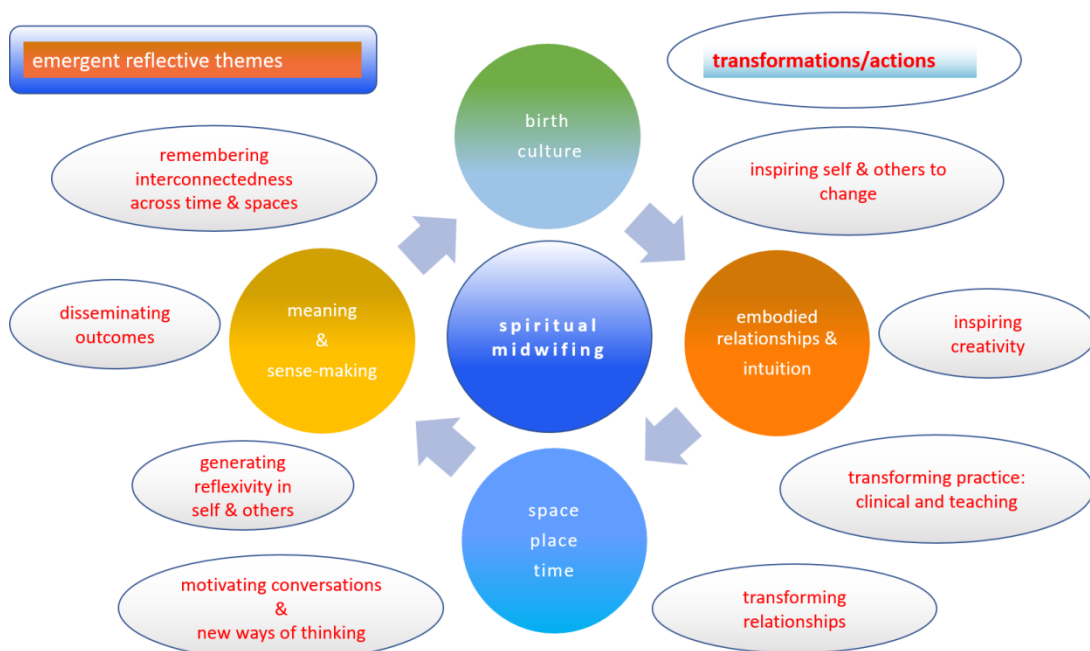
Once the generation of concepts, understandings and themes had evolved, we moved towards identifying possible actions for change – personal commitments we could imagine performing in our

lives as practitioners. The key outcomes were distilled collaboratively as transferrable knowledge, i.e., 'transformational actions' for future use, by us and others.

3.1 Reflective themes and transformations

Four reflective themes and eight transformations and actions were distilled from our discussions (see diagram 3). 'Spiritual midwifing' emerged as the central hub, representing a space and a practice in which awareness of spirituality is understood as fundamentally relational. The surrounding outcomes represent an ecological, rather than a hierarchical understanding. The following section presents the key concepts, as discussed by the group, embedded within the four themes and eight transformative actions.

Diagram 3: Emergent reflective themes and transformations/actions



3.2 Reflective themes

3.2.1 Central Theme: Spiritual midwifing

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

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

...the being together, sharing experiences in the birthing room of touching, smelling, seeing, hearing, laughing, crying, breathing, groaning, shouting, eating, sweating, moving, drinking, urinating, pushing and all else that makes the occasion so immanent (Susan).

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

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

3.2.2 Theme: Meaning and Sensemaking

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

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

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

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828
829 feel and know "...that stirs our very existential positioning in the world... When meaning moves us
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831 from one understanding to another - we have been moved" (Susan).
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834
835 Expressions of this depth of meaning-making can occur through the practice of art, as they did in our
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837 inquiry (e.g. see Image 1). These moments are both inward and outward experiences and
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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
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853 contact:
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856
857 I would describe the first time I breastfed my baby as my moment of "birth" and
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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 Ruth told a story of mutual connection centred on the 'presence' and 'resonance' of birth as a
868
869 transformational experience:
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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
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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
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883 spirituality in another person which creates a resonance and unsaid connection
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885 even as...the root of the spiritual path is radically different. I think the fact that
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887 we share a sacred moment of transformation in birth creates and affirms...almost
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889 regardless of outcome in the process.

