MANA FROM HEAVEN:

THE ESSENTIAL STRUCTURE OF THE LIVED EXPERIENCES
OF NURSE- MIDWIVES

WITH

THE CONCEPT OF SPIRITUALITY IN CHILDBIRTH

A PHENOMENOLOGICAL STUDY

A DISSERTATION SUBMITTED TO THE GRADUATE DIVISION OF THE UNIVERSITY OF HAWAII IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

IN

NURSING

AUGUST 2007

By

Carmen Heidi Linhares

Dissertation Committee:

Lois Magnussen, Chairperson
Dianne Ishida
Patricia Nishimoto
Ruey Jane Ryburn
Leslie Sponsel
DEDICATION

This dissertation is dedicated first and foremost to the leader of my spirit, my Lord, my God, my Creator. It is by your divine instruction that I was called to take this path that has led me to completing this research.

This dissertation is also dedicated to:

My mother, Myrta Lina Lane Parker,
who gave me unconditional love, consistent strength, guidance and inspiration;

My father, James Charles Lane,
(June 25, 1931- August 22, 1975);

My second father, Velton Parker
Who always told me to never give up;

My first born, Saajida,
Who introduced me to the incredible experience of giving birth which inspired me to become a midwife;

Medra Lopez,
My first midwife, the angel who opened the gates;

My four children that followed, Omari, Soukhaina, Hebee, and Isabella,
Who blessed me with more experiences of beautiful births and the joy of motherhood;

Joao Pedro and Luane,
And, my husband, Paulo Linhares da Silva,
Who is my best friend.
ACKNOWLEDGEMENTS

I want to thank and acknowledge each co-researcher for participating and sharing your private, intimate thoughts, feelings and beliefs about spirituality in midwifery and childbirth. You are all phenomenal midwives. The world is a better place because of you. I especially want to thank the co-researcher who inspired the title of the dissertation: Mana from Heaven.

To my dissertation chair and faculty advisor, Dr. Lois Magnussen, I can never thank you enough for being there for me from the very first class, and throughout all the years. You have been a constant source of inspiration. I have especially appreciated your positive and optimistic outlook.

To my dissertation committee, Drs. Dianne Ishida, Patricia Nishimoto, Ruey Jane Ryburn, Leslie Sponsel, I thank each one of you for the knowledge and guidance you have given me.

To my PhD cohort colleagues and friends, Drs. Anne Leake, Gayle Kutaka, and Jamie Boyd, you have all been inspirations to me to keep climbing up that ladder, helping me to see the “end in sight”.

I also acknowledge adversity that I have been confronted with many times in my life. Adversity has helped me to get up when I fall, and try harder, believe in myself, and above all trust in the Higher Being no matter what the circumstances are.

“Yeah though I walk through the valley of the shadow of death, I will fear no evil, for thou art with me”
ABSTRACT

Spirituality is a subject of growing interest and relevance in health care. Yet, very little research has been done relating to health and spirituality in general, and even less research specifically relating to midwifery, childbirth, and spirituality.

The purpose of this study was to describe the essential structure of the lived experiences of midwives who said they have experienced the phenomenon of spirituality when they have attended childbirths. The research design was descriptive, using a transcendental phenomenological approach reflected in Clark Moustakas’ model. Purposive and snowball sampling were used to recruit the sample of 10 female certified nurse-midwives.

The major findings of this study consisted of five Theme Categories: Belief in the Existence of a Higher Power, The Essence of Spirituality, Birth is Spiritual, The Essence of Midwifery, and Relationships. The results added new knowledge from the themes described in all five of the theme categories. The midwives interviewed for this study validate the assumption that spirituality is an integral and essential component of childbirth. The midwives described in detail, what the meaning of spirituality was for them, how they had experienced it, how it affected their personal lives, their practices, and their calling to midwifery. The midwives had experienced spirituality when attending childbirth, and used elements of spirituality as instruments that helped them to assist their patients. Spirituality also helped to foster the relationships between the midwives and the birthing families. The midwives revealed their dependence on spirituality and a belief in a Higher Being who guided their lives and their work as midwives.
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements .................................................................................. iii</td>
</tr>
<tr>
<td>Abstract ........................................................................................................ iv</td>
</tr>
<tr>
<td>List of Tables ............................................................................................... 1</td>
</tr>
<tr>
<td>Chapter 1: Introduction ............................................................................... 2</td>
</tr>
<tr>
<td>Background ................................................................................................. 2</td>
</tr>
<tr>
<td>Philosophical Orientation .......................................................................... 3</td>
</tr>
<tr>
<td>Statement of Purpose .................................................................................. 4</td>
</tr>
<tr>
<td>Research Question ...................................................................................... 5</td>
</tr>
<tr>
<td>Autobiographical Significance of Study ................................................... 5</td>
</tr>
<tr>
<td>Assumptions ............................................................................................... 7</td>
</tr>
<tr>
<td>Social Significance of the Study ............................................................... 7</td>
</tr>
<tr>
<td>Summary ...................................................................................................... 7</td>
</tr>
<tr>
<td>Chapter 2: Literature Review ...................................................................... 9</td>
</tr>
<tr>
<td>Purpose of the Review ............................................................................... 9</td>
</tr>
<tr>
<td>Search Focus and Strategies ..................................................................... 9</td>
</tr>
<tr>
<td>Time Frame ............................................................................................... 11</td>
</tr>
<tr>
<td>Inclusion/ Exclusion Criteria .................................................................. 11</td>
</tr>
<tr>
<td>Number of Articles Found ....................................................................... 12</td>
</tr>
<tr>
<td>Synthesis of Literature Review ................................................................ 13</td>
</tr>
<tr>
<td>The Meaning of Spirituality .................................................................... 13</td>
</tr>
<tr>
<td>Spirituality and Religiosity ..................................................................... 14</td>
</tr>
<tr>
<td>History of Spirituality and Midwifery ..................................................... 15</td>
</tr>
<tr>
<td>Nursing Theory Research and Spirituality .............................................. 17</td>
</tr>
<tr>
<td>Research on Midwifery, Spirituality and Birth ...................................... 18</td>
</tr>
<tr>
<td>Summary ..................................................................................................... 19</td>
</tr>
<tr>
<td>Chapter 3: Conceptual Analysis ............................................................... 21</td>
</tr>
<tr>
<td>Definition and Purpose of Concept Analysis .......................................... 21</td>
</tr>
<tr>
<td>Conceptual Review of Literature ............................................................ 22</td>
</tr>
<tr>
<td>Concept of Spirituality in Nursing ......................................................... 23</td>
</tr>
<tr>
<td>Childbirth Education ................................................................................. 23</td>
</tr>
<tr>
<td>Mental Health Nursing .............................................................................. 24</td>
</tr>
<tr>
<td>Psychology ............................................................................................... 24</td>
</tr>
<tr>
<td>Religion .................................................................................................... 25</td>
</tr>
<tr>
<td>Ethnic and Cultural Groups ..................................................................... 25</td>
</tr>
<tr>
<td>Anthropology/ Traditional Healing ......................................................... 26</td>
</tr>
<tr>
<td>Complementary and Alternative Health ................................................. 27</td>
</tr>
<tr>
<td>Nurse- Midwifery ...................................................................................... 28</td>
</tr>
<tr>
<td>Defining Attributes .................................................................................. 28</td>
</tr>
<tr>
<td>Transcendence ......................................................................................... 29</td>
</tr>
<tr>
<td>Belief, Faith, Hope ................................................................................... 29</td>
</tr>
<tr>
<td>Connection ............................................................................................... 30</td>
</tr>
<tr>
<td>Meaning and Purpose .............................................................................. 31</td>
</tr>
<tr>
<td>Inner Strength .......................................................................................... 31</td>
</tr>
<tr>
<td>Peace ......................................................................................................... 31</td>
</tr>
</tbody>
</table>
Exhaustive Description of the Results of the Analysis of the Data

Theme Category 1: Belief in the Existence of a Higher Power

Theme Cluster: God is the Higher Power
- Theme: God is Present
- Theme: God is in Control
- Theme: God's Gifts

Theme Cluster: There is a Higher Power
- Theme: A Higher Power is in Control

Theme Category 2: The Essence of Spirituality

Theme Cluster: Defining Spirituality in Birth
- Theme: Midwife's Personal Beliefs

Theme Cluster: The Feeling of Spirituality
- Theme: Emotions
- Theme: Energy
- Theme: Isolation

Theme Cluster: Spirituality Versus Religiosity
- Theme: Believing one does not have to be religious in order to be spiritual
- Theme: Midwife Open Minded to Other's Beliefs

Theme Cluster: Spiritual Tools/ Practices
- Theme: Intuition
- Theme: Prayer and Praise
- Theme: Other Spiritual Tools

Theme Category 3: Birth is Spiritual

Theme Cluster: Birth is a Miracle
- Theme: The Miracle of Creation
- Theme: Birth is a Miracle from God

Theme Cluster: Factors that Enhance Spirituality in Birth
- Theme: Peaceful/ Quiet Environment
- Theme: Natural Birth

Theme: Challenging Births with Positive Outcomes

Theme Cluster: Factors that Impede/ Disrupt Spirituality in Birth
- Theme: Noise
- Theme: Medical Staff/ Doctors
- Theme: Intervention
- Theme: Problems with Parents

Theme Cluster: The Emotions of Birth
- Theme: Excitement/ Elation/ Exhilaration
- Theme: Exhaustion

Theme Category 4: The Essence of Midwifery

Theme Cluster: Midwifery is a Calling
- Theme: God Called me to do this
- Theme: Midwifery is Spiritual

Theme Cluster: Midwifery is a God Given Gift

Theme Cluster: The midwife is Blessed

Theme Cluster: Factors that Influence the Midwife
| Theme: Remembering Personal Birth and Life Experiences | 105 |
| Theme: A Special Doctor | 107 |
| Theme: Spiritual/Religious Background | 109 |
| Theme: Educating Midwives in Spirituality | 109 |
| Theme Category 5: Relationships | 110 |
| Theme Cluster: Connection | 110 |
| Theme: Connection, Bonding and Continuity | 112 |
| Enhance Spirituality | 112 |
| Theme: Midwifery means With Woman | 112 |
| Theme Cluster: Midwife Supports Birthing Mom | 113 |
| Theme: Promoting Autonomy | 114 |
| Theme: Respect for Patient’s Beliefs | 114 |
| Theme: Do Onto Others | 115 |
| Theme Cluster: Midwife’s Relationship with Baby | 115 |
| Theme: Babies are Gifts from God | 116 |
| Theme: Concern for Baby’s Safety | 116 |
| Textural and Structural Descriptions of Spirituality in Midwifery and Childbirth | 117 |
| Individual Textural Descriptions of Spirituality in Midwifery and Childbirth | 118 |
| Composite Textural Description of Spirituality in Midwifery and Childbirth | 127 |
| Individual Structural Descriptions of Spirituality in Midwifery and Childbirth | 128 |
| Composite Structural Description of Spirituality in Midwifery and Childbirth | 137 |
| Composite Textural-Structural Description of Spirituality in Midwifery and Childbirth | 138 |
| Summary | 140 |
| Chapter 6: Summary, Implications, and Outcomes | 143 |
| Relationship of the Results to the Review of Literature | 143 |
| Results Consistent with Review of Literature | 143 |
| New Findings/Results Not Reported in Previous Literature | 148 |
| Relationship of Results to the Philosophical and Conceptual Orientation | 152 |
| Limitations of the Study | 155 |
| Implications for Nursing and Midwifery | 157 |
| Recommendations for Future Research | 158 |
| Summary | 158 |
| Poem: Safe Passage | 159 |
| Appendix A: Researcher’s Autobiographical Description of Spirituality in Midwifery and Childbirth | 162 |
| Appendix B: Human Subjects Review Board | 166 |
| Appendix C: Recruitment Announcement | 167 |
| Appendix D: Informed Consent | 168 |
| Appendix E: Demographic Questionnaire | 170 |
| Appendix F: Interview Protocol/Topical Questions | 171 |
| References | 173 |
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1. Religious or Identity, General Spiritual Practices Used, Spiritual Practices Used in Childbirth</td>
<td>66</td>
</tr>
<tr>
<td>Table 2: Theme 1: Belief in the Existence of a Higher Power</td>
<td>68</td>
</tr>
<tr>
<td>Table 3: Theme Category 2: The Essence of Spirituality</td>
<td>76</td>
</tr>
<tr>
<td>Table 4: Theme Category 3: Birth is Spiritual</td>
<td>91</td>
</tr>
<tr>
<td>Table 5: Theme Category 4: The Essence of Midwifery</td>
<td>101</td>
</tr>
<tr>
<td>Table 6: Theme Category 5: Relationships</td>
<td>110</td>
</tr>
<tr>
<td>Table 7: Results Consistent with the Review of Literature</td>
<td>144</td>
</tr>
<tr>
<td>Table 8: New Findings</td>
<td>148</td>
</tr>
</tbody>
</table>
CHAPTER ONE
INTRODUCTION

“But the midwives feared God...

Therefore, God dealt with the midwives, and the people multiplied...

And so it was, because the midwives feared God,

that he provided households for them” (Exodus I: 17-21)

Chapter One presents the background for this study, philosophical orientation, assumptions, problem statement, statement of purpose, research question, autobiographical and social significance of study.

Background

Throughout history, literally from the beginning of recorded time, midwifery, pregnancy, and childbirth, have been considered spiritual events or spiritual in nature. Nearly every culture and belief system throughout the world that acknowledges the presence of spirit and spirituality have also acknowledged pregnancy and childbirth as spiritual events, and the work that midwives do as spiritual in nature.

The art and calling of midwifery is and always has been primarily spiritual work. The book of Exodus in the Old Testament reveals one of the first documented accounts of the midwives’ connection with the Creator. Prior to modern science and medicine, midwives relied primarily on spirit and nature when attending to childbearing women. Prayers, rituals, and herbal remedies were common practices for ancient midwives (Garrett, 2001). Many of today’s traditional midwives still acknowledge and use
spirituality in their practices (Hall, 2001; Gaskin, 1990; Paul and Paul, 1975; Tritten, 2001). Some certified nurse-midwives also incorporate spirituality into the medical model (Hall, 2001). The profession of Nurse-Midwifery recognizes the importance of mind-body- and spirit healing, also known as holistic care (Dossey et al., 2000).

Pregnancy and childbirth have historically been seen as spiritual events partly because of the mysterious and miraculous nature of the processes. Prior to modern science, humans were largely unaware of how women were able to conceive, gestate a growing fetus, and finally labor to give birth to new spirit beings. Who breathed life into these babies? How was this accomplished? Consequently, what man could not explain himself or find reason for, he left in the hands of the spirit/ God/ or Gods—a higher power viewed as greater than man. The higher power was seen as the all-knowing. Modern science has uncovered many mysteries surrounding pregnancy and childbirth, but not all. In the new millennium, with all of our technology, such as fetal monitoring, operative deliveries, and even cloning, we do not know everything about birth and we still view birth as a miracle. Miracles, a term commonly associated with spirituality, are gifts from the divine spirit. A popular television show advertising an upcoming episode showed images of modern hospitalized technological childbirth, yet its captions stated “join us for our next episode of Maternity Ward as we take a look at the greatest miracle of life” (TLC, 2003).

Philosophical Orientation

A philosophy, as defined by Wiedenbach, is “an attitude about life that motivates the individual” (Van Vusse, 1997). The researcher ascribes to the philosophy of holism for the purpose of this study. Holism, as defined by Dossey, is the involvement of
identifying the interrelationships of the bio-psycho-social-spiritual dimensions of the person and the recognition that the “whole is greater than the sum of its parts” (Dossey et al., 2000). Holism can be further defined through perennial philosophy. There are three main elements to perennial philosophy (Dossey et al., 2000). The first component is the metaphysical belief of a divine entity. The second component is a psychological acknowledgement of a connection between the soul and the divine entity. The third component defines humans as the final link in the chain of universal and transcendental knowledge. The philosophy of holism further explained through perennial philosophy is the researcher’s guiding force for exploring the phenomenon of spirituality in midwifery and childbirth.

Problem Statement

Spirituality in health is currently a topic of growing interest relating to a recent increase in empirical evidence (Chiu et al., 2004). Nursing and other areas of the health profession recognize the relevance and importance of incorporating spirituality into health care (Coyle, 2002; Dyson et al., 1997). Many articles review spirituality relating to different areas of the health profession, i.e., cardiology, death and dying, and cancer (Mueller et al, 2001; Tate et al., 2002). However, there have been very few quantitative or qualitative studies conducted on spirituality within the health profession (McSherry et al., 2002; Oldnall, 1996). Mueller et al. (2002) published a literature review which demonstrated that religious involvement and spirituality have been shown to have a positive connection with health and well-being, health outcomes, longevity, coping skills, and health related quality of life. Magana and Clark (1995) discussed a paradoxical relationship between Mexican American women and positive birth outcomes. Mexican
American women who claimed strong conviction in their religious belief were shown to have healthier pregnancies, births and infants than members of other minority ethnic groups (Magana et al., 1995). A quantitative study by Tate and Forchheimer (2002) demonstrated that spirituality had a significant association with both life satisfaction and quality of life in cancer patients and predictor of life satisfaction in rehabilitation patients. To date, the researcher has found minimal research that relates to spirituality and nurse-midwifery assisted childbirth.

Statement of Purpose

The purpose of this phenomenological study is to describe the essence of the lived experiences of nurse-midwives who have experienced the phenomenon of spirituality in their practices when they have attended births. The researcher explored the meaning, impact and significance of spirituality in childbirth in reference to the researcher and the research participants, also known as co-researchers according to Moustakas (1994).

The ultimate goal of the researcher for this study was to discover the essence, meaning and significance of the concept of spirituality in childbirth from the nurse-midwives’ perspective.

Research Question

The research question is “What is the essential structure of the lived experiences of nurse-midwives who say they experience spirituality in their practices during childbirth?”

Autobiographical Significance

Moustakas’ (2000) modification of Colaizzi’s phenomenological method calls for the researcher to be explicit about past personal experiences that have had an influence on
the desire to do research on a subject. Moustakas (1994) further states to describe what experience prompts the researcher conduct a study in order to learn more about the particular phenomenon, (see Appendix A for autobiographical story). The researcher’s personal experiences of spirituality as a certified nurse-midwife are the impetus that prompted the qualitative study and are briefly introduced in the following excerpt from the autobiographical story.

I view every birth that I have attended as a spiritual event. Ayers- Gould (2000, p.16) poetically defined birth as the ‘transcendence of a hope and a dream into a real living being’. At times when I have been at difficult births, I have prayed, and or called upon the aid of God and spirits to assist and guide me. I know that my prayers have been answered many times. When miracles occur, I acknowledge that it is not ME who has created the miracle, but the force of Divine energy that aids me to think, act swiftly, and guide my hands. I have felt the presence of another energy holding my hands as I have maneuvered a baby’s body to emerge from a mother’s small pelvis. I have felt the presence of angels, ancestors, spirits, and God many times in the rooms of laboring and birthing women. I began to question many things. Have other midwives experienced this phenomenon? Do other midwives feel spiritually called to midwifery? Do other midwives view birth as a spiritual event? Do other midwives incorporate their spirituality and prayer into births they attend? Do birthing mothers feel spiritual energies while they are laboring and during birth? What happens to birthing women who incorporate their faith, God and spirituality into their births? Does spirituality make a difference in birth outcomes? Would the outcome of the births be different
if there was no prayer? Hence, this began my journey of research (Olivier, 2002, p. 3).

Assumptions

There is a general assumption that spirituality indeed exists. The researcher has had several personal lived experiences of spirituality while attending births. The researcher assumed that there were other nurse-midwives who experience spirituality during their attendance of childbirths and that spirituality bears significance to their experiences. There was also an assumption that other nurse-midwives feel a calling to the art of midwifery, and have used prayer, and or other forms of spirituality in their practices. The researcher also assumed, because of her personal experiences, that spirituality has an effect in some manner on the outcome or experience of childbirth.

Social Significance

Since few quantitative or qualitative studies have been conducted on the phenomenon of spirituality in midwifery and childbirth, this study will contribute to the body of knowledge on the subject. The study will create greater awareness of the phenomenon of spirituality during childbirth from the nurse-midwife’s perspective.

Summary

This chapter presented the introduction and background for the research dissertation on spirituality in midwifery and childbirth, the researcher’s philosophical orientation, the problem and purpose statement, the research question, the autobiographical significance, assumptions and the social significance of the study. The study is significant to nursing science because it contributes to available scientific
literature published in this topic area. The researcher intends for this study to be a
gateway to further studies on the topic of spirituality in childbirth and midwifery.
CHAPTER TWO

LITERATURE REVIEW

Purpose of the review

Chapter Two reviews literature published on the subject of spirituality specifically with relation to health, midwifery, and childbirth between 1991 and 2007. In accordance with Moustakas’ (1994) guideline for creating a research manuscript, this chapter includes a complete discussion of the computer search, databases used, descriptors, key words, and years covered. It was an exhaustive and challenging search due to the scarcity of published literature that directly relates to the topic of spirituality in midwifery and childbirth. A matrix was constructed from the literature search for the purpose of organizing and analyzing the articles.

Search Focus and Strategies

A number of computerized data bases (CINAHL, Pub Med, Medline, EBM Reviews, PSYCH Info, Alt Med, HealthSTAR, Cochrane Reviews) using OVID as a search engine along with GOOGLE were searched. CINAHL was the primary data base used in order to concentrate on nursing related literature. The following key words or search terms were used in a variety of different combinations; spirituality, spiritual, midwifery, childbirth, birth, prayer, religion, religious, culture, calling, healer, and sacred.

The literature search began with the key words ‘spirituality and midwifery’. Twenty-seven articles were retrieved of which some of them were included in the matrix created for the literature review. Most of the articles were journal articles and or anecdotal. ‘Spiritual and midwifery’ revealed one more new article by Hall (2001) who
also wrote a book on spirituality and midwifery. A journal article, which was a book review of Hall (2001), was a snowball for two more articles. The search terms 'spirituality and (child) birth' retrieved 17 articles. Eight new articles were then added to the matrix. Five of the eight articles were research based – all qualitative studies. The key words 'calling and midwifery' uncovered two more articles. One of the two articles was a qualitative study. The search terms 'religious and midwifery' revealed one useful article that applied Leininger's theory of transcultural nursing. The terms 'prayer and birth' reveal one article out of four that was useful because it applied a nursing theory. 'Culture and childbirth' had one-hundred thirty three articles, which added only one more new article to the matrix. Key words 'sacred and midwifery' led to two more articles. The key word 'spirituality' alone via CINAHL and EBM Reviews uncovered several nursing literature review articles of which five were saved for placement into the matrix. These articles were useful because they analyzed nursing theories and its application to spirituality and because they reviewed much of the literature that had been previously published on spirituality in Nursing. The same key words were used in Medline to discover that most of the articles were duplicates from CINAHL, however two new articles using the key words 'spirituality and birth' were found. Both articles were research of two different cultural groups exploring religiosity or spirituality in women during birth. There were many articles that explored different cultural groups and their spirituality. Nine articles were incorporated because these articles support the belief that spirituality is important to many midwives and women during childbirth. One article that was found through Medline using the key words 'midwife and healer' was added because it gave a good historical account of midwifery and the history of the separation of
spirituality from Medicine. A multi-engine search using the following: HealthSTAR/Ovid Heathstar; PsychINFO; EBM Reviews- Cochrane Database of Systematic Reviews; ACP Journal Club; Cochrane Central Register of Controlled Trials; and Journals@OVID, uncovered nothing new to add to the matrix that had not already been found. Alt Med Health and Anthropology Reviews did not uncover any new articles. The web site GOOGLE has a vast amount of information, articles, and links, some of which are anecdotal. Articles on the World Wide Web are not always peer reviewed, and therefore credibility of the literature is questionable. Some articles however give good descriptions of women’s personal experiences of spirituality in birth.

Time Frame

The review was not limited by any particular time frame. The focus of the literature review was to uncover as much information as possible about the topic regardless of the era that it was written. It seemed irrelevant to focus on any particular era because spirituality in birth is not a topic that should change significantly with the advancement of medical science. As far as it is known, birth and spirituality have always been present in human existence. Articles that were used for the matrix dated 1991 to 2004. Earlier nursing and / or scientific articles were scarce because as Oldnall (1996) mentioned, spirituality in nursing only began to surface as a subject of discussion in the eighties.

Inclusion/ Exclusion Criteria

Articles that pertained to human childbirth, midwifery, and spirituality were included. There was a preference for articles that pertained to normal uncomplicated vaginal births attended by midwives. The subject characteristics included midwives who
have practiced intrapartum care and women of different religious or cultural groups who
have given birth with midwives. Cultural articles were only included if the spiritual or
religious nature of the ethnic groups were pertinent to their experiences in childbirth.
There was a scarcity of peer-reviewed research and journal articles specifically
pertaining to midwifery and spirituality, so the literature review was broadened to include
general articles on spirituality in Nursing and Medicine. Two articles in the matrix that
were written by medical doctors were included to emphasize the point that spirituality is
relevant in Medicine as well. Articles were included that examined or reviewed nursing
theories relative to spirituality because they appeared useful for future development of a
nursing research theory related to spirituality in midwifery and childbirth. Articles that
pertained to high-risk obstetrics were excluded. Articles that described how to care for
people of a specific religious group with relation to their cultural/religious practices
during childbirth were also not included.

Number of Articles Found

Out of 198 articles reviewed, forty articles and three books were contributory to
the body of knowledge of spirituality in midwifery and childbirth and were therefore
incorporated into the matrix. One of the books, Spiritual Midwifery (Gaskin, 1990) has
been a hallmark book on the subject of spirituality and childbirth. The author is a midwife
from 'The Farm' in Tennessee. Her book was referenced in many of the articles.
Midwives throughout the world revere her as the mother of spiritual midwifery in modern
times. The Holy Bible was included because it is one of the oldest documented historical
accounts of midwives spiritually connecting with God.
Synthesis of the Literature Review

Refined purpose of the review: After reviewing all of the articles and constructing a matrix, the purpose of the review was refined. The following questions were addressed:

a. What is spirituality?

b. How has it developed throughout history?

c. What is the difference between spirituality and religiosity?

d. How have nursing theories been applied to spirituality?

e. What research has been done on spirituality?

f. How does all of the above relate to midwifery and childbirth?

Through an analysis of the literature incorporated in the review, the following concepts emerged and are discussed to provide an understanding of their relevance to the area of research inquiry.

The Meaning of Spirituality

Many articles revealed that part of the difficulty of incorporating spirituality into health care lies in a lack of understanding of the definition of spirituality (Dyson et al., 1997). In order to describe the experience of spirituality in childbirth, one must first attempt to clarify the definition of spirituality. Spirituality as generally used, is a loosely understood term, the definition of which evades many, which further complicates the difficulty of describing it and how it is experienced and used in health and medicine (Chiu et al., 2004; Dyson et al., 1997; Elkins et al., 1988). Spirituality means different things to different people. Johnson (2001, p. 18) described spirituality as "the center or core of humanness, an integrative energy that pervades, unites and directs the universe and all human dimensions." Elkins et al. (1988) define spirituality via its Latin root-
spiritus which means "breath of life", a way of "being and experiencing" that comes through transcendence. Dyson et al. (1997) refrain from defining spirituality but developed a working spiritual framework, which consists of self, others, and "God" and the relationship between them. Themes that emerged from their framework included hope, meaning, relatedness/connectedness, beliefs/belief systems and the expression of spirituality (Dyson et al., 1997). The researcher's personal definition of spirituality is:

“It is the connection and relationship with the energy of the Creator. Spirituality is present from the moment each one of us is conceived and remains with us even beyond our deaths. Everything that we do includes spirituality because we are spiritual beings. Spirituality is the life force that that the Creator breathes into us to nourish our souls” (Olivier, 2002, p. 9).

Spirituality and Religiosity

It is important not to confuse spirituality with religiosity or religion. Religiosity is defined as ‘the participation in or endorsement of, practices, beliefs, attitudes, or sentiments that are associated with an organized community of faith’ (Coyle, 2002). Some people are spiritual but not religious whereas others may be religious and not spiritual, and some are both spiritual and religious. Finally some are neither spiritual nor religious. It would be useful in the future to study different spiritual or religious groups to uncover the aspects of the birthing process they consider spiritual, or how their spirituality affects their birth process. Two articles used nursing theory as a guide to study a particular spiritual-religious-culture or group. Leininger’s Theory of Cultural Care Diversity and Universality was used as a guide to discover worldview, life ways and cultural values of religious/cultural groups (Morgan, 1996). Another useful tool is
Leininger’s Sunrise Model that depicts diverse health systems used by a particular subgroup to include generic care, folk care and professional care (Finn, 1995). Leininger’s theories are useful research tools for examining cultural/spiritual/religious groups.

The History of Spirituality and Midwifery

Throughout history, spirituality has been intertwined in health (Mueller et al., 2001) and midwifery. Spiritual care, however, is one area of health that has actually in some ways regressed historically.

Garrett (2001) recounts how centuries ago, midwives and healers relied on prayer, rituals, and herbs to aid their patients. Traditional rituals and remedies were passed from one generation to another in the form of apprenticeship. As Christianity spread through Europe, midwives were required to abandon pagan rituals, and even the use of herbs, because herbal concoctions were seen as sorcery—the work of the Devil. By ordinance of the church, midwives were ordered to rely solely on the use of prayer. As universities began to educate men in science and medicine, purposefully excluding women, uneducated female healers were branded as witches. Midwives were persecuted and even killed for fear of their ‘evil powers’ and connection with unseen forces. It is estimated that nearly one million midwives/healers were killed in “witch hunts” (Bartek, 2002).

In the 17th century, Rene Descartes postulated that there was no relationship between the mind and the body. Hence the mind, body and spirit of the human were seen as three disconnected and separate elements. This marked the beginning of separating spirituality from health and wellness. The advancement of science, such as the germ theory and modern technology further wedged the gap between health and spirituality.
A discussion of the history of the separation of health and medicine from the church and spirituality in the 1700’s in Europe, revealed how physicians began to take control over obstetrics and attempted to oust midwifery because of their lack of formal training (Garrett, 2001). Male physicians also became fashionable in European society in the late 1700’s mainly because of competition and capitalism (Varney, 2003). Male physicians recognized that women who were tended to in labor and birth would become life long patients along with their descendants. This would ensure financial income and stability. Consequently male physicians encouraged “male” midwifery and discouraged females in midwifery.

Initially, midwives who arrived in the New World played an important role in colonial life and were treated with respect (Varney, 2003). Varney (2003) mentions a number of factors that reduced the initial status of respect the midwives held to a status of disrepute, which included, religious attitudes, economic burden, insufficient education and organization, immigration, and the status of women. With the rise of male dominated obstetrics in the United States in the early 1900’s, and recognition of the high maternal and infant mortality rates, midwifery’s existence in the U.S. was a topic of great debate, some opposing its existence and believing that midwifery should be outlawed, others believing in midwifery’s value to obstetrics, especially in urban and rural communities that lacked access to physicians and hospitals. Concurrently, midwifery schools were established to provide education and regulation to the profession. Statistics on birth outcomes of hospital delivered patients versus registered nurse- midwifery home deliveries revealed lower morbidity and mortality rates with patients delivered by
registered nurse-midwives (Varney, 2003). This played a role in maintaining the recognition and value of midwifery to the field of obstetrics.

The value of traditional ‘granny’ midwifery and healers along with licensed midwifery to women’s reproductive health is indisputable. Yet, midwives struggle to this day to prove their validity. This is especially true for midwives who embrace alternative forms of healing such as complementary health and spirituality. ‘Alternative’ midwifery practice is questioned and even ridiculed at times especially by the conservative medical and scientific community.

Despite the advancement of science and medicine, and explosion of technology and capabilities beyond our imaginations, some basic questions about life and birth still have not been answered. Hence, some scientists realize that there is a dimension of life that may not be quantifiable or explainable through what man has discovered or created so far. We do not know it all, cannot answer or explain it all, so this may bring us right back to the center core of our existence: our Creator - - God - - Spirit - - The Divine. Some researchers are recognizing that spiritual health is equally as important as mental and physical health (Koehn, 2000). More nursing research needs to be conducted on spirituality, and likewise health care professionals need to become more proficient with providing spiritual care (Oldnall, 1996).

Nursing Theory, Research, and Spirituality

Various authors have utilized nursing theories to explain holistic and spiritual concepts. Leininger’s Theory of Cultural Care Diversity and Universality along with Leininger’s Sunrise Model have been used to guide research on spirituality in particular cultural / religious groups (Finn, 1995; Morgan, 1996). Kolcaba’s Theory of Holistic
Comfort has been used as a framework to guide nurses to use alternative and complementary therapies in the comfort care of laboring women (Koehn, 2000). Theories of holism integrate mind, body and spirit into the health process (Koehn, 2000). Theories of holism are instrumental in spirituality and birth because they incorporate complementary and alternative care. They are also directly aligned with this author’s personal philosophy of nursing and midwifery. Overman (1994) used Rogers’ and Neuman’s theories to examine the metaphysics of the Tao Te Ching in a conceptual discussion on birth and creation. The concept / indicator model was used in a research review article to analyze spirituality in nursing literature (Coyle, 2002). An article by Oldnall (1996) reviewed twenty-six nursing theories and revealed that fourteen of the twenty-six made mention of spirituality, but only two of the twenty-six acknowledge the impact of spirituality in the development of their theories - - Watson and Neuman (Oldnall, 1996).

No quantitative studies on spirituality and midwifery were found, however, five qualitative studies were reviewed relating to midwives and or cultural/religious groups and birth, all of which used ethnography as the research instrument to retrieve their data.

Research on Midwifery, Spirituality and Birth

The literature review uncovers major gaps in research on the subject of spirituality in midwifery and childbirth. Although spirituality is a frequently discussed topic, little research has been done on spirituality in general, and practically nothing on spirituality in midwifery attended childbirth. Although no quantitative studies specific to the topic were discovered, one quantitative study in medicine (Mueller et al., 2001) was reviewed to serve as an example of a study that was designed to research spirituality in health. It
should be noted that the qualitative studies focused on particular types of cultural groups rather than on the concept of spirituality in general. There is great potential for future research, qualitative and or quantitative, within any and all areas of health and medicine in relation to spirituality.

The review of literature documented answers to some of the questions proposed in the introduction of this dissertation, namely that other midwives have also reported being spiritually called into the profession. Midwives have reported using prayer to aid them during birth. Some midwives view birth as a spiritual event. Midwives who report that they pray during births believe that it improves birth outcomes and experiences. Birthing mothers have reported that their experiences of birth were spiritual and that spirituality during childbirth was important to them. The author proposes a belief that spirituality is an important concept in childbirth and midwifery and may indeed improve the birthing experience and/or outcome. Further research is warranted to validate this assumption.

Summary

Chapter Two presented the review of literature on the subject of spirituality in midwifery and childbirth. As a result of the literature review, a working definition of spirituality was proposed by the researcher. Differentiation was made between the definitions of spirituality and religiosity. A brief history of spirituality in midwifery and childbirth was presented. Finally, spirituality was discussed in relation to nursing theory and midwifery.