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891 The importance of connectedness and relationality continually emerged in the inquiry.
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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).
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892 Jenny revealed the personal, fluctuating, ineffable nature of a trusting and felt connectivity:
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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.
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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.
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907 **3.2.3 Theme: Birth culture**

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

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

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

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

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

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

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

Susan responded:

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

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

3.2.4 Theme: Embodied Relationships and Intuition

We spoke often of the embodied, sensitive nature of birth, as felt by the birthing woman, her baby, and all involved in birth experiences and how this was centred on respectful care and connection with the woman's feelings. Medicalised birth culture was felt to be diminishing the authenticity of birth culture, of human response and connection, rendering birth incomplete. Lack of trust and sense of safety was described as a threat to wellbeing, as women (including caregivers) may feel distressed, bereft of meaning, and dislocated or disconnected in response to impersonal birth approaches, rather than encouraged by the existential awakenings that sensitive birth experience may bring.

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

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1064
1065 this thread of inquiry it became evident that to be immanent is to be embodied and rooted into life.
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1067 We saw how connectedness to earth, cosmos, and other beings was a deeply felt aspect of
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1069 meaningful birth experience. We agreed that to act and speak from the understanding that spiritual
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1071 aspects of birth exist and require attention, in contemporary birth settings, takes bravery, fortitude,
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1073 and intuition.
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1076 Our questioning that centred on intuition drew out thoughts about attunement with self and others.
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1078 Considered as an aspect of caregiving, intuitive relationship was understood as an embodied
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1080 confluence of minds and bodies. Barbara noted that this rapport seems to enact a mode of “gentle
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1082 protection” for the woman. Doreen spoke of a kinship founded upon the sustenance and inspiration
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1084 provided by a nurse who was not in charge of her but came in to offer advice: “This relationship
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1086 sustained me...nurturing our spirits... she was an angel for me. I never got to tell her. I hope she
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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:
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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.
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1111 Susan noted that this way of knowing requires a reflexive stance where one uses an internal
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1113 dialogue, “asking myself: am I here fully? or am I only partially here? If only partially, what do I need
1114
1115 to do to be fully present?” Susan added that attuned relationships “invoke moments of compassion,
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1117 tactful practice, sensitivity and deep connection in times of intense intimacy”. In this spiritual space,
1118
1119 both the birthing woman’s and the midwife’s ways of knowing were understood as embodied and
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1121 intuitive. Susan described intuition as “a pinnacle of intellect that emerges when all available
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1123 sensory, embodied, felt and skills conjoin and draw forth a depth of understanding that would be

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

3.2.5 Theme: Place-Space-Time

Our inquiry led us to place-space-time as a complex, interwoven interconnected aspect of our experience and our awareness, therefore we place hyphens to show their primordial interconnectivity. Questioning how place-space-time are implicated in (or constitute) the world of birth led us to existential and phenomenological issues. We discussed the sense that birth appears at the borderline of different worlds or ways of being. We noted that for a woman on the brink of motherhood this is felt most keenly. We described, from our own experience, that women have a sense of awe and anticipation as they bring a new person into the world, a sense of one part of their life ending and a new one beginning, a sense of birth as a bridge between (mysterious) worlds.

There was a sense of timelessness and lightness in the inquiry when speaking of this spatio-temporal aspect of childbirth experience. We acknowledged a sense of being 'between' or at a borderline – a feeling experienced not only by those giving birth, but also by those who attend, support and witness birth. Barbara articulated this awareness of spiritual immanence poetically:

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

There was a sense in the inquiry that something 'other' occurs in the spaces between us. That is, in our coming together, something beyond our individual selves is given voice, an emergent wisdom. Likewise, in the birthing room something can manifest between those there, providing a gestalt and a harmonic feeling of wholeness. We discussed how birth spaces that empower holistic care support 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).
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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:
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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.
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1212 Barbara described her embodied sensation of a temporality imbued with rhythms:
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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:
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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'.
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We concurred that settings where birth occurs are worthy of deeper consideration. Doreen spoke of the meanings inherent in the architectural language through its forms, materials, colours, spatial organisation and affordances (what the environment offers to its users). She spoke of delight in seeing the sky during birth, and Jenny noted her attraction to water as a spiritual element. We noted the role of sense of place, light, views of landscape – that they influence feelings, attitudes, moods, and sense of temporality.