If one would say that research in spirituality is still in an infantile stage, then it follows that research in spirituality and birth is in the embryonic stage. This chapter, through the literature review, demonstrates that there is great potential for future
qualitative and quantitative research in spirituality. Scientists are only just beginning to uncover the mystery of spirituality as it relates to health, wellness and in particular childbirth.
CHAPTER THREE

CONCEPTUAL ANALYSIS

Chapter Three examines the concept of spirituality in midwifery and childbirth, beginning with an analysis and clarification of the meaning of the general concept of spirituality, and then the application of this analysis to midwifery and childbirth. The Wilson method of concept analysis is the framework used (Avant, 2001). The Wilson method was chosen because human spirituality is a constant, ever-present concept that has existed since humans were placed upon this planet. Spirituality is what makes us human -- our ability to meditate, to think, to question and desire to know who we are, why we are here, and what our purpose is. These questions go beyond mortal existence, beyond the flesh and into the realm of the spirit -- connecting humans to our Creator and the creation of the world we live in.

Definition and Purpose of Concept Analysis

A concept is a “complex mental formulation of experience as perceived in the world” (Chinn and Kramer, 1999). The importance of analyzing a concept is that it “gives framework and purposiveness to thinking that might otherwise meander indefinitely and purposelessly among the vast marshes of intellect and culture” (Rogers and Knafl, 2001). Concept analysis is used to define and describe a word as it is used in context, explain and clarify what the word does and does not mean, and create tools or models for nursing research, diagnoses, practice or education (Tanyi, 2002). The steps of concept analysis used in this chapter are derived from Walker and Avant’s (1995) modification of the Wilsonian method of concept analysis.
Conceptual Review of Literature

As has been previously explained, spirituality in general is an abstract, multidimensional concept that is challenging to define. Chinn and Kramer (1999) stated that the more abstract a concept is, the less it becomes measurable -- hence spirituality is also a difficult concept to analyze and measure. The purpose of the conceptual literature review was to uncover what may have already been written about the concept of spirituality in birth and in other disciplines, and aid in constructing a clearer definition of the general concept of spirituality. Details of the electronic literature review, as in accordance with Moustakas (1994) began with searching the following data bases: Ovid/CINAHL; Medline; EBSCOhost/Academic Search Premier; Alt Health Watch; Alt Med Health; PsychINFO; HealthSTAR; and Anthropology Reviews. The search began with the terms of spirituality, concept, midwifery, birth, and religion. Books and articles from 1975 - 2004 were included. No research articles were found that specifically addressed spirituality as a concept in childbirth and/or midwifery; however one book written by a nurse-midwife was discovered and used. One research article reviewed the concept of spirituality in mental health nursing. Ten general articles on nursing that addressed spirituality as a concept were used. Seven articles reviewed spirituality from a particular cultural context. Two articles were used that examined the spiritual practices of traditional midwives. Two childbirth education articles focused on the integration of spirituality into the birth experience. A religious education article was reviewed that discussed the spiritual transition into motherhood. A psychology article touching on the subject of the human spirit was included as well.
The Concept of Spirituality in Nursing

The first conceptual analysis article published on the concept of spirituality was in 1989 by Burkhardt who described spirituality as “unfolding of mystery through harmonious interconnectedness that springs from inner strength.” Finding meaning and purpose in life, connecting with self, others and divine energy, and transcendence were terms used to help describe spirituality (Newlin et al., 2002).

Spirituality has been described by many nursing authors as having the following components: unfolding mystery; transcendence; hope; horizontal connections to self others and the natural world and vertical connections to God or some divine being or energy or higher power; and a search for life’s purpose and meaning (Coyle, 2002; Dyson et al., 1997; Goldberg, 1998; Newlin et al., 2002; Tanyi, 2002).

Other authors such as Narayanasamay (1991) believe that spirituality has no simple definition because it is beyond explanation (McSherry, 1998). The human spirit/spirituality has been described as indescribable (Moya et al., 1992; McSherry et al., 1998), elusive (Tanyi, 2002), and “beyond the sphere and realm of our finite minds” (McSherry, 1998). Hence many authors agree that spirituality is “a highly subjective, personal, and individualistic concept, which defies development of a standard definition” (Coyle, 2002; Cawley, 1997). Some authors posit that there might be danger in trying to define spirituality because “ideas may be taken out of context, which cause loss of meaning and clarity” (Bradshaw, 1996; McSherry et al., 1998).

The Concept of Spirituality in Childbirth Education

From a childbirth educator’s perspective, Kane (1999) re-introduced the once ancient wisdom concept of “biopsychosociospiritual” approach to birth care. Kane
discussed the importance of understanding how a woman feels about her pregnancy and birth, and that any biological, psychological, sociological or spiritual change in the woman’s environment can have a positive or negative influence on her pregnancy and or birth experience. It is important for the health care team (midwives, doctors, doulas, nurses, and childbirth educators) and the birthing family to work in unity to facilitate a positive sense of balance and harmony during pregnancy and birth to promote a good birth outcome and experience. Swirsky (1997) described the difficulty of childbirth as a way of preparing a mother for the challenge of parenting.

*The Concept of Spirituality in Mental Health Nursing*

Greasley et al. (2001) published an article on the concept of spirituality in mental health nursing with the aim of clarifying the issue of spiritual care. The researchers set up a series of focus groups with the clients, care givers and mental health nursing professionals discussing the concept of spirituality and spiritual care. The authors discovered that despite the acknowledgement that provision of spiritual care meant recognition of the client’s sense of ‘meaning and purpose to life’ which may or may not be associated with religiosity, providers often failed to address the spiritual needs of the clients because more emphasis was placed on the ‘mechanical aspects of nursing’ (Greasley et al., 2001).

*The Concept of Spirituality in Psychology*

In an article from the field of psychology, the human spirit was described as the distinct element that separates humans from animals and/or other species. Humans possess a conscious ability to strive for truth, meaning, and godliness along with creating a sense of ‘self’, with hopes and aspirations to transcend above and beyond more that just
basic functioning as a living organism (Penn and Wilson, 2003). Penn and Wilson (2003) also referred to metaphysics, defined as ‘the branch of philosophical inquiry that concerns itself with unobservable dimensions of objective reality’, as a way to study the human mind and spirit through the field of psychology.

The Concept of Spirituality in Religion

An article reviewed from the field of religion (Christianity) viewed childbirth as a way of ‘breaking open’ to a ‘spiritual awakening’, and as the occurrence of woman’s most critical rite of passage into motherhood (Thomas, 2001). A birthing woman experiences in her body, mind and spirit the miraculous transition from womanhood into matrescence through the labor, suffering, endurance, hope and faith that she must pass through. The ability to bear children and breastfeeding were viewed as gifts from God to women to help them fulfill their union and connection to God (Thomas, 2001). From an Islamic perspective, suffering (in illness and/ or in childbirth) is considered a ‘part of life’ and a ‘test from Allah (God)’ (Rasool, 2000) that invites a believer to pray and ask for help, guidance and mercy. In Tibetan Buddhism, it is noted that a woman will ultimately give birth ‘alone’ even if she is accompanied by family, her midwife and other assistants, therefore she must tap into her spirituality to find strength (Hubbell & Farwell, 1997).

The Concept of Spirituality within Ethnic or Cultural Groups

Research done on childbearing women of particular cultural or ethnic groups has shown that women who believe or practice a particular faith draw inner strength from their beliefs during labor and birth (Callister et al., 1992, 1998, 1999; Finn, 1995; Magana, 1995; Morgan, 1996; Rice, 1994; Tran, 1994). Morgan (1996) discussed that spirituality enabled African American women to face ‘life with equanimity’. African
American women in her study reported that they put their trust in God more than anyone or anything, especially in times of difficulty, to take care of them and see them through their hardships. Magana (1995) reported that Mexican American women who were religious had fewer low birth weight babies and decreased incidence of infant mortality—hence implying that religiosity might contribute to positive birth outcomes. She also mentioned that an important religious symbol to Mexican women during the time of childbirth was the Virgin of Guadeloupe (Holy Mary) who was seen as an inspirational source of strength.

*The Concept of Spirituality in Anthropology/ Traditional Healing*

Traditional childbirth attendants throughout the world still rely heavily on spiritual beliefs and practices throughout the birthing process (Gaskin, 1990; Paul, 1975; Tritten, 2001). Mexican women in Magana’s (1995) research and Guatemalan women in Callister’s study both reported that they consulted with “curanderos” or traditional healers during pregnancy and birth even if they also received traditional medical care. Curanderos/ traditional midwives in Mexico and Guatemala report that they are drawn to practice their healing techniques and rituals because they are spiritually called to do so (Paul, 1975; Tritten, 2001).

Paul’s (1975) research on the Mayan midwife in Guatemala describes the midwife as being an ‘obstetrical and religious specialist’ whose prestigious calling is divine, comparative to a shaman. The highly respected midwife is the mediator between the physical world and the world of the supernatural (Paul, 1975).

A phenomenological study using interviews with midwives in Angola working in rural maternity units demonstrated that the midwives described a “calling” to the
profession of midwifery and depended heavily on their faith in God because ‘in times of crisis, there often was no one else to turn to’ (Peterson et al., 1999).

African American women in Morgan’s study reported that they sometimes had more faith in folk health practices than in western medical providers partly because of the distance/ foreignness or lack of connection that they felt with their providers.

Some women who practice Afro-Brazilian religions such as Umbanda pay homage to a goddess named Oxum in pregnancy and childbirth (Teish, 1985; Dow, 1997). Women who are trying to conceive will leave offerings to the goddess Oxum on an altar constructed in honor of her. Her followers believe that she will help them to conceive, carry, and ultimately successfully give birth to a healthy child. Oxum is also known as the Catholic equivalent of Our Lady of Conception by followers of Umbanda who have syncretized ancient African animistic religions with Catholicism (Dow, 1997).

Ancient Native Hawaiians of royalty gave birth in sacred locations such as The Birthplace of the Ali’i- Kukaniloko (Hawaiian- meaning to anchor the cry from within) on the island of Oahu (Silva, 1998). The stones/ boulders located at this birthplace were believed to possess special powers, also known as “mana”, that could ease the pain of labor. Women sat on the boulders and birthed their infants in the attendance of 36 chiefs and several midwives surrounding them. Although the majority of births in Hawaii now take place in hospitals, some ancient Hawaiian traditions relating to childbirth are still currently believed and practiced (Moore, 2006). Some examples include: not wearing a lei when pregnant because of a belief that the umbilical cord with strangle the unborn child; preparing for a baby before it is born can bring bad luck; bathing in the ocean close to the time of birth to help prepare for labor, having many family members present for
support when giving birth; and the tradition of burying the umbilical cord and placenta in a special place along with planting a tree on top. Hawaiian law now permits parents to keep take their placentas home from the hospital after birth in order to respect the parents' rights to fulfill their traditional customs and beliefs (Lauer, 2006).

The Concept of Spirituality in Complementary and Alternative Health

Anecdotal and conceptual discussion articles that focused on spirituality and the natural childbirth movement primarily claimed that spiritual births were more likely to take place at home rather than in the hospital environment. This was because the typical modern day hospital obstetrical procedures, providers (nurses, doctors), as well as the environment interfere with the flow and the ability of the birthing mother and family to ‘spiritualize’ and control their environment and birth in the way they desire and planned (Gaskin, 1990; Klasses, 2001; Klose; 2002; Spainhour, 1999). An article about the Russian natural birth movement described labor as ‘transformation through suffering’, meaning that pain is the gift of a spiritual and transformational experience for the woman in labor, allowing her to tap into God’s divine energy and preparing her for motherhood (Klose, 2002).

The Concept of Spirituality in Nurse-Midwifery

Hall (2001), a nurse-midwife wrote a moving book on the subject of spirituality, midwifery and childbirth. In this book she discussed the professional obligation held by the midwife to provide spiritual care. Key elements of ‘feminine’ spirituality and/or spiritual care included transcendence, a search for meaning and purpose, humanism, belonging or connecting with self, others and God/ or a divine energy, hope and faith, intuition, and story telling. Hall viewed childbirth as a time of self-development and self-
growth that could lead to the creation of spiritual consciousness and help a woman to
discover the feminine aspects of God, the Goddess. Hall also discussed the importance of
the midwife examining her own spiritual beliefs and practices, along with meeting her
own spiritual needs before she could properly provide spiritual care to others. She
couraged midwives to continually strive to grow in their own spirituality and to
develop their ‘midwifery’ intuition. Intuition was defined as that sense of ‘knowing’, the
inner voice that speaks, a uniquely feminine trait according to Hall (2001). Hall also
couraged midwives to help their clients develop these traits as well. Hall stated that
story telling is an element of feminine spirituality. It is important for women and
midwives to relive their birth stories by sharing them with each other.

Defining Attributes

Walker and Avant (1995) defined the attributes as the traits of a concept that
repeatedly appear in the literature that may aid in the clarification of definition and use.
Attributes of spirituality in general include transcendence, belief, faith, hope, connection,
meaning and purpose in life, inner strength, and peace. Attributes of spirituality in
midwifery and childbirth include the entire above plus rite of passage, calling, and
intuition.

Transcendence

Transcendence is described as a ‘harmonious interconnectedness’ and ‘a greater
desire of awareness beyond the limitations of the physical boundaries’ (Hall, 2001). The
mysterious process of birth includes going beyond the physical boundaries into the world
of the unseen and unknown. The sacred time of birth may be one of the most
transcendent experiences in a woman’s life. For women who are religious and/ or
spiritual, the act of childbirth may help them to discover some of the feminine aspects of God (Hall, 2001). The transition from pregnancy, birth and into motherhood is considered a sacred time by most cultures and societies throughout the world. Some women gain a heightened awareness of God/ Goddess/ or divine energy. The experience of labor in itself is transcendent because it takes a woman beyond her perceived reality of tolerance and limitation for pain, endurance, and suffering.

Belief, faith and hope

Belief, faith and hope are key elements of spirituality in childbirth and midwifery. We must hope and believe that a healthy baby and mother will be the final outcome of a pregnancy and birth in order to continue to propagate the human species. Without some sense of faith how can a midwife practice and attend to a birthing mother? A midwife must have faith and believe in her midwifery skills and in the process of birth. When all else fails, a midwife and the laboring mother have hope and faith in some higher power that supercedes their human ability to carry them through a difficult time. Without faith how can a woman get pregnant and carry her infant to term and place her trust in the process and in her midwife? Spirituality provides hope and empowers us with belief and faith in a higher power.

Connection

Connection in midwifery and childbirth is multidimensional. The vertical component of connection is the relationship that one has with God, a higher power, or divine consciousness also described as ‘transpersonal’ (Coyle, 2002). Birth is an experience that causes some women to build or strengthen their connection with the creator or creative forces. The horizontal component of connection is the relationship that
one has with oneself, others, and the environment (Tanyi, 2002). The connection that one has with oneself has been described by Tanyi (2002) as intrapersonal. A pregnant woman can develop a connection with her baby in utero even before it is born. The pregnant woman can connect to her mate and family as the coming of the new being signifies family growth and change. The midwife and the birthing mother/family become connected as the mother/family seeks the midwife’s services and expertise. There is also a connection that takes place with the environment and earth. The earth itself has always been described a “mother” - - a giver and sustainer of life. The earth provides us with all of our physical needs. Women often feel a sense of unity with mother earth during pregnancy and birth. The desire to connect with nature may be expressed through outdoor walks, gardening, swimming in or being near the ocean, and working with the elements such as herbs or crafting. Connection also provides a way to express love from one to another. Prayer, presence and touch are other ways that connectedness can be expressed (Tanyi, 2002).

**Meaning and purpose**

Meaning and purpose help us understand who we are and what we are here for. We can attain a sense of fulfillment in life through meaning and purpose. Hall (2001) described meaning and purpose for women as possibly leading to the discovery of the ‘feminine self’. Coyle (2002) describes meaning and purpose as a way to ‘affect attitudes and behavior and to motivate action’. The outcome of childbirth is motherhood, which gives a strong *sense of meaning and purpose to most women.*
Inner strength

Inner strength is an energy force that comes from the spirit. It is a key element during birth. How can women endure hours of hard labor without inner strength? How can a midwife assist women for hours without inner strength? For those who believe in God, inner strength can be seen as a gift that God gives us when we call on him, when we are in need of a power greater than what we normally possess. Inner strength is the sense of empowerment that some women feel after they have endured labor and given birth and hold their precious newborns in their loving arms.

Peace

Peace is the attribute of spirituality that creates calmness despite the sometimes chaotic nature of childbirth. Peace is a state of tranquility, and harmonious equilibrium.

Rite of passage

Rite of passage is the transition from pregnancy into motherhood through the act of labor and childbirth. Many spiritual or religious groups consider the rite of passage into motherhood as a sacred transition that brings a woman closer to God.

Calling

Calling is a critical component of spiritual midwifery. Many midwives throughout that world describe themselves as being ‘called’ to the profession — A calling can be described as an obedience to the voice of God who whispers into the soul and dictates what one’s destiny in this life will be (Olivier, 2002). A calling to midwifery is considered a privileged membership into an ancient sacred order. Midwives who obey their calling are blessed (Hayford, 1991). Many cultures throughout the world still view midwifery as a sacred shamanistic-like practice.
**Intuition**

Intuition is inner knowing. It is defined by Hall (2001) as ‘a way of knowing that bypasses our usual reliance on logic and linear analysis’. Intuition can be described as instinctive, insightful, and a self-awareness. Midwives use a combination of experience and intuition to know how a labor is progressing, to know what is going on in the woman’s body, to know the status of the unborn child, and to know what to do in difficult or challenging situations. Birthing mothers as well use intuition to know when ‘it is time’, to sense if something may or may not be right. Intuition is known as the ‘sixth sense’.

**Proposed Conceptual Definition**

The proposed definition for spirituality in midwifery and childbirth is the harmonious interconnectedness that takes place between God/ or divine energy, the universe, the called midwife, the birthing mother and child (and her family, if present). Through unity, intuition, inner strength, belief, faith, and hope, the collective energy works together to transcend and find meaning and purpose in fulfilling one of the greatest rites of passage in life.

**Antecedents**

The antecedents of a concept are the events that precede the concept. The antecedents of spirituality in midwifery and childbirth include spirit, life, conception, and pregnancy. Spirit is the essence and core of all human beings (Tanyi, 2002). In order to have spirituality we must possess a spirit. Spirit is ever present without beginning or end. Life is the breath of the spirit, without life the spirit has no way to breathe, to vibrate and to grow. The human physical form of life begins at conception and ends at death. Conception is the union that takes place between two spirit beings who have been
brought together by divine intervention to propagate more life. Pregnancy is the transition from conception to birth.

Consequences

The consequences are the events that occur after the concept. The consequences of spirituality in midwifery and childbirth include: new spirit, new life, baby, family, bonding, love, joy, hope, peace, unity, transcendence, and empowerment. The rite of passage into motherhood and parenting leads to a new spirit being, a new life- a baby, the formation or expansion of the family creating the possibility of unconditional love and boundless joy. The birthing mother / family bond with their midwife throughout the trials and tribulations of labor, birth and beyond. The mother/ family and midwife bond with the new baby. Transcendence occurs for the birthing family and the midwife as they collectively struggle through the hardships of birth. Renewing of connections with God occurs as members of the birthing team call on God for empowerment and strength.

Empirical Referents

Equating spirituality with science and empiricism is challenging because spirituality is such a difficult concept to measure. The birth of science/ empiricism rose out of the desire to believe only in what can be seen and proven. Coyle (2002) challenged this notion and elegantly stated ‘in terms of epistemology, to what extent is it possible to equate spirituality with a system of thought that rejects all theological and metaphysical absolutes from which the spirit and spirituality draws meaning and coherence?” Science and spirituality however are related in that they are both seeking answers ‘about the nature and mystery of life’ (McSherry, 1998). Therefore science and spirituality should find ways to work together because they both strive for ‘truth’.
Measurement tools are common ways that science uses to find truth. In order to assess and measure the usefulness of a concept, instruments or tools of measurement are developed by researchers to test the concept on a particular population in question. No tool particular to spirituality in midwifery and childbirth was discovered through the literature review, however general spiritual scales do exist such as the spiritual well-being scale (SWB) developed by Paloutzian and Ellison (1982). The spiritual well-being tool is divided into two parts of 10 questions each on the measurement of religious well-being (RWB) and the measurement of existential well-being (EWB). Other researchers such as Dossey et al. (2000) and Hungelmann et al. (1996) have created spiritual assessment tools to measure interconnectedness, meaning and purpose in life and inner strength (Tanyi, 2002). The literature review did not reveal any articles that applied the use of any spiritual assessment tool to midwifery and childbirth. A potential area for further research could be the application of one of the already existent spiritual assessment tools or the development of a spiritual assessment tool specific to midwifery and childbirth.

Implications in Nursing

Nursing literature frequently refers to the concept of holism and holistic care-, which is the integration of mind, body and spirit care (Dossey et al., 2000). Spiritual care however is often neglected because of lack of educational training in nursing school, lack of time, inadequate staffing, and lack of comfort with discussing the subject (Oldnall, 1996). Nurses and nurse midwives that develop their own spirituality will be able to tap into their own spirituality while addressing the needs of their clients. The nurse’s spirituality can be a great source of strength in a profession that is often challenging and demanding. Nurses and nurse-midwives that receive training in spiritual care will be
better equipped to address the spiritual needs of their clients and possibly enhance their clients’ spiritual awareness, strength, and growth. Nurses may altruistically heal themselves by healing others. The researcher believes that developing a trusting nurse-patient relationship could possibly be enhanced by incorporation of spirituality. Spirituality can give a patient and her provider the tool of prayer to use as an action to help cope when suffering is greater than the patient can bear or when complications arise such as a operative delivery, miscarriage, preterm birth, or death. Prayer can be a form of therapy or it can serve as a force that can ‘create change’ (Coyle, 2002). If the human spirit transcends beyond physical matter, then perhaps the human spirit can use spirituality as a tool to transcend beyond the physical nature of pain in labor and help find meaning and purpose in the experience along with bringing one closer to Godliness.

Despite the incredible advancement of technology and accessibility to medical care in the United States, Healthy People 2010 reports that there is still a great disparity between Caucasian and non-Caucasian groups in the area of maternal and infant mortality and morbidity and low birth weight (Department of Health and Human Services, 1999). Many ethnic minority groups have historically tapped into their spirituality and/or religious beliefs as a great source of strength for health and other concerns. If nurses learn to address the spiritual needs of their minority clients, they may find ways to connect with their clients in a culturally appropriate setting. Their clients may be more open and receptive to receiving health care from a system that has historically been viewed by many ethnic groups as foreign, distant and un-trustable. Spiritual belief and religiosity has been shown to improve birth outcomes in certain
groups. Spirituality may be the ancient unearthed tool that midwives and their clients can use collectively to create positive birth experiences and outcomes.

Summary

Chapter Three presented the conceptual analysis of spirituality in midwifery and childbirth using the Wilsonian method. A review of literature relating to the concept of spirituality was presented. The concept of spirituality was analyzed within several different disciplines. The analysis led to the discovery of the attributes of transcendence, belief, faith, hope, connection, meaning and purpose, inner strength, peace, rite of passage, calling, and intuition. A conceptual definition of spirituality in midwifery and childbirth was proposed. Antecedents and consequences were identified. Finally empirical referents and implications in nursing were discussed.
Chapter Four presents the methodology chosen for the purpose of this study describing the essential structure of the lived experiences of certified nurse-midwives with spirituality and childbirth. A discussion of research as a method of inquiry with a focus on the philosophy and methodology of phenomenology is elaborated. Included in this chapter is a discussion of the research design, sample selection, protection of human rights, participant recruitment, informed consent, interview setting, demographic data, central question, topical questions, limitations of the study, data collection methods, data management, data analysis, and procedures for establishing trustworthiness of the study.

Research as a Method of Inquiry

The quest for knowledge and understanding of the world we live in is universal for human beings. Science is a structured way of attempting to answer the curiosities that puzzle within the human mind. Natural science examines components, events and the behavior of nature (Van Manen, 1990). The primary method of natural science inquiry is quantitative research methodology. Quantitative research focuses on numbers, works with few variables and many cases, and compares outcomes. In contrast, human science focuses on the study of the conscious living human being in order to gain a greater meaning and understanding of how the human being exists within his environment (Van Manen, 1990). The preferred way to study human science is though qualitative methods of inquiry (Van Manen, 1990). Qualitative research relies on few cases with many variables that are often difficult to identify, and is more concentrated on exploring a topic
where minimal information is known. The focus of qualitative research is on human experiences.

On the subject of childbirth, birth can be quantified via a variety of variables such as length of labor, type of birth as in vaginal or operative delivery, and birth outcomes such as the Apgar score. From a qualitative perspective, childbirth can be defined through a variety of examples such as the personal experience that the laboring woman endured during labor, or the meaning and significance that giving birth has had in the birthing mother’s life.

Characteristics of qualitative research include the natural setting or field as a source of data, the researcher is a key instrument in data collection, data is collected through words and or pictures, the outcome is more of a process rather than a product, focus is on descriptions and meanings of participants perspectives, data is analyzed inductively, expressive language is used, and persuasion is done by reason (Creswell, 1998). Ethnography, grounded research theory, phenomenology, hermeneutics, case studies, and biography are different expressions of qualitative human science models (Creswell, 1998; Moustakas, 1994).

The Philosophy and Methodology of Phenomenology

Phenomenology is a specific type of qualitative research philosophy and method with the function of describing the meaning of the lived human experiences for the participants in a study with a particular concept or phenomenon (Creswell, 1998). Research questions about the phenomenon search for the meaning of the everyday lived experiences for the participants. Data is collected from the extensive interviews done with the participants, and subsequently analyzed. Significant statements are extracted
from the interviews which are transformed into clusters of meanings. The meanings are then grouped together into themes to create a general description of what and how the phenomenon is experienced in order to gain deeper insight into the essence of the phenomenon as a whole (Creswell, 1998).

Transcendental Phenomenology: Definition of Terms (Derived from Moustakas, 1994)

Many of the terms used to describe the process of transcendental phenomenology are unique to this particular methodology. A list of some of the common definitions follows to create a better understanding of the discussion of the philosophy and methodology of transcendental phenomenology.

1. **Epoche**- “Freedom from suppositions”, to “abstain, stay away” (Greek word), “setting aside prejudgments, biases, preconceived beliefs”, with the goal of deriving new knowledge and meaning about a particular thing (Moustakas, 1994, p. 87).

2. **Bracketing**-“focus of research is placed in brackets; everything else is set aside so that the entire research process is rooted solely on the topic and question” (Moustakas, 1994, p. 97).

3. **Horizontalization**- a part of the process of phenomenological reduction where each phenomenon or statement is given equal value (Moustakas, 1994, p. 95).

4. **Invariant horizons/ Meaning units of the experience**- the non-repetitive, non-overlapping statements in the interview transcripts (Moustakas, 1994, p.122).

5. **Textural Description**- a description of the textures of the experience/ a synthesis of the invariant meaning units and themes using verbatim examples from the transcript/creation of clear, pictoral images of what the interviewee experiences during the phenomenon (Moustakas, 1994, pp.122, 133).
6. *Imaginative Variation*- the process of seeking a variety of possible meanings by using imagination, different points of view or perspectives, varied positions, with the goal of creating a structural description of an experience, "how did the experience of the phenomenon come to be what it is?" (Moustakas, 1994, pp. 97-98).

7. *Structural Description*- a description of the structures of the experience derived through imaginative variation. A "vivid account of the underlying dynamics of the experience, the themes and qualities that account for how feelings and thoughts connected with the phenomenon are aroused, what conditions evoke the phenomenon." (Moustakas, 1994, pp. 122, 135).

**Transcendental Phenomenology: Discussion**

Husserl, the father of phenomenology, focused on a "return to reflective intuition" to describe the essence of the consciousness through the lived experience (Morse, 1991, p. 118). Creswell (1998) describes Husserlian or eidetic transcendental phenomenology through four philosophical themes:

1. A return to traditional ancient Greek concept of philosophy as a quest for wisdom not limited by the boundaries of empirical science.
2. Phenomenology being a philosophy without preconceived ideas or beliefs also known as epoche or bracketing.
3. Consciousness is intentional and directed towards an object.
4. The object’s reality is made real to the individual through the meaning of the lived experience of it.

Critical components of the conceptual framework of transcendental phenomenology include *intentionality* and *intuition*. Intentionality "refers to
consciousness, to the internal experience of being conscious of something” (Moustakas, 1996, p. 28).

Essential components of intentionality include noema and noesis. Noema is not a real object itself but the appearance of an object. The perception of the noema can vary depending on which angle one is looking at or experiencing the object. Noesis is the meaning that one describes from the appearance of the object. Noema and noesis coexist and can also be described as the textural (noematic) and structural (noetic) dimension of a particular object or phenomenon (Moustakas, 1994).

Intuition is described as “the beginning place in deriving knowledge of human experience, free of everyday sense impressions and the natural attitude” (Moustakas, 1994, p. 32). Husserl (Moustakas, 1994) stated that intuition was essential to describe anything as it presents itself.

Moustakas (1994) elaborated on the methodology of transcendental phenomenology by placing great importance on bracketing one’s preconceived ideas about the phenomenon in order to gain a greater and more unbiased understanding of the participants’ experiences. The process of bracketing, also known as Epoche, is the first step in undertaking a transcendental phenomenological study.

Epoche literally means to “refrain from judgement” (Moustakas, 1994, p. 33). Moustakas (1994) describes the process of epoche by recommending the researcher to do reflective meditation prior to interviewing; by focusing on the particular phenomenon in question in a quiet place and then review and acknowledge all of the personal thoughts and feelings about the particular phenomenon. This can be accomplished through journaling. As the researcher reviews his/ her personal feelings and biases, the goal is to
attempt to set aside all pre-judgments in order to create a new and fresh start- free of any preconceived notions about the particular phenomenon in question. Moustakas (1994) further states that this process may take more than one session before the researcher is truly ready to interview. The transcendental phenomenologist can then collect data about the phenomenon in question through the interviews, poems, songs, artwork, journals, and other personal documents that represent the experiences of the researcher and the co-researchers.

*Transcendental phenomenological reduction* is the next essential step in Moustakas’ interpretation of transcendental phenomenological research inquiry. Transcendental phenomenological reduction involves describing through textural language the phenomenon exactly as it is seen through one’s own experience of the phenomenon. Moustakas (1994, p. 90) describes this process as a repetitive “looking and describing all of the textural qualities” of the object (phenomenon). This process creates an artistic, visual, three dimensional-like picture of the object.

A key step of phenomenological reduction is the concept of *bracketing* - where the ‘focus of the research is placed in brackets’ (Moustakas, 1994, p. 97), setting everything else aside.

*Horizontalization*, another step of phenomenological reduction is the process of giving equal value or importance to each statement. Statements are then deleted that are repetitive or irrelevant to the topic leaving just the *horizons*. The horizons are clustered into themes and organized to create a textural description of the phenomenon.
Imaginative variation is the third step in the core process of the methodology of transcendental phenomenology (Moustakas, 1994). Moustakas (1994, p. 99) describes the steps of imaginative variation as follow:

1. Look at varying of possible structural meanings that are within the textural meanings of the particular phenomenon.
2. Recognize the themes that account for the emergence of the phenomenon.
3. Consider universal structures (time, space relation to self and others) that prompt feelings about the phenomenon.
4. Search for examples that accurately describe the invariant structural themes and aid in the structural description on the phenomenon.

Moustakas (1994) describes the final step of transcendental phenomenology as the intuitive integration of the textural and structural descriptions into a unified description of the essence of the phenomenon. Husserl (Moustakas, 1994) defines essence as the true nature of the object - what makes it what it really is. Without the essence, the object would not be what it is. The essence of the phenomenon is the root or core of what the phenomenon truly is. The essence of the phenomenon is the final product of the research process through transcendental phenomenology.

The decision to select a research method best suited to the research question was considered. Since the intent of the researcher was to focus on the essence and meaning of the experience and a desire to return to the “things themselves”, the qualitative method of eidetic or transcendental phenomenology was chosen. Moustakas (1990, p. 14) states that in heuristic research, the researcher has to have had “actual autobiographical
connections” with the phenomenon under investigation. This statement confirmed the researcher’s decision to choose Moustakas’ method of transcendental phenomenology for the purpose of this study.

**Alternative Qualitative Methods of Inquiry**

The three alternative qualitative methods considered were hermeneutic phenomenology, grounded theory, and ethnography.

Hermeneutic or interpretive phenomenology is a reinterpretation of Husserlian philosophy created by Heidegger (Morse, 1994). Heidegger postulated that presuppositions about the phenomenon in question are not eliminated as is attempted in transcendental phenomenology, but instead aid in understanding of “being in the world instead of of the world” (Morse, 1994). The hermeneutic phenomenologist attempts to interpret the phenomenon through analysis of the data collected from the interviews. According to Moustakas (1994), *interpretation* does not add to heuristic knowledge, but actually takes away from the vitality of the essences of the experiences.

Grounded theory is another form of qualitative inquiry with the purpose of doing research in order to generate a substantive theory or model grounded in the data obtained from the field research (Moustakas, 1994). The goal of grounded theory is to develop a theory rather than to uncover the meaning or essence of a phenomenon.

Ethnography is a type of qualitative research that focuses on studying the behaviors of a particular culture or group through extensive field work, direct observation, participant observation, and interviewing in order to gain a better understanding of the group. The final result of an ethnographic study is a *cultural description* of a particular group (Moustakas, 1994; Van Manen, 1982).
Research Design

Spirituality in the health care setting has been studied minimally, and specifically within midwifery even less. Therefore, the researcher concluded that a phenomenological study that would examine the concept or meaning of spirituality to certified nurse-midwives who assist in childbirth would be the best way to begin to create more awareness and knowledge of the concept as a whole. The phenomenological philosophy and process of collecting and subsequently analyzing data collected from the interview is the most appropriate way to capture the meaning and essence of what spirituality is in childbirth from the nurse-midwife’s point of view. Moustakas’ (1994) modification of the transcendental phenomenological conceptual framework was used as the research methodology to complete the study. Moustakas’ modification of the Stevick-Colaizzi-Keen method appealed to the researcher because this method recognizes the impact of the researcher’s own autobiographical account of the phenomenon in question and allows the researcher to incorporate her own lived experiences into the data.

Sample Selection

Research participants were from a purposeful and criterion-based sample of certified nurse-midwives who have experienced the phenomenon of spirituality in their practices while attending childbirth, and were capable of articulating their conscious experiences. The researcher interviewed ten participants at which point saturation was reached. The researcher suspected redundancy at the end of interview number eight, however two more interviews were completed to confirm that saturation had been reached. The average number of participants in a phenomenological study is five to ten according to Creswell (1998). The in-person audio-taped semi-structured interviews
were with certified nurse-midwives whom the researcher came into contact with and agreed to participate in the study.

Research participant inclusion criteria

Participants were certified nurse-midwives that are currently or have practiced intrapartum obstetrics in hospital, alternative birth center or home birth setting. Participants were required to have had a self-proclaimed spiritual experience(s) before, during or after an attended birth. Due to the elusive nature of the definition of spirituality, the researcher left it up to the discretion of the participants to define their own particular meanings of spirituality. Participants were physically present in the state that the researcher resides at the time of the interview.

Research participant exclusion criteria

For the purpose of the current study, the researcher chose to exclude non certified nurse-midwives, lay midwives, nurses, physicians and other lay people who had attended births. The researcher desired to focus on certified nurse-midwives to ensure that all of the participants had in common the same or a similar educational background.

Irrelevant criteria

Age, gender, spiritual belief, religious membership or lack of religious membership, currently practicing or non-practicing believers of any particular faith were not factors in choosing participants. The researcher desired to gain information on spirituality as a whole, without focusing on any particular religion. However participants were free to discuss their religious practices and or spiritual beliefs as it related to childbirth.
Protection of Human Rights

The researcher requested and received approval of the study from the University of Hawaii Human Subjects Review Board (IRB) prior to recruiting research participants. The Committee on Human studies of the University of Hawaii - Manoa gave approval for the study in January 2005 under the “exempt status” (Appendix B).

Upon completion of the study the audiotapes from the interviews were erased. The list of participants was kept confidential and known only by the researcher and her chairperson. The computer files were kept locked. Only the researcher had access to the files.

Co-Researcher Recruitment

After IRB approval of the study, the researcher then advertised the study via the internet by sending bulk emails to all of the certified nurse-midwives in the State of Hawaii requesting research participants. The researcher sought permission to use the bulk email listings of the Hawaii Chapter of ACNM (American College of Nurse Midwives), and the University of Hawaii School of Nursing and Dental Hygiene. The researcher posted a recruitment announcement (Appendix C). There were an insufficient number of respondents via email. The researcher attended a local (ACNM) chapter midwifery meeting and announced the study at the meeting. Six midwives attended the meeting. Four of the midwives expressed interest in the study and one out of four of the midwives was actually interviewed. The researcher then attended a local family planning conference and approached another four midwives. All four midwives expressed interest, one of the four was available and was therefore interviewed. The researcher sent a bulk email to a local hospital that employs several midwives. Two midwives responded to the
email with interest. The researcher then followed up the bulk email by either calling or approaching all of the midwives in the hospital at different occasions. Four midwives agreed to be interviewed. The researcher was able to gain three more participants through referrals from the four participants who knew of certified nurse midwives who have had spiritual experiences during birth. This process is known as snowballing. Ten midwives in all from the hospital agreed to be interviewed; seven of the ten were actually interviewed. The other midwives were not interviewed because of their unavailability.

In the State of Hawaii, there are approximately 30 nurse-midwives dispersed over five islands. Twenty-one of the nurse-midwives live on the Island of Oahu. In all, 21 potential participants were approached for the study. Four midwives declined and stated that they had not had spiritual experiences during childbirth. One midwife stated that she had had spiritual experiences but was too busy to be interviewed. Four midwives did not respond to calls or emails. Three other midwives agreed to be interviewed, however they were not interviewed because the researcher had met a point of saturation with ten interviews.

The bulk email that was sent out locally to the midwives in the state was forwarded on nationally through the ACNM email listing by the state local chapter chair. Six midwives throughout the United States emailed the researcher and expressed enthusiasm and interest in being interviewed. The researcher was not able to interview them however because of travel constraints. The researcher attended an International Confederation of Midwives Convention to present the topic of Spirituality and Childbirth. After the presentation, several midwives approached the research with an interest in the topic and desire to participate in the study. The researcher was not able to interview the
midwives while attending the conference due to the lack of time and potential difficulty in follow up.

Participant Informed Consent

All participants were asked to sign an informed consent (Appendix D) prior to being interviewed. The following information was explained to all qualifying potential participants:

1. The right to voluntarily withdraw from the study at any time that they desire.
2. The purpose of the study and the methods to be utilized for data collection.
3. Protection of confidential information.
4. A statement of possible benefits and risks associated with participation in the study.

Bracketing / Epoche

Prior to initiating the interviews, the researcher engaged in the process of bracketing. She set aside her preconceived notions, assumptions and beliefs about spirituality in midwifery and childbirth. The list of bracketed assumptions included:

1. There are midwives who experience spirituality during childbirth.
2. When present, spirituality alters the energy and experience of childbirth.
3. Some birthing women and their families experience spirituality during childbirth.
4. Other midwives feel that they have been called to midwifery.
5. Interventions, noise, and disruptions can interfere with spirituality during the birth.
Prior to meeting with each participant that agreed to be interviewed, the researcher wrote in her journal as a preparatory step to interviewing. The journal is one way to engage in the Epoche process by allowing the researcher to disclose personal thoughts, feelings, and biases, thereby setting them aside and creating an atmosphere for conducting the interview (Moustakas, 1994).

Interview Setting

After the co-researchers had agreed to participate in the study, a time and place was set to meet. The researcher asked the participants to bring any art, poetry, songs, or other items that they were willing to share that had meaning to them in reference to spirituality in childbirth. The researcher conducted private one-to-one interviews at a mutually agreeable, comfortable and quiet location. All of the interviews were done in the participant’s or researcher’s homes or offices.

The actual implementation of the interviewing was challenging. Interviews were rescheduled and delayed frequently, due to time constraints of the co-researchers. One interview was conducted more than a year after the participant agreed to be interviewed.

The first interview took place on February 16, 2005, and the last interview occurred on December 15, 2006. No time constraint was put on the interview to allow the co-researchers as long as it was necessary for each to tell her story. The interviews lasted from 22 minutes to 90 minutes ($M=44.5$). The average phenomenological interview is 60 to 120 minutes (Creswell, 1998).

The researcher began each interview by creating a relaxing, trusting, quiet and private environment to help the co-researcher feel comfortable and allow the co-researcher to speak freely and openly. The researcher reviewed the Agreement to
Participate (Appendix C) and the Demographic Data sheet (Appendix D) with the participant. The participant then completed the two forms. Upon completion of the consent form and demographic questionnaire, the researcher began to record the interview via audiotape. The researcher asked the main Data Generating Question and used the Interview protocol as a guideline (Appendix E). The researcher informed the co-researcher that once the interviews were analyzed, there would be a follow-up encounter to allow the co-researcher to read the analysis of her interview and allow her to edit if she felt it necessary.

The investigator made notes about the experience of each interview after the interview was completed. The principal investigator kept a written in-depth self-reflective journal for the duration of the study in accordance with Creswell (1998) and Moustakas (1994).

Demographic Data

Demographic data that was collected of the research participants included age, sex, ethnicity, educational background, years in practice (specifically in intrapartum obstetrics) as a nurse-midwife, practice location and setting, past and or current practice of intrapartum obstetrics, religious and or spiritual orientation, and spiritual practices used during childbirth. Participants were asked to complete the demographic questionnaire (Appendix E) after they signed the consent form and just prior to the beginning of the interview. The demographic data was collected in order to describe the participants.
Central Data Generating Question

The principal investigator conducted semi-structured interviews. The central data generating question that the researcher asked of the co-researchers was:

"Relating to your practice as a nurse-midwife when you have been present during labors and births, tell me as much as you can about spirituality, what it means to you, and how you have experienced it."

Topical Questions

A list of topical questions is in Appendix F. The topical questions were used as prompts in a semi-structured open-ended manner as a guideline for the flow of the interview (Creswell, 1998). The topical questions were used in all of the interviews as a way to gain more information from the co-researcher.

Limitations of the Study

The limitations of the study were:

1. The specific population interviewed was limited to certified nurse-midwives who disclosed that they had a spiritual experience. Health professionals from other specialties were not interviewed in this particular study.

2. In order for the researcher to conduct the interviews in person, all of the interviews were conducted on the island of Oahu in the State of Hawaii.

Data Collection Methods

Data collected included the in-depth audio-taped interviews, the researcher’s notes taken during and after the interviews, and the journals kept by the researcher. The researcher observed the co-researchers during the interviews and took notes. In order to not distract the co-researcher, the researcher tried to write as little as possible during the
interview. The researcher attempted to solely focus on the co-researcher’s responses and non-verbal behavior during the interview. At times, the co-researchers became overwhelmed with emotion when speaking about their experiences of spirituality during childbirth. Four of the co-researchers cried during the interviews. One co-researcher played a CD of music entitled “Calling All Angels” that she had said she played during births. The co-researcher had stated that this music is an inspiration to her, and that she plays it regularly in her office. After the interview was completed, the researcher made particular note of the times during the interview when the co-researcher displayed emotion.

Data Storage and Management

The principal investigator had the audio tapes professionally transcribed by a transcriptionist and placed on cd-rom for computer storage and analysis. Upon receipt of the transcription, the researcher listened to the tapes while reviewing the written transcription to ensure accuracy of the transcription. All data was analyzed and stored using a Microsoft Word 2003 program. For security purposes, the tapes and cd-roms were kept in a locked box that only the researcher had access to in the researcher’s home. A matrix was created to help to organize the data.

Data Analysis

The researcher used Moustakas’ modification of the Stevick- Colaizzi- Keen (Moustakas, 1994, p.122) method for data analysis outlines below:

1. Collect and transcribe a complete autobiographical description of the experience of the phenomenon.

2. Look for and record all significant statements within the description.
3. List each non-repetitive, non-overlapping statement in order to document invariant horizons or meaning units of the experience.

4. Cluster invariant meaning units into themes.

5. Using direct examples synthesize the invariant meaning units and themes into a textural description of the experience.

6. Using imaginative variation construct a structural description of the experience.

7. Construct a textural-structural description of the meanings and essence of the experience.

8. After constructing individual textural-structural descriptions from the researcher and all of the co-researchers, develop a composite/integrative textural-structural description into a universal description that represents the entire research group.

Following Moustakas’ modification of the Stevick-Colaizzi-Keen method of data analysis (Moustakas, 1994), the researcher began the analysis by “telling her own story”. The researcher had taped and transcribed a full autobiographical description of her own experience of the phenomenon (Appendix A). The researcher followed the steps outlined for analysis of her autobiographical transcript, and then subsequently analyzed the transcripts of all of the co-researchers.

Following Moustakas’ modification of the Stevick-Colaizzi-Keen method (Creswell, 1998) of a phenomenological study, the researcher looked for significant non-repetitive, non-overlapping statements in each interview on how the participants were experiencing or experienced the phenomenon of spirituality in childbirth. The statements were horizontalized so that each statement had equal value. Different clusters of themes were extrapolated from the statements. The researcher then grouped the statements into
meaning units in order to write a textural and structural description of the experiences including actual examples. The researcher then reflected on her own description of spirituality in childbirth and used imaginative variation to uncover all the possible meanings and different views in order to develop an account of how the concept of spirituality was experienced. Tree diagrams were created to organize and group the categories of statements. Significant quotes were stored under each theme in the tree diagram. Finally, the researcher created an overall depiction or exhaustive description of the meaning and essence of the experience of spirituality in childbirth.

The researcher and the chair of the dissertation committee listened and extracted the significant statements of the researcher's autobiographical description followed by the next two interviews together. The following seven interviews were analyzed by the researcher and then sent via e-mail attachment to the chair for comments. The chair returned her comments and suggestions to the researcher. The researcher then revised analyses when indicated.

The researcher followed this analysis procedure for all of the nine co-researcher's interviews. All of the themes from each interview were compiled and clustered into main themes and sub-themes, and then a final composite description of the essential structure of the lived experience of nurse-midwives with spirituality during childbirth was written. The entire study was then transformed into a narrative report for submission as a doctoral dissertation.
Research Questions

The following are issue questions derived from Creswell (1998) that the researcher attempted to answer though analyzing the data collected from the interviews:

1. What are the meanings of spirituality in midwifery and childbirth?
2. What are the underlying themes and contexts that account for the view of spirituality in midwifery and childbirth?
3. What are the universal structures that precipitate feelings and thoughts about spirituality in midwifery and childbirth?
4. What are the invariant structural themes that facilitate a description of spirituality in childbirth as it is experienced by practicing certified nurse-midwives?

Establishing Trustworthiness of the Study

Quantitative research is tested for its accuracy through measuring different elements of validity (internal validity, external validity, construct validity and statistical conclusion). Qualitative research is not judged in the same way. Lincoln and Guba (1985) establish the trustworthiness and authenticity of a qualitative study through the “naturalist’s equivalents” (Creswell, 1998, p. 197) terms known as credibility, transferability, dependability, and confirmability.

Credibility

Qualitative credibility is equivalent to quantitative internal validity. Credibility is established through prolonged engagement, persistent observational field work, triangulation of the data, peer debriefing or review, and member checks. Prolonged engagement in the field is accomplished by building trust with the participants by
spending adequate time during the interview process to really get to know and understand the participants (Creswell, 1998). For this reason, a time limit was not placed on the interview length. Ensuring confidentiality is another way to establish trust and therefore increases credibility. In order to allow the participants to speak freely and honestly, and to prevent influencing the participant’s answers during the interviews, the researcher did not interject comments when the participants were speaking. The researcher’s goal was for the participants to speak as honestly and candidly as possible.

Persistent observation during the interview process allows the researcher to identify what is important within the purpose of the study. Triangulation of the variety of data sources of information aids the researcher to corroborate evidence (Morse, 1989). The data that was used to conduct triangulation included the interviews, observation described during the interviews in the journals, and the demographic data records. The dissertation chair reviewed the transcripts, journals and notes looking for biases and distortions.

Member checks are of critical importance in establishing credibility. This is accomplished through meeting with each co-researcher after the interview has been transcribed and analyzed for the co-researcher to review, comment, and critique. The co-researcher is asked to judge the data for accuracy (Creswell, 1998). The researcher takes into account what the co-researcher’s comments are in completing the final analysis of the data. Moustakas (1994) describes member checking as an essential step in verification of a transcendental phenomenological study. Each of the nine co-researchers was contacted via email, telephone call or in person after the analysis was
completed of the interview. Four of the co-researchers had moved to other states. One co-researcher moved to another island. The analysis of the interview was sent via email attachment to each participant asking for comments or clarification and to validate the data. Six participants replied stating that they felt that the analysis done by the researcher was accurate and complete in capturing their feelings about spirituality and childbirth and they had no additional comments. Two of the six participants replied in person and the other four participants replied via email. One participant reported that reading the interview had made her cry "all over again". She then sent a poem that had been given to her by a patient. Three co-researchers did not reply to emails and their phone numbers had changed.

*Peer review or debriefing* is another way to establish credibility (Creswell, 1998). Data is submitted to a different outside researcher, who can search for the patterns in the overall essence of the study. The peer debriefing sessions aid the researcher to look at the data from a different perspective that the outside peer may help to provide. The researcher can then consider alternatives to the researcher’s derived conclusions. The researcher arranged for peer review with a former doctoral student, a graduate of University of Hawaii School of Nursing and Dental Hygiene Doctoral Program.

*Transferability*

Rich, thick description is necessary to establish transferability. Transferability is equivalent to external validity in quantitative research verification. Transferability enables other readers and potential researchers to transfer the detailed information described in the study to other settings or attempt similar studies, and to determine if the findings are the same or similar (Creswell, 1998). The researcher included a
detailed description of the complete process of analysis and management of the data in this study in order to establish transferability.

*Dependability and Confirmability*

*Dependability* in qualitative research is equivalent to reliability in quantitative research. Dependability can be established through triangulation, and journaling. *Confirmability* is equivalent to the quantitative method of objectivity. Dependability and confirmability are both established through external audit trails. This process is where an external consultant or auditor, who has no link to the study, examines the entire study and its outcome to assess for its accuracy (Creswell, 1998). In this study, the dissertation chair reviewed the audit trail.

Creswell (1998) recommends in engaging in at least two of the procedures listed above when attempting to establish trustworthiness of a study. The researcher implemented prolonged engagement, triangulation, rich thick description, peer review, an audit trial and member checking as described in the above steps to demonstrate verification of the study.

**Summary**

Chapter Four presented in detail the methodology that was used for the study of the essence of the lived experiences of nurse-midwives with spirituality in childbirth. A discussion of research as a method of inquiry was described. Transcendental or eidetic phenomenology is the methodology and philosophy that was used. The researcher had chosen to follow Moustakas’ modification of the Stevick-Colaizzi-Keen method for data analysis. The study was approved by the IRB at the University of Hawaii. Purposive and snowballing sampling were the two methods to recruit and gain research participants in
the study. Data instruments for the study were the researcher herself, the demographic
data questionnaire, the central data generating question and the topical prompt questions.

Journaling, interview, and observation were the three methods of collecting data.

Procedures for establishing trustworthiness of the study were prolonged engagement,
triangulation, rich thick description, peer review, member checking and audit trail.
CHAPTER FIVE

RESULTS

Chapter Five presents the findings of this study of the essential structure of the lived experiences of nurse-midwives who have experienced spirituality while attending births. Included in this chapter is a description of the sample, an exhaustive description of the results of the data analysis, the essential structure and summary.

Description of Sample

Ten certified nurse-midwives (CNMs) participated in the study including the researcher. The other nine participants were the co-researchers. All 10 were female and ranged in age from 35 to 65 with a mean age of 49.5. Five midwives were Caucasian. The other five participants were from a variety of ethnic backgrounds including Hawaiian, African American, Native American, and Indian.

All ten CNMs were registered nurses and had attained certification in Nurse-Midwifery by the American College of Nurse-Midwives. One midwife had formerly held certification in midwifery and had practiced outside of the United States earlier in her career. Three midwives also held certifications as Women’s Health Nurse-Practitioners. The researcher was a doctoral student pursuing a Doctor of Philosophy in Nursing. The co-researchers ranged from Associate of Science in Nursing to Master’s degree in Nursing as their highest degree held. Seven midwives held a Master of Science degree or higher.

The number of years of practicing midwifery for the midwives ranged from 2 to 24 years with a mean of 10.6 years. The number of years of practicing in the labor and delivery setting ranged from 2 to 20 years with a mean of 11.5 years. Some of the
midwives had more years of experience in labor and delivery than as being nurse-midwives because they had practiced as labor and delivery nurses or as lay midwives. Seven of the midwives were in full scope midwifery practice. Two of the midwives were working in an outpatient clinic setting as nurse practitioners and were no longer practicing intrapartum obstetrics. One midwife was teaching and was at that time not practicing intrapartum obstetrics. All of the midwives had worked in hospitals at some point in their careers. Seven midwives worked both in the clinic and the hospital labor and delivery ward. Two of the midwives also had administrative positions along with being clinicians. Two midwives worked in a hospital Ob-Gyn clinic.

Demographic data was collected and tables were constructed outlining the demographics, however the data was not included in the dissertation to protect the anonymity of the midwives.

The Spiritual/Religious Backgrounds of the Midwives.

All 10 midwives professed some kind of religious or spiritual identity on their demographic data sheet. The midwives were not asked about their spiritual backgrounds during the interviews, however all of them divulged some information about their personal experiences with spirituality during the interviews. Nine of the midwives had a Christian background or upbringing. Eight of the midwives considered themselves to be Christian at the times of their interviews. The Christian denominations included four midwives who claimed to be Christian without any denomination, one midwife with a Baptist/Methodist background, one Lutheran, one Episcopal, and one Baptist midwife.

One participant reported to be a Christian, however she reported that she studied many different religions and reported being open minded about religion and spirituality.
She had studied Afro-Brazilian Religion and Spirituality in depth and reported incorporating some elements into her faith and practice.

A co-researcher reported to be a Unitarian Universalist. She had stated in her interview that she was raised in a “non-religious” family. Her father was an atheist and her mother was agnostic. She reported that she was the only one in her family that ever tried to go to church. She said she went to church with friends out of curiosity. Her father would tease her about going to church. She had reported a belief in a “higher being” and “wishing to be more religious, trying to believe in God, trying different churches, studying the Bible.” The co-researcher also reported that she did not see herself as a spiritual person and as being good at “not being spiritual”.

One midwife was Protestant but had spent up to age twelve years old as a Catholic. She had stated in her interview that she had made a decision to become Catholic at the age of five under the influence of going to church with her neighbors. At the age of twelve, she made the decision to become Protestant. At the time that she made this decision, she reported that it was Lent. The priest of her church told the congregation that Lent was the season “to give up something” so she decided to give up Catholicism. This midwife claimed to be currently spiritual but not religious. She further stated that she no longer believed in organized religion.

Four of the midwives mentioned in their interviews that they were “open minded” about different spiritual philosophies or beliefs.
Personal Spiritual Practices of the Midwives

Nine of the midwives reported that they used prayer as a major form of personal spiritual practice in their lives. All of the midwives also reported attending a church or some type of religious center/gathering currently or at some point in their lives. Eight of the midwives reported that they currently attend church. The regularity of church attendance was not reported. One midwife reported attending Alcoholics Anonymous meetings in support of a family member. She stated that these meetings were like “church” to her because she found them to be spiritual and supportive.

Two midwives reported in their interviews of having Native American family ties and being influenced by Native American forms of spirituality such as humming and chanting. A Co-researcher reported that she communed and had regular conversations with the spirits of her deceased aunt and grandmother. She often felt “guided” by them and that they were “looking out” for her. The Co-researcher further stated;

“My spirituality definition is how I commune with the spirits I believe they are affecting growth in my life, in my growth as an individual, my caring for others, my being able to see through the dirt and the fog of knowing that it’s not all bad and there is a solution to problems that I might not have seen as a regular person and because I know that I can see through a lot of the fog and dirt. I believe I can see through those things because I believe I have a close relationship spiritually with God and past relatives that I can talk openly with them and I can also stop myself without having to run into the wall.”

Five midwives reported using meditation in their personal spiritual lives. One midwife reported that she did a “walking meditation”. Two midwives reported using
chanting, singing in their personal spiritual practices. One of the midwives reported chanting the Rosary. Four midwives reported that church was one of their personal spiritual practices that they used.

Other spiritual practices that the midwives reported using in their personal lives included altars, dancing, “being present”, nature, fasting, solitude, and discussion with family and friends.

*Spiritual Practices Used by the Midwives While Attending Childbirth*

Nine of the midwives reported using prayer when they attended childbirth. The midwives reported praying silently to themselves and also praying out loud with the patients and the families at times. The midwives reported using prayer especially at times when there were complications or challenges with the births. Two midwives reported reciting verses from the Bible during the births at times. A co-researcher reported reciting Psalm 23 silently during many births that she had attended. She reported reciting the Psalm close to the time that the baby was to be born (during pushing). Four midwives reported using singing and or chanting during births. Two midwives reported using music and / or song while attending births. Two midwives reported using meditation during the births. Two midwives reports using moaning and or humming. Three midwives reported that Native American practices such as humming, chanting or Native American music had been used at times when they attended births.

Other practices reported by the midwives while they attended births included laying on of hands, “being present”, rocking back and forth, reflection, and effleurage.
<table>
<thead>
<tr>
<th>Participant</th>
<th>Spiritual Identity</th>
<th>General Spiritual Practices Used</th>
<th>Spiritual Practices Used in Childbirth</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>Christian</td>
<td>prayer, meditation, chanting, singing, altar building, dancing, church</td>
<td>prayer, laying on of hands, silently reciting Psalm 23</td>
</tr>
<tr>
<td></td>
<td>Umbanda</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*</td>
<td>Unitarian</td>
<td>walking meditation, “being present”, nature</td>
<td>“being present”, moaning, singing, Quiet presence, movement, rocking</td>
</tr>
<tr>
<td></td>
<td>Universalist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*</td>
<td>Christian</td>
<td>private prayer, church, Community, meditation, Chanting, rosary</td>
<td>prayer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*</td>
<td>Baptist</td>
<td>prayer, meditation</td>
<td>prayer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*</td>
<td>Christian</td>
<td>prayer</td>
<td>prayer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*</td>
<td>Christian (Baptist/ Methodist background)</td>
<td>fasting, church, solitude frequent discussion with family or friends</td>
<td>prayer, meditation, humming, chanting</td>
</tr>
<tr>
<td>*</td>
<td>Protestant-not religious but spiritual</td>
<td>believe in God, prayer</td>
<td>prayer</td>
</tr>
<tr>
<td>*</td>
<td>Lutheran</td>
<td>prayer</td>
<td>prayer</td>
</tr>
<tr>
<td>*</td>
<td>Episcopal</td>
<td>pray daily, read, Meditation, reflection</td>
<td>meditation, reflection, effleurage, music, singing, prayer</td>
</tr>
<tr>
<td>*</td>
<td>Christian</td>
<td>prayer, read bible, church</td>
<td>prayer, verses, song</td>
</tr>
</tbody>
</table>

* Note: The participant numbers are not identified to protect anonymity of the midwives.
Exhaustive Description of the Results of the Analysis of the Data

The exhaustive description of the phenomenon of spirituality during childbirth by nurse-midwives who said that they had experienced spirituality while attending childbirth is the collection of sub themes, themes, theme clusters, and theme categories, integrated from the 409 horizons, and 537 invariant horizons derived from the interviews with the 10 midwives who participated in the study. The formulated meanings of the horizons and invariant horizons resulted in 81 themes from the 10 interviews. The 81 themes were categorized and clustered into 5 theme categories, 16 theme clusters, and 40 themes, and 38 sub themes. The exhaustive description of the theme categories, theme clusters, themes and sub-themes follow. The horizons and invariant horizons are excerpts and direct quotations from the ten interviews and serve as examples to substantiate the theme categories, theme clusters, themes, and sub themes. Tables 4 - 8 display the organization of the theme categories. The invariant horizons quoted by the co-researchers is listed by the number of the co-researcher in chronological order of the interviews.

Theme Category 1: Belief in an Existence of a Higher Power

The first theme category is the belief in an existence of a Higher Power. Two theme clusters describe this category: There is a higher power, and God is the higher power. Table 5 represents the theme category, belief in an existence of a Higher Power, with its two theme clusters, four themes and five sub themes. All ten of the midwives claimed to believe in a higher power. Nine midwives professed that they believed in God.
Table 4: Theme 1: Belief in the Existence of a Higher Power

<table>
<thead>
<tr>
<th>Theme Category</th>
<th>Theme Cluster</th>
<th>Theme</th>
<th>Sub Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belief in an existence of a Higher Power</td>
<td>God is the higher power</td>
<td>God is present</td>
<td>Relationship with God</td>
</tr>
<tr>
<td></td>
<td></td>
<td>God is in control</td>
<td>No one can do what God does</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I am not the one in control</td>
</tr>
<tr>
<td></td>
<td></td>
<td>God's gifts</td>
<td>Midwifery</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Strength</td>
</tr>
<tr>
<td></td>
<td></td>
<td>There is a higher power</td>
<td>Giving birth to Babies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A higher power is in control</td>
<td>Something worked through me</td>
</tr>
</tbody>
</table>

Theme Cluster: God is the Higher Power

The first theme cluster, *God is the higher power*, consisted of three themes *God is present*, *God’s gifts*, and *God is in control*, and four sub themes. All ten midwives mentioned God throughout their interviews. Nine midwives professed a belief in God as the Higher Being which provided data to support this theme cluster. The midwives expressed that they felt that their belief in God played a critical role in many aspects of their lives, such as how they became midwives, how they practiced midwifery, how they treated people and how they conducted their daily lives. Examples of invariant horizons directly related to the belief in God were:

(Co-researcher) 01, 07: “I believe in God.”
04: “I see that me believing that there is a God, that God has directed me to where I am today has just made me a better midwife.”

**Theme: God is Present**

Five midwives provided data that supported this theme. The midwives expressed that they felt God’s presence, and that God helped them through challenging and or difficult births.

02: “...In that you keep in mind that God is present and he will give you the strength. But to me that was spirituality because that was all we could depend on when God is giving us strength to be able to work through this.”

When recounting a difficult birth that this midwife had attended she stated:

02: “...so that is one of the most treasured memories I have about God being right there for me, listening and helping me through this...so I always think that God has really guided me through a lot of things in life...what a savior.”

When describing the presence of God during births, two midwives affirmed:

10: “…but when it’s a spiritual birth...I feel God is in the room with them.”

01: “I have felt the presence of others in rooms as women have given birth. These others have been angels, ancestors, spirits, and the Divine.”

A sub theme of the theme, *God is present*, is *relationship with God*. Two midwives provided statements that supported this sub theme. One midwife spoke about how her relationships with God and spirits of her deceased relatives helped her through many of life’s challenges:

06: “…because I know I can see through a lot of fog and dirt, I believe I can see through those things because I believe I have a close relationship spiritually with
God and past relatives that I can talk openly with them and I can also stop myself without having to run into a wall.”

Another midwife mentioned that her relationship with God was crucial to everything in her life including her practice as midwife:

09: Without me having compassion and my spirit with God in the morning, every night and every day, sometimes sitting here, I could not practice. That’s just it. They go hand in hand because I say, wherever you go, I’ll go, wherever you send me, I’ll go, because I know that’s where I am supposed to be. And it’s never failed me. You know... I wait. You know that verse in the Bible that says wait on the Lord? Being in good character, he will strengthen your heart, well I wait on him because I know it’s going to happen. When it happens, everything falls in. If I go wrong, nothing works. So everyday I kind of walk with the King.”

Theme: God is in Control

Five midwives provided data that supported this theme. The midwives expressed their belief that God was in control of the entire birth process. Two midwives had mentioned that when they counseled patients that were feeling down, they had stated things such as:

03: “if you can’t handle it, give it back to God and he will handle it for you and you will see the light then.”

06: “Yeah, let go, and go to God.”

Midwife 03 expressed her belief in God being in control in reference to her being present at her patient’s birth with the following statement:

03: “It’s by God’s grace that I’m present and I am here for you at this time.”
A sub theme of the theme, God is in control, is no one can do what God has done. One midwife made a statement that exhibited her belief in God’s control and supported this sub theme:

04: “No one can ever do what God has done to produce a baby.”

The second sub theme of God is in control is I am not the one in control. Four of the midwives expressed that they recognized they were not the ones in control of the outcome of the birth, but that God was in control. When recounting a difficult birth, one midwife reiterated what she had said to a patient after the patient had thanked her for saving her baby:

03: “I didn’t save your baby, God saved your baby. You had the presence of mind to call me and I was there for you.”

Another midwife expressed her acknowledgment of not being in control over birth several times throughout the interview:

05: “It’s not me, it’s not about me, it’s not about my control over the situation...I can’t predict, I can’t help when sad things are going to happen, or when something out of the ordinary is going to happen...I talk to women about that those things are out of our control. I tell them that God will decide what day this baby’s going to be born... this will happen when it is supposed to happen... it’s in God’s hands.”

Theme: God’s Gifts

Seven midwives provided data that supported this theme. One midwife repeatedly mentioned the phrase “God’s gifts” throughout her interview. The theme God’s gifts is
described through four sub themes. The four sub themes; midwifery, strength, babies, and giving birth are the "gifts" that the midwives described as coming from God.

A sub theme of God’s gifts is midwifery. Midwifery was described by four of the midwives as being a gift from God. One midwife provided several invariant horizons that supported this sub theme:

03: “Helping women is God given….I have been given this gift, I need to go on…there are midwives that have that gift and work wonderfully and peacefully.”

The second sub theme of God’s gifts is strength. Two midwives described strength as a gift that God gives women to endure labor and birth, and that God gives midwives to help women through the rite of passage into motherhood. Two midwives described in their interviews how God gave them strength to endure the long, and often grueling hours that midwives worked. One midwife stated that when she was driving back into the hospital to attend to a patient after many hours of being on call and feeling very exhausted, she had prayed:

10: “Please God, give me strength and get me through this.”

This midwife mentioned that she found God as a source of strength helping her to help her patients. Another midwife mentioned how God’s strength helped her to battle fatigue from being on call for many hours and having to come in to the hospital in the middle of the night:

04: “Sometimes I just drag my feet, but ultimately, once I am in the room (with the patient), it all goes away, all the ‘I don’t want to be here’ goes away.”

The third sub theme of God’s gifts is babies. One midwife provided data that supported this sub theme. This midwife acknowledged:
"That’s how I see every baby, as a gift from God.”

The final sub theme of God’s gifts is giving birth. One midwife who had practiced midwifery in South Africa at a time that there was little medical intervention provided data that supported this sub theme:

"To me that is such a spiritual experience to see how she can go through this with, in my experience, with praying, because we never in my country had any medication that you gave, but they just felt that this was something like a gift to them to do, so it was a wonderful experience.”

Theme Cluster: There is a Higher Power

The second theme cluster, there is a higher power, consists of one theme: a higher power is in control, and one sub theme: something worked through me. All ten midwives supported the theme cluster of acknowledging that there is a higher power. Nine midwives stated that they believed the higher power to be God. One midwife acknowledged that she believed in a “higher power.” She further avowed that she “tried to believe in a God.”

Theme: A Higher Power is in control

Three midwives provided data that supported this theme. All three midwives verbalized the phrase “higher power” in their interviews. Two of the three midwives verbalized that they felt the higher power was God. Invariant horizons that supported this theme included:

"...knowing and accepting that I am not in control, the woman in labor is not in control, but accepting that there is a higher power that decides what sex the
baby will be, who its parents are, when, where and how this baby will enter the world and under what circumstances this being will live.”

02: “God worked through me today, my higher power worked through me, just know, there has to be some challenge in it for me to say that at the time.”

Another midwife spoke about patients that she had worked with in the past who were very stoic in reference to pregnancy and childbirth and relied on their belief in a higher being:

03: “that they are always in the process of trying to visualize that there is some being about them who guides them and protects them and protects that baby.”

This midwife had also stated the following invariant horizon when speaking about the presence of a higher being:

03: “You just cannot help, but always know that there is a super real presence that facilitated this.”

The sub theme of a higher power is in control is something worked through me.

One midwife made several comments that supported this sub theme:

02: “Something comes through me, and to me it is almost embarrassing because I don’t share it with very many people, but something comes through me... in that it just comes through me, I certainly don’t ask for it...sometimes I hope and pray that nothing too heavy comes through me because I don’t want it to, its too scary.”

This midwife recounted how she attended a birth and that the woman had been pushing for many hours:

75
02: “I’ve tried this and I’ve tried that and then something comes through me that says try this very bizarre position, that’s not my own thoughts or ideas, it just is.”

Two midwives also verbalized that they had witnessed some of their patients just knowing what they needed to do during their births.

02: “…women do that themselves”

Theme Category 2: The Essence of Spirituality

The second theme category is the essence of spirituality. Four theme clusters describe this theme category. They are defining spirituality in birth, the feeling of spirituality in birth, spirituality versus religiosity, and spiritual tools and practices. Nine themes and 16 sub themes were derived from the four theme clusters. Table 5 represents this theme category. All ten of the interviews with the midwives contributed horizons and invariant horizons that supported this theme category.

Theme Cluster: Defining Spirituality in Birth

The theme cluster defining spirituality in birth is comprised of one theme midwives personal beliefs, and three sub themes beliefs are private and personal, personal beliefs affect practice, and importance of being spiritual. All ten midwives discussed spirituality during their interviews. One of the midwives defined spirituality through the following invariant horizons:

09: “Spirituality is to just listen. To listen to what the soul is saying. Listen intently and take it in, and follow it...so, spirituality to me is praying and listening and taking it in and following through, just being in that moment with God and saying, ok, it’s here, its good and it’s done.”
<table>
<thead>
<tr>
<th>Theme Category</th>
<th>Theme Cluster</th>
<th>Theme</th>
<th>Sub Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Essence of Spirituality</td>
<td>Defining Spirituality</td>
<td>Midwife’s Personal beliefs</td>
<td>Beliefs are private and personal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Personal beliefs affect practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Importance of being Spiritual</td>
</tr>
<tr>
<td>The Feeling of Spirituality</td>
<td>Emotions</td>
<td></td>
<td>Excitement</td>
</tr>
<tr>
<td></td>
<td>Isolation</td>
<td>Midwife alone in having these feelings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Energy</td>
<td>Aura</td>
<td></td>
</tr>
<tr>
<td>Spirituality vs. Religiosity</td>
<td>Believing one does not have to be religious in order to be spiritual</td>
<td>Feeling a spiritual presence without actively seeking it</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Midwife open minded to others’ beliefs</td>
<td>Midwife takes cues from the patient</td>
<td></td>
</tr>
<tr>
<td>Spiritual Tools/ Practices</td>
<td>Intuition</td>
<td>6th Sense/ Inner voice that whispers to us Midwife blessed with special gifts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prayer and Praise</td>
<td>The power of prayer</td>
<td></td>
</tr>
<tr>
<td>Other Spiritual tools</td>
<td>Humming/Chanting</td>
<td>Native American music Dreams Commune with spirits</td>
<td></td>
</tr>
</tbody>
</table>
Theme: Midwife's Personal Beliefs

All ten of the midwives divulged some of their personal beliefs about the existence of spirituality in birth and what it means to them during the interviews and provided data that supported this theme. Some of the invariant horizons related to the midwife’s personal beliefs include:

05: “It’s beyond evident space, and it’s beyond science, and it’s beyond math calculations, and it’s just everything and nothing.”

07: “We are all one big family. I mean it. Spiritually we all belong to one God.”

Another midwife stated that her personal definition of spirituality related to her ability to communicate with the spirits of her deceased relatives:

06: “My spirituality definition is how I commune with the spirits.”

A sub theme of the theme, midwife’s personal beliefs, is beliefs are private and personal. Four midwives provided data that supported this sub theme. One midwife mentioned several times throughout her interview that she did not share her beliefs and experience of spirituality during childbirth publicly because she said that she felt people would think she was “weird.”

02: “I observe it and I think how scary and weird and I tell my husband about it, and I don’t share it, not even with the other midwives that I work with because it kinda sounds… I don’t want to be special, it’s not my choosing or choice, I am just right there.”

Another midwife confessed that she did not realize that other midwives had had spiritual experiences during childbirth until the researcher approached her for the interview. Up
until that time, it was something she had always kept private to herself. Another midwife also divulged that:

06: “It’s not something that I discuss openly, people don’t know that...cause I know a real big secret that no one else gets...well, you have to be on guard. There are so many people who would like to call you nuts. And I don’t want people to get that close to me, cause I don’t think they’ll understand. And I don’t want to feel like I have to explain myself all the time, so you just like, you don’t say anything.”

This midwife however felt that although people may not have known about her personal beliefs of spirituality and childbirth, some people recognized something “different or special” about her:

06: “At time I get people who do come up and go, ‘wow, you look like you have this spirit in your eye. You’ve got something, you’re always happy, you’re always excited, you know what’s going on. You look a little bright you know.”

Three of the midwives were initially hesitant to be interviewed for this study. They stated in their interviews that the subject of spirituality in birth was so private to them that they had barely ever spoken about the subject with other individuals.

A sub theme of the theme, midwife’s personal beliefs, is personal beliefs affect practice. Four midwives provided data that supported this sub theme. The midwives felt that their personal beliefs related to spirituality had an effect on how they practiced midwifery. One midwife expressed that she felt she would not be able to practice midwifery without her beliefs about spirituality:
09: “It affects me, without that, I could not practice. Without me having compassion and my spirit with God in the morning, every night, and every day, some days sitting here, I could not practice. That’s just it. They go hand in hand.”

A sub theme of midwife’s personal beliefs is the importance of being spiritual. Eight midwives provided data that supported this sub theme. Examples of some of the invariant horizons related to the importance of being spiritual included:

09: “I think people who have a spiritual being in their own do better as nurses because there is a feeling of a sense of peace, compassion for the person... I think it goes with Nursing, it goes with anything you do as far as helping another individual, you know. The only way you can help another individual is to have peace with yourself.”

One midwife expressed how spirituality helped her personally as a midwife to be able to endure the some of the challenges of the profession:

10: “You know we work too hard and sometimes I just need some inner strength and I know it’s there, and if it wasn’t there, I think I would just collapse sometimes.”

Theme Cluster: The Feeling of Spirituality

The second theme cluster, the feeling of spirituality, consists of three themes: emotions, energy, and isolation and three sub themes. Seven of the midwives who participated in this study reported a wide variety of feelings and sentiments regarding their experiences with spirituality during childbirth. One midwife stated when describing the feeling of spirituality in birth:

07: “It is such a wonderful spiritual feeling.”
At times in some of the interviews, it was difficult for some of the midwives to express these feelings in words. Two midwives stated as they tried to express their feelings related to spirituality during birth:

02: “It’s like, wow, I just never, I get all choked up, I never get over that, I always love that, you know, but it’s really overwhelming.”

05: “Birth is such an awesome, you know, experience, that I can’t describe it in any other way than that it’s spiritual.”

Another midwife stated when describing spiritual feelings she had while attending births:

01: “Childbirth gives a feeling of quivers all over you.”

**Theme: Emotions**

The theme, *emotions*, consists of one sub theme: *excitement*. Five of the midwives expressed different emotions that they felt related to their experiences of spirituality in childbirth. One midwife acknowledged what she felt witnessing her patients giving birth:

03: “the way the woman is giving birth, there is so much emotion.”

The sub theme of *emotions* is *excitement*. Three midwives provided data that supported this sub theme. One midwife stated when referring to her experiences of spirituality and childbirth that it was important to feel excited about birth for her, it kept her going on working as a midwife:

05: “That maybe if I ever find myself not being awed at birth, I’ll know it’s time to stop...cause if we don’t consider birth the best thing next to slice bread anymore, it’s time to not be there. Cause we are not doing anybody any good, are we?”

81
Theme: Energy

A theme of *the feeling of spirituality* is energy. Three midwives provided data to support this theme. One midwife stated relating to spirituality during birth:

10: “There’s definitely more of a positive energy when somebody has spirituality involved.”

Another midwife described the physical sensations that she felt in her body and the energy she experienced when she attended births:

05: “I get so high, I can’t sleep afterwards...it is such an adrenaline rush and a headache and everything else afterwards and you were shaking physically.”

The sub theme of energy is aura. One midwife provided data that supported this sub theme. This midwife noted the energy she witnessed when spirituality was present during the birth:

10: “I think for me there’s a different aura in the room when somebody brings spirituality into the birth versus not.”

When describing what this aura felt like to the midwife, she further stated:

10: “overwhelming, you know, overseeing, being, watching, and making sure everything’s going okay.”

Theme: Isolation

The third theme from the theme cluster, *the feeling of spirituality*, is isolation.

Four midwives provided data that supported this theme. The midwives expressed in their interviews that they felt perhaps only they had had experiences of spirituality while attending births.
The sub theme of isolation is midwife is alone having these feelings. Two midwives questioned if they were the only ones that had spiritual experiences during birth. One midwife confessed in her interview:

02: “I feel isolated, weird, am I alone feeling these things?”

**Theme Cluster: Spirituality versus Religiosity**

The theme cluster, *spirituality versus religiosity*, is comprised of two themes: **believing one does not have to be religious in order to be spiritual** and **midwife open minded to other’s beliefs**, and two sub themes. The subject of spirituality and religion were repeatedly discussed in the interviews. The midwives professed their own personal beliefs, however when recounting their experiences with births, they discussed spirituality in general.

**Theme: Believing one does not have to be religious in order to be spiritual**

Four midwives provided data that supported the theme **believing one does not have to be religious in order to be spiritual**. This theme has one sub theme: **feeling a spiritual presence without actively seeking it**. One midwife stated when speaking about religion and spirituality:

02: “I think that some people have both. Their religion is their spirituality, but I don’t think that you have to be religious to be spiritual, and I don’t think that you have to be spiritual unfortunately, to be religious because there are some people who are very religious, and as you know are not necessarily good people.”

Another midwife stated:

10: “You don’t always have to be religious, it’s just, you know, coming out of a birth and feeling good and knowing that you did everything that you could to
make the birth the way that they wanted. Also, that gives some form of spirituality in my mind.”

The sub theme of the theme, believing one does not have to be religious in order to be spiritual, is feeling a spiritual presence without actively seeking it. One midwife provided data that supported this theme. The midwife who did not consider herself a part of any particular religion stated when referring to incorporating spirituality in birth:

02: “I think people who are strong Christians, strong firmly religious, have an easier time using that, because I don’t use, I don’t really use anything except being present with the person and being open. And in that it just comes through me, I certainly don’t ask for it.”

Theme: Midwife Open Minded to Other’s Beliefs

The theme, midwife open minded to other’s beliefs, consisted of one sub theme, midwife takes cues from patient, and is supported by data provided by three midwives. The midwives stated that they themselves were open- minded when it came to spirituality and religion. Two midwives also mentioned that they were open- minded to the beliefs of their patients. One midwife made six statements in her interview that related to her belief of being open minded about spirituality. Some of the examples included:

08: “I do think of myself as Christian, but I really am very open about people’s religious beliefs and spiritual beliefs…whatever their beliefs are I’m going to be supportive of…whatever their beliefs are can help them, allow them to do whatever they would like…I value that, how everyone is assigned spiritually and I’m willing to do whatever they want to do and however they choose to.”
The sub theme of *midwife open minded to other’s beliefs is midwife takes cues from the patient*. Three midwives provided data that supported this sub theme. One midwife divulged that she did not want to impose spirituality onto her patient, but rather she took cues to see if the patient was open to spirituality. If she recognized that the patient was, then she felt comfortable talking about spirituality with her patient:

10: “You know that people believe in different things, different strengths. Some are God. Some are other types of religious beings... I’ve kind of taken cues from our patients to see, okay, are they saying ‘God help me though this’ and then I know that they are more spiritual and that’s when I’ve kind of taken those cues and know that they need that within and of themselves, versus I don’t think that I’d throw it out myself. I think I’d wait to see that cue from the patient, and then I know it’s okay to talk about- cause I think some people get offended if you bring spirituality into any situation.”

*Theme Cluster: Spiritual Tools /Practices*

The forth theme cluster, *Spiritual Tools /Practices*, is comprised of three themes, *intuition, prayer and praise*, and *other spiritual practices* and seven sub themes. All ten of the midwives reported use of spiritual tools or practices and provided data that supported this theme cluster.

*Theme: Intuition*

The theme, *intuition*, consisted of two sub themes, *sixth sense/ inner voice that whispers to us*, and *midwife blessed with special gifts*. Seven midwives provided data that supported this theme. Intuition was described by the midwives as a special ability or gift beyond textbook knowledge that they feel that they were blessed to have and use when
providing care for their patients. Six of the midwives felt this gift came from God.

Intuition was a topic of great discussion during many of the interviews. The midwives who discussed intuition displayed a great deal of emotion with reference to the topic. The subject of intuition came up primarily when midwives recounted difficult births that they had attended. Examples from the midwives that describe intuition are:

04: “It’s an inner sense that tells you that you need to be here, you need to stay, these are the thing that you need to do.”

06: “Being able to see through the fog and dirt…it’s not like being foretold, but just kind of a warning signal that goes out.”

07: “I would get up and look at the clock and close my eyes and the phone would ring, and it would be labor and delivery. I’ve done it so many times it was spooky.”

One midwife stated that she felt intuition was a part of spirituality and came with life experience:

07: “So that’s why I say spirituality is, it is intuition. It is definitely a part of intuition, and it definitely comes from the knowledge that you have from your background and your experiences, life experience, so as you live, you get more spiritual.”

A sub theme of the theme intuition is sixth sense/inner voice that whispers to us.

Three midwives provided data that supported this sub theme. Two midwives described that they felt that they heard an “inner voice” telling them what to do at times when attending births, and that they regretted when they did not listen. One example was:
01: “I have heard silent whispers for answers to challenging situations when my ‘conscious’ mind was not quite sure what to do...these silent whispers have guided me and told me the right answers. And when I have ignored these whispers, or intuitive voices, I have later wished that I had not.”

Another midwife stated very similarly:

04: “There’s that third, there’s that inner voice that whispers to us and, you know I’ve learned to listen to it. I’ve had instances that I didn’t listen to that third, calming voice, and the delivery didn’t go as easily.”

This midwife recounted another birth where she knew intuitively that something was not right, although there were no overt signs such as fetal distress. When she tried to warn the physicians, her concerns fell on deaf ears:

04: “There’s something going on with this baby and nobody would believe me.”

Later, the baby did show overt signs of distress, after the midwife had intuitively perceived that something was not going right with the labor. Another midwife expressed how intuition showed her when things were going well and also not well during a birth:

09: “I know, now in being here with her that she’s going to have this baby and everything is going to be okay, cause I just feel that everything is ok. But then there are times when you’re in a birth and you just feel antsy, and you just know something isn’t right.”

The second sub theme of the theme, intuition, is midwife blessed with special gifts. Three midwives provided data that supported this sub theme. One midwife told the story of a patient that she discovered at home with a prolapsed umbilical cord. She rushed
this woman to the hospital for an emergency cesarean section. When recounting the story, the midwife had confessed:

03: “I really feel that was one episode in my life when I felt I will never do this again. In the feeling after I saw the baby how healthy he was, screaming, crying when it was born, I thought, ‘no, I’ve been given this gift, I need to go on’.”

In three interviews, the midwives mentioned that their patients and or family members recognized the midwife’s gift of intuition and expressed gratitude for the midwife heeding to her intuitive instincts. A midwife recounted what a patient’s husband stated to her after the birth as he expressed his thanks:

10: God gave you the wisdom to know something was going to happen, and therefore you knew to have somebody else in here with you to help you.”

Theme: Prayer and Praise

The theme, prayer and praise, is comprised of one sub theme, the power of prayer. All ten of the midwives mentioned prayer at some point in their interviews. Nine of the ten midwives professed the use of prayer and or praise in relation to birth. The midwife that had recounted a birth that she had attended where the baby’s umbilical cord was prolapsed (as mentioned previously) had divulged:

03: “Never in my life did I pray so hard. I said, dear God, this is your baby. You have to take care of it.”

Seven of the midwives mentioned that they had prayed with their patients and or patients’ families during the births:
07: I've on occasion held hands and said prayers with my clients because they want to have a prayer before the whole labor process starts or before they really get into it."

Nine of the midwives reported praying to themselves when attending births. Prayer was mentioned especially during challenging or difficult births.

09: "... A lot of praying, especially when the head is crowning and about to be born. When the crowning comes, this is the moment."

The midwives reported feeling thankful and in praise when their prayers were answered, and when babies were born healthy, despite some of the difficulties of the births.

The sub theme of prayer and praise is the power of prayer. Two midwives provided data that supports this theme. When speaking of the power of prayer, one midwife stated:

09: "It flabbergasts me that people don't know how to pray. How do you get through to God?... We have so many people who are so miserable because they don't know how to pray, pray their soul clean."

Theme: Other Spiritual Tools

Other spiritual tools reported in the interviews that were used by the midwives while attending births included communing with spirits, humming/chanting, Native American music, and dreams. Each spiritual tool is considered a sub theme.

The sub theme, communing with spirits, was reported by two midwives. One of the midwives reported that she felt the presences of some of her deceased relatives. She had divulged that she had connections and conversations with her deceased aunt and
The spirits helped her and guided her. Her discussion about her communing with spirits included:

06: “If people were to walk in on my moments when I am meditating, they’ll often see me moving my mouth, because I’m talking to spirits that I believe are there… I have two very close spirits in my family beyond God. One is a great aunt, and another one is my grandmother. I feel their presence is very strong throughout my life, since their death, and each one at a different time… I can feel my grandmother, and you know she’s trying to tell me I have a real big warmth around me… it’s almost like you feel a hand over your head, but no one is physically touching you, it’s just done on feel.”

Another midwife reported a connection with ancient African spirits/deities who helped to guide her in her life and in her work as a midwife.

The sub theme, humming and chanting, is supported by data provided by three midwives. The midwife above, who had discussed her communing with her deceased relatives, had stated how she prayed and hummed with some of her patients while they were in labor and found that it helped the process:

06: “Sometimes we go through a humming kind of thing, I think sounds can kind of help a lot of things. It can be rhythmic and so then your tone or your voice when you’re praying is often in the form of a hum, humming is a big thing.”

The sub theme, Native American Music, is supported by data from three midwives. They all reported that they had experiences of patients playing Native American music during the births, and how this enhanced the experience and feeling of a calm soothing spiritual atmosphere during the birth. One midwife recounted a homebirth
that she had attended and how she felt was exceptionally spiritual because of the
environment that the birthing mother and midwife created:

09: “To have that Indian chant kind of music going on softly in the background
and that mother in a way, and they had incense, that she would be on a nice mat
on the floor, and it was just beautiful, calm.”

The final sub theme, *dreams*, is supported by data from one midwife. The
midwife reported having vivid dreams that had warned her of possible disastrous
outcomes for her patients (see Appendix A).

*Theme Category 3: Birth is Spiritual*

The third theme category *birth is spiritual* consists of four theme clusters, *birth is
a miracle*, *factors that enhance spirituality in birth*, *factors that disrupt/impede
spirituality in birth*, and *the emotions of birth*. There are thirteen themes and seven sub
themes in this theme category. Table 6 represents this theme category. All ten midwives
provided invariant horizons and horizons that supported this theme category. An example
of an invariant horizon from the theme cluster *birth is spiritual* is:

09: “The spiritual experience of birth is seeing that baby crown and emerge, and
start crying, take the first breath, start wailing....I think the moment of this birth
and that baby starts crying, that’s the most spiritual moment to me.”

*Theme Cluster: Birth is a Miracle*

The first theme cluster, *birth is a miracle*, consists of two themes, *the miracle of
creation*, and *birth is a miracle from God*, and one sub theme. Seven midwives provided
data that supported this theme cluster. The midwives described the process of birth as a
Table 6: Theme Category 3: Birth is Spiritual

<table>
<thead>
<tr>
<th>Theme Category</th>
<th>Theme Cluster</th>
<th>Theme</th>
<th>Sub Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth is Spiritual</td>
<td>Birth is a Miracle</td>
<td>The miracle of creation</td>
<td>Concerned when parents don’t recognize the miracle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Birth is a Miracle from God</td>
<td>Mana from Heaven</td>
</tr>
<tr>
<td>Factors that enhance</td>
<td>Peaceful / quiet</td>
<td>Natural birth</td>
<td>Calmness</td>
</tr>
<tr>
<td>Spirituality in Birth</td>
<td>environment</td>
<td></td>
<td>Water</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Challenging birth</td>
<td>Homebirth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>with positive outcomes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noise</td>
<td></td>
</tr>
<tr>
<td>Factors that disrupt/impede Spirituality in birth</td>
<td>Medical staff/doctors</td>
<td>Intervention</td>
<td>Medical procedures epidurals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Problems with the parents</td>
</tr>
<tr>
<td>The emotions of Birth</td>
<td>Excitement/ elation</td>
<td>Tears of joy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Energized</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exhaustion</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relief</td>
<td></td>
</tr>
</tbody>
</table>
miraculous event and experience not only for the birthing family, but also for the midwife attending and witnessing the birth. Examples of horizons include:

02: “Every birth is an absolute miracle to me...I just love it when it goes from tummy to personality soul being...it’s like wow, I just never, I get all choked up, I never get over that.”

04: “I always knew that there were miracles. I didn’t know that I would deliver one.”

Theme: The Miracle of Creation

The theme, the miracle of creation, consists of one sub theme, concerned when parents don’t recognize the miracle. Three midwives provided data that supported this theme. An example of horizons from one of the midwives is:

05: “I just am always still profoundly enchanted with the idea that we create these perfect beings and that it’s a miracle that how one little sperm and one little egg create a human being that is ours to continue to have them grow... two people have created life and from next to nothing comes this human being that is perfect in every way, no matter what.”

This midwife went on to say that when her first child was five years old and she had just given birth to her second child, her son held his baby sister and asked his mother:

05: “Mom did you really make her inside of you?” and she replied “Wow, I did! I made her inside me.”

The sub theme, concerned when parents don’t recognize the miracle, is supported by data from three midwives. The midwives expressed their concern especially for the
babies in families who don’t seem to recognize the miracle of birth and having a child.

Examples of invariant horizons from the midwives:

05: “When I get the sense that a couple doesn’t feel that way, doesn’t see the miracle of what they’ve done together, it concerns me...that a child will not be looked upon as a gift from God...I’m always a little disappointed and let down when I can tell it’s not...I worry about those kids. I worry about those couples, you know, what their lives will be like in a few years.”

One midwife spoke about an encounter she had with a couple whom she felt had negative energy and her great concern for their baby:

06: “I immediately started to pray for protection for me and the baby...I was worried that this child was not going to be protected, that it would somehow, would be influenced or taken, his spirit would be consumed by this couple.”

*Theme: Birth is a Miracle from God*

The theme, *birth is a miracle from God*, has one sub theme *mana from heaven.*

Four midwives provided data that supported this theme. Invariant horizons that support this theme include:

07: “I certainly look at birth as that we’re certainly privileged to be there at the birth...we need to remember always why we’re here and who brought us here.”

The sub theme, *birth is a miracle from God,* is *mana from heaven.* Mana is a word from the Hawaiian language that signifies spiritual meaning and power, powerful, strong, supernatural power (Andrews, 1865). One midwife provided data that supported this theme:
And so the whole process of birth to me is very spiritual, very, you know, it's from God. It's mana from heaven.”

Theme Cluster: Factors that Enhance Spirituality in Birth

The theme cluster, factors that enhance spirituality in birth, consists of three themes, peaceful/quiet environment, natural birth, and challenging births with positive outcomes, and two sub themes. Eight midwives elaborated on factors that they felt enhanced spirituality in birth and provided data that supported this theme cluster.

Theme: Peaceful / Quiet Environment

The theme, peaceful/quiet environment, is supported by data from invariant horizons from three midwives. The midwives expressed that a peaceful, calm environment during birth enhances a feeling of spirituality. Examples of invariant horizons from one of the midwives that support this theme include:

08: “Everyone is different what they want, but I think when people are really, you know how they get into that labor zone and all, I think they really very much want to have a peaceful environment… I think that will probably enhance spirituality, because if it wasn’t, I’m not sure that I understand why they would want us to do those things.”

A sub theme of peaceful/quiet environment is calmness. Two midwives provided data that supported this sub theme. An invariant horizon from this sub theme includes:

08: “I think patients really appreciate just keeping a calm, soothing atmosphere, and then they can do what they want with that.”
Another midwife described a birth that she attended that was one of the most profound spiritual experiences she had as a midwife. She spoke of the energy of the birthing woman in labor:

09: “It just seemed like this woman was so calm, she was so calm. I think that was the most profound birth that I know of…to me, that was this woman birthing her baby, not laboring, but just birthing her baby.”

**Theme: Natural Birth**

The theme, *natural birth*, has two sub themes: *water birth* and *homebirth*. Five midwives provided data that supported this theme. The midwives felt that natural births had more spiritual energy than births that were full of medical procedures. Examples of invariant horizons that supported this theme include:

03: “It really isn’t a medical condition, it is so natural.”

01: “Natural birth just feels more spiritual to me.”

The sub theme, *water birth*, is supported by data from one midwife. She had shared a birth experience that she had witnessed that she thought was particularly spiritual:

09: “She had a baby in this nice warm bath. There was a soft light in the room, and that baby floating out of the mother, like I am coming on out and swimming on my own, and actually coming out there and in that water and you see that gorgeous kind of floating in the water. It’s amazing.”

The sub theme, *homebirth*, was supported by data from three midwives. One of the midwives had shared that she had attended some homebirths early in her career. The
homebirths that she had attended stood out in her mind as some of the more spiritual experiences that she had had as a midwife.

**Theme: Challenging Birth with Positive Outcomes**

The theme, *challenging birth with positive outcomes*, was supported by data from eight midwives. Eight midwives recounted stories of challenging births that they had attended, where they had encountered some type of difficulty or obstacle. The midwives reported that when the babies were born, and the midwives saw that the mothers and babies were well, the midwives reported feeling thankful, relieved and happy. The midwives reported that this enhanced the feeling of spirituality.

03: “They (midwives) find so much pleasure and enjoyment to find mom and baby doing well.”

**Theme Cluster: Factors that Impede/Disrupt Spirituality in Birth**

The theme cluster, *factors that impede/disrupt spirituality in birth*, is composed of four themes, *noise*, *medical staff/doctors*, *intervention*, and *problems with the parents*, and one sub theme. Seven midwives provided data that supported this theme cluster. The midwives expressed that the spiritual energy of the birth was interrupted when these factors occurred.

**Theme: Noise**

The theme, *noise*, is supported by data from one midwife. The midwife expressed how she felt that noise can be such a distraction during the birth:

08: “The general climate in the labor rooms are really noisy and chaotic or frenetic…when I go in and the patients have the TV on really loud, I would think,
that I find that really disruptive for me... people running in and talking in really loud voices.”

Theme: Medical Staff/ Doctors

The theme, medical staff/ doctors, is supported by data from four midwives. The midwives stated that they felt that some medical staff such as doctors, or nurses were intrusive and did not respect the patients’ desires, especially patients who desire non intervention/ natural birth. Some medical staff imposed their own beliefs or values about birth on the patients. The midwives stated that they felt compelled to ‘protect’ and defend their patients in the face of adversity. Examples of some of the invariant horizons include:

07: “With the physicians the way they do things, you know, they’re often so loud, and so disruptive... the person just walks in and is very medicalized and very perfunctory... nothing is being done because it’s what the parents want. Everything is being done for the convenience of the medical staff, and it’s like catch the baby, and oh, here you go. Well you know, and then bye after it’s all over... staff members who look at the woman as if, especially a midwife patient as if she’s crazy to do this on her own. She should have medicine.”

Theme: Intervention

The theme, intervention, has one sub theme medical procedures/ epidurals. The theme and sub theme are supported by data from three midwives:

07: “There are times when interventions is necessary, and Lord knows, I know when it is necessary, and I’ve been there when it is really necessary, but when it is
not necessary and to be forced into it, or when someone does not look at the birth as a powerful event, that's very sad for me.”

08: “I just hate for it to be a medical procedure. Like having an appendix removed you know.”

Three midwives provided data to support the sub theme, *medical procedures/epidurals*. The midwives expressed that they felt that when women were epiduralized in labor, it took away from the feeling of spirituality in birth:

03: “That’s what I feel that women miss when they are sedated too much. They do not feel that tremendous elation and the wonderful feeling of accomplishment of what they have done when the baby is born...the culture in this country is so medically oriented.”

*Theme: Problems with the Parents*

Four midwives provided data that supported the theme, *problems with parents*. Problems with parents that hindered spirituality during birth, as reported by the midwives, included relationship problems and unwanted pregnancy. Other problems mentioned were emotional stress, tragedies, when the midwife senses the couple doesn’t recognize the miracle of birth or the child, when the couple has negative energy, drug abuse, and women who are swearing in labor.

07: “I rarely get women who curse and swear and curse at the baby. I don’t find that very spiritual, it’s hard for me to feel good for the memory... I hate to say this but sometimes I think maybe she should never get pregnant again, or I’m glad that she’s feeling every bit of this pain.”
The midwives expressed that they witnessed when relationship problems between the birthing mothers and their partners act as a hindrance to the spiritual vibration during birth and create negative energy:

03: “Like men that after being with a woman for several years and all of a sudden, he drops her and she has to give birth by herself. That too is the biggest painful thing to think that this child will not know his father or the father is not there to spend time with her and her baby.”

Theme Cluster: The Emotions of Birth

The theme cluster, the emotions of birth, consists of four themes, excitement/elation/exhilaration, energized, exhaustion, and relief, and one sub theme. Six midwives contributed data that supported this theme cluster. The midwives described the emotions that they experienced and also that they witnessed their patients and families experienced during childbirth.

Theme: Excitement/Elation/Exhilaration

The theme, excitement/elation/exhilaration, has one sub theme: tears of joy/crying. Five midwives provided data that supported this theme. The midwives described their feelings of utter excitement especially during the actual moment of birth. Two midwives mentioned that they felt excited more than ever as the baby’s head was emerging from the birth canal.

03: “Appreciating and having the experience of that ultimate excitement when the baby is born...when the head is out and you already feel that elation.”

02: “I just love it...I get all choked up.”

01: “Birth gives a feeling of exhilaration to me.”
06: “With every birth that I participate in I get so high that, you know, one of my things about not liking night deliveries so much is because I get so high that I can’t go to sleep afterwards.”

The sub theme, tears of joy, is supported by data from three midwives. The midwives expressed that they felt such immense levels of emotions that it often brought them to tears during the births. They also stated that they witnessed the birthing families display intense levels of emotion during and immediately after the birth such as crying. Examples of invariant horizons from include:

07: “Just getting the baby out and giving it to the parents and seeing everybody just absolutely break into tears...I’ve done that so many times that sometimes I feel embarrassed, but then I feel so good. We’re all crying, and it’s like we’re just one big family, even though I might have just met them.”

06: “I cry at births because I am so excited...it probably took me 10 years as a nurse to stop crying because I was so excited.”

Theme: Exhaustion

The theme, exhaustion, is supported by data from three midwives. The midwives expressed that attending births was exhausting and physically and mentally draining at times because of the long enduring hours and their concern for the patient and the baby’s well being. Examples of invariant horizons included:

09: “What you gotta do is for the patient. And you know what, it’s really, to do this for someone else, really takes a lot from you for that day. It feels like you just almost, pretty much give it all away. Then you gotta go home and get in a tub and sit there and renew.”
Theme Category 4: The Essence of Midwifery

The fourth theme category is *the essence of midwifery*. Three theme clusters describe this theme category, *midwifery is a calling, midwifery is a God given gift*, and *factors that influence the midwife*. Seven themes and five sub themes were derived from the four theme clusters. Table 6 represents this theme category. All ten midwives contributed data to support this theme category. The midwives described what the essence of midwifery meant to them in terms of *what/who inspired them to become midwives, what it meant for them to be midwives, and life experiences that had an impact on their career in midwifery*.

Table 7: Theme Category 4: The Essence of Midwifery

<table>
<thead>
<tr>
<th>Theme Category</th>
<th>Theme Cluster</th>
<th>Theme</th>
<th>Sub Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Essence of Midwifery</td>
<td>Midwifery is a calling</td>
<td>God called me to this</td>
<td>There is a purpose and a reason for me being present</td>
</tr>
<tr>
<td></td>
<td>Midwifery is a God given gift</td>
<td>Midwifery is Spiritual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Factors that influence midwife</td>
<td>Midwife is blessed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Remembering personal birth and life experiences</td>
<td>Midwives need to take care of themselves</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A special doctor</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spiritual/ religious background</td>
<td>Not necessary to be spiritual/ religious to be a good midwife or clinician</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Educating midwives in spirituality</td>
<td>Should teach spirituality to midwives</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hard to teach spirituality</td>
</tr>
</tbody>
</table>
Theme Cluster: Midwifery is a calling

The theme cluster, midwifery is a calling, is comprised of two themes, God called me to this, and midwifery is spiritual, and one sub theme. All ten of the midwives that were interviewed for this study reported that they were “called” into midwifery. Some of the invariant horizons that demonstrated the midwives’ feelings of being called to their profession include:

07: “I’ve always wanted to do delivery...it was like everything just lined up and I became a midwife...it really is my calling, it really is my calling to be a nurse, but a midwife, it truly is a calling to do that.”

08: “I remember when I first started to work as a midwife, I had a sense of this is what I was supposed to do.”

Theme: God called me to do this

The theme, God called me to do this, has one sub theme, there is a purpose and a reason for me being present. Four midwives provided data that supported this theme. The midwives stated that they believed that they were called by God to become midwives.

04: “God chose me to be a part of this...God put me here for a reason...God has directed me to where I am today and has just made me a better midwife...God has allowed me to take part of this birth...I’m just glad that God has chosen me to be a part of that.”

06: “I think God chose it for me.”

10: “God had a plan for us and we may not know what that plan is, but he sits and finds us what we’re supposed to be doing...God telling me that I needed to get in
this direction. Now I definitely believe in faith and that all things happen for a reason.”

The sub theme, there is a purpose and a reason for me being present, was supported by data from one midwife. The midwife expressed strong sentiment about her destiny as a midwife and her presence at the births she had attended:

05: “Being at the right place at the right time... I was not there at the birth just because I was the one on call that day... babies were born on that day because I was meant to be at their births... because she (the patient) is going to get everything she needs from me. God says... people feel I’ve been put in their lives for a reason.”

Theme: Midwifery is Spiritual

The theme, midwifery is spiritual, was supported by data from three midwives. The midwives shared that they felt midwifery was a very spiritual profession.

01/ 02: “Midwifery is very spiritual.”

04: “We are sisters or children of God. We tend to seek each other out and we feel or sense that there is a light shining.”

08: “I believe that people that go into midwifery probably feel that more. You know, and maybe that’s part of the thing that led them to be a midwife.”

Theme Cluster: Midwifery is a God given gift

The theme cluster, midwifery is a God given gift, has one theme, the midwife is blessed. Two midwives provided data that supported this theme cluster. One of the midwives spoke in depth about her feelings of midwifery as a God given gift:
03: “helping women is God given... I've been given this gift... there are midwives that have the gift and work wonderfully and peacefully.”

**Theme: The midwife is blessed**

Four midwives provided data that supported the theme *the midwife is blessed*. The midwives expressed that they felt that midwives were blessed with special abilities such as intuition, compassion, and strength.

02: “I just consider myself blessed.”

03: “It is a gift to be able to understand what the woman is going through and identify with it... you are contributing something to human nature as well as the profession... it is one of the greatest professions.”

06: “I think that my prayers get answered being a midwife more than anything else... I have a way of praying for specific things and those specific things happen.”

**Theme Cluster: Factors that Influence the Midwife**

The theme cluster, *factors that influence the midwife*, has four themes, *remembering personal birth and life experiences*, *a special doctor*, *spiritual/religious background*, and *educating midwives in spirituality*, and one sub theme. Nine midwives provided data that supported this theme cluster.

**Theme: Remembering Personal Birth and Life Experiences**

The theme, *remembering personal birth and life experiences*, has one sub theme; *midwives need to take care of themselves*. Six midwives provided data that supported this theme. The midwives expressed how births that they had witnessed or experienced had impacted their feelings and beliefs about spirituality in birth. Four midwives revealed
how the births of their own children had an impact on their choosing to become midwives and/or acknowledging the spiritual nature of birth.

06: "When I think of spirituality, I relate it more to my own birth experiences that I had as an individual."

Two midwives shared that they were present for the births of their grandchildren and that for them that had been one of their most intense spiritual experiences.

04: "But with my grandbaby being born, that was just the most, that was phenomenal."

07: "The most profound experience, I’d like to say my grandson, the delivery of my grandson...when I did deliver him, it was beyond words...delivering someone who is really a part of me...it was so phenomenal cause it took him a long time to come out and when he finally did, he still didn’t want to come out. We had a shoulder