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

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

In our methodological approach, identifying these four themes was the precursor to our next steps as action researchers. The next section articulates our commitments towards transformative change through action.

3.3 Transformations and actions

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

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

3.3.1 Dissemination of outcomes

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

3.3.2 Motivating conversations

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

Susan provides an example,

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

interconnectedness. I was clear that the word spiritual needed to be in the standards.

3.3.3 Remembering interconnectedness

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

3.3.4 Transforming relationships

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

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

3.3.5 Transforming practice

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

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

3.3.6 Generating reflexivity

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

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

3.3.7 Inspiring self and others

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

3.3.8 Inspiring creativity

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

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

4 Discussion

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

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

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

Relationships in and around childbirth have been revealed through this inquiry as important in achieving a 'good birth'². This inquiry foregrounds the importance of honouring the sacredness of childbirth through cultivation of 'tactful' relationships in the birthing space. This is congruent with others work that foregrounds the importance of relationships, for example, Reed et al's work on ritual companionship⁴¹, Lundgren et al's research highlighting the role of an anchor person⁴² and Anderson's explanation of how relationships build feelings of safety so that a woman can surrender to the power of birth³⁰. Relationality is integral to positive childbirth experience and is central to the significance and meaningfulness of childbirth.

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

5 Conclusion

Through this inquiry we rediscovered individual and collective spiritual understandings of birth. The inquiry opens the conversation about spiritual birth and spiritual midwifing, which can now be discussed and understood further through the four principal areas of concern we identified: birth culture; embodied relationships and intuition; space, place, and time; and meaning and sense-making. Spiritual midwifing showed itself as an attuning to birth at a time of intense intimacy, drawing us into personal and collective existential inquiry. It highlighted the import of honouring birth spaces as places that enable us to take a pause in our busy lives and respond to the invitation to come back to ourselves and others in enriching lasting ways. To ignore this invitation is to miss out on an embodied experience of joy and connectedness gifted in and around childbirth.

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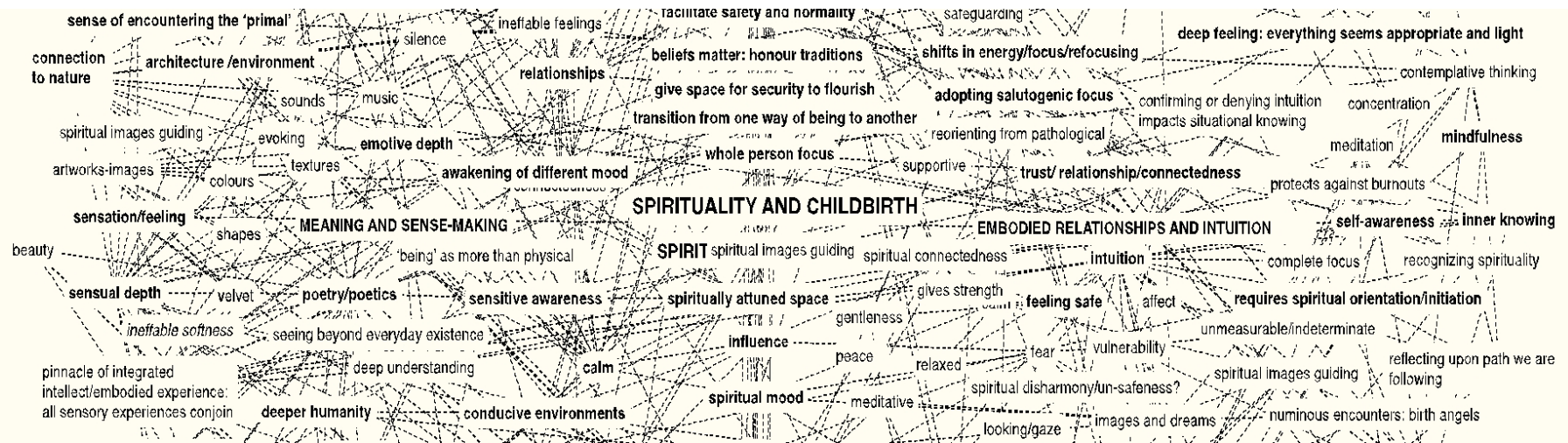
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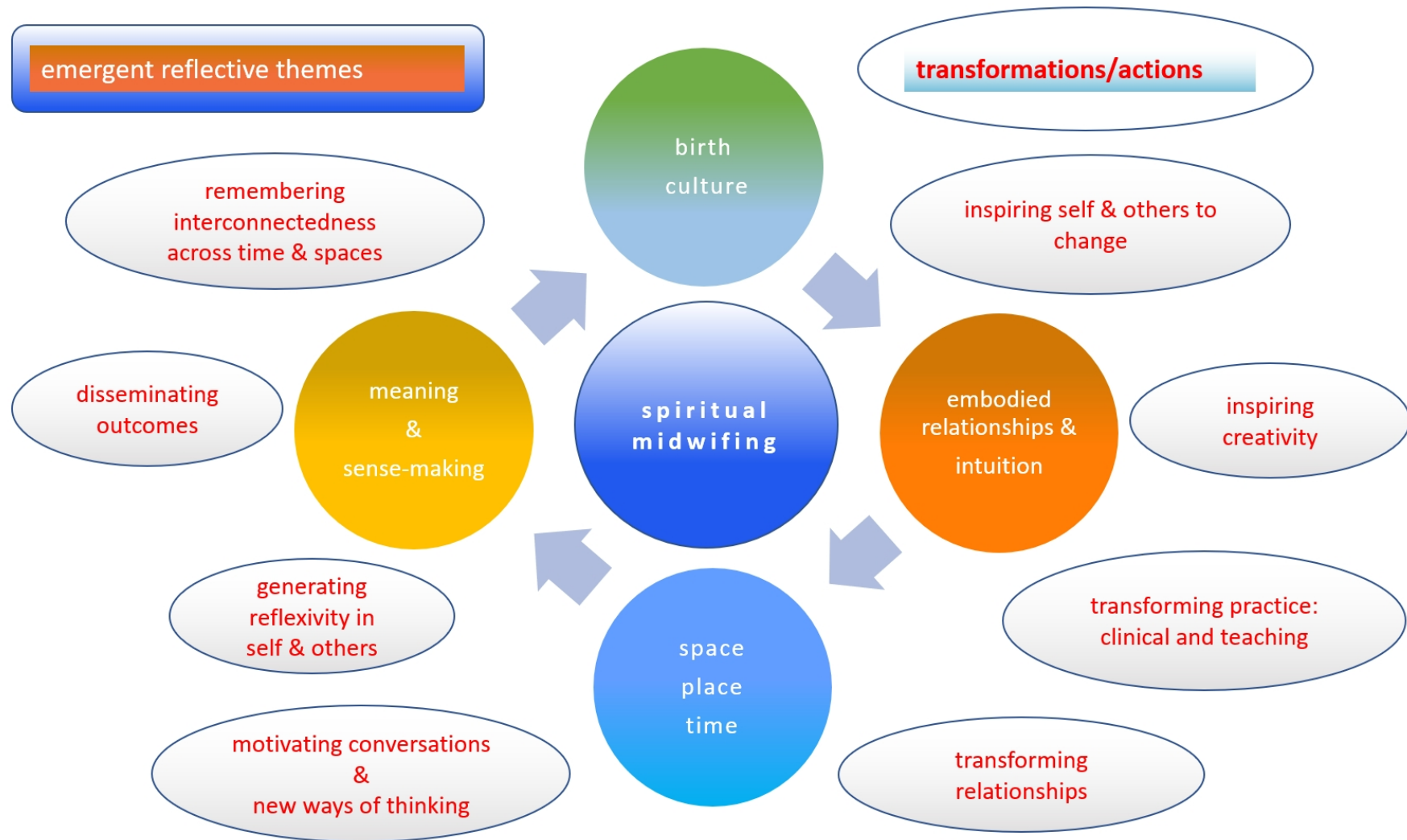
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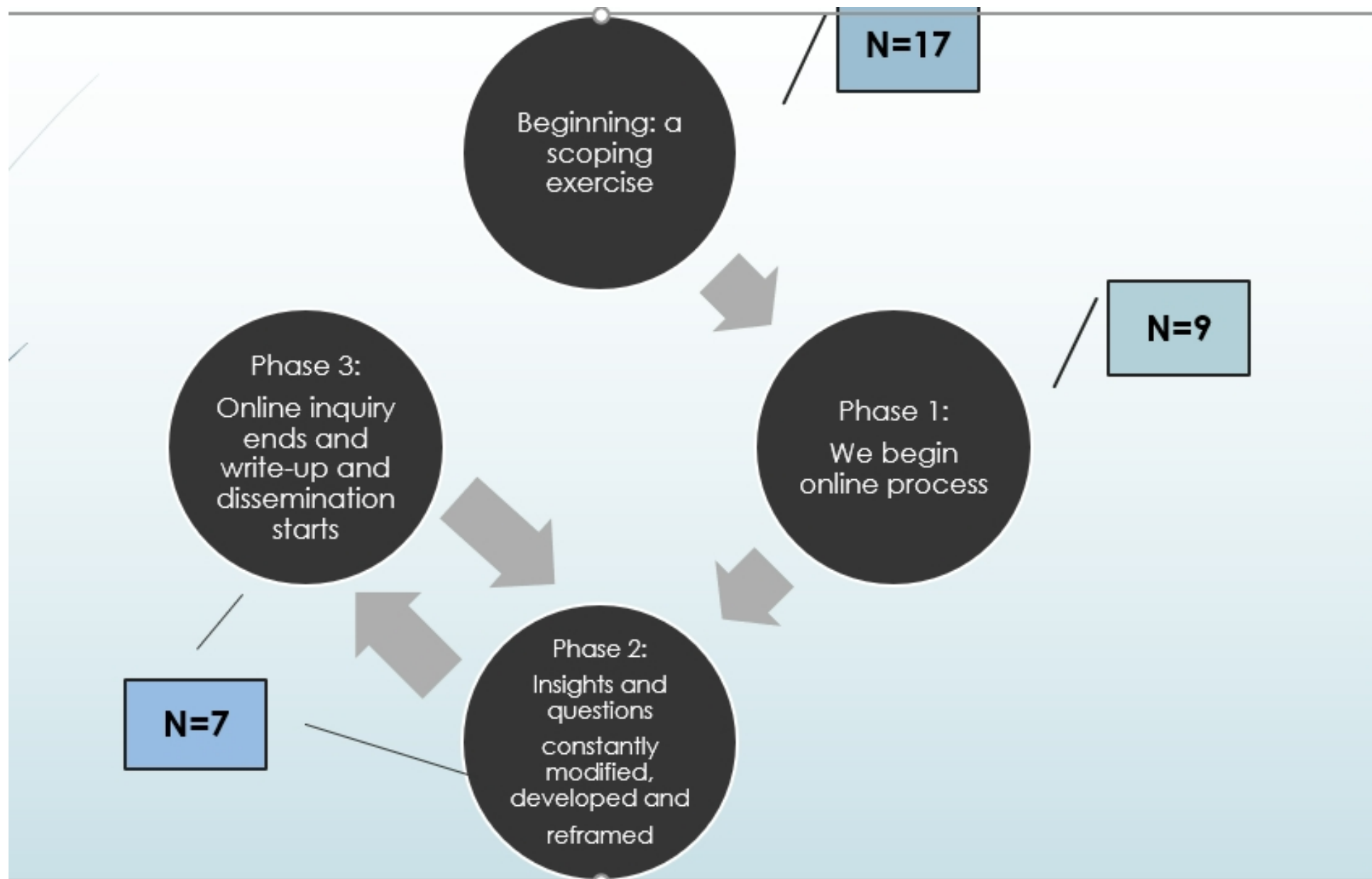
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SPIRITUALITY AND CHILDBIRTH







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	<div>██████████</div> <div>██████████</div> <div>██████████████████</div> <div>██████████</div> <div>██████████</div> <div>██████████████████</div> <div>██████████████</div> <div>██████████████████</div> <div>██████████</div>	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	<div>██████████████</div> <div>██████████</div> <div>██████████████████</div> <div>██████████</div> <div>██████████</div> <div>██████████████████</div> <div>██████████████</div>	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?

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

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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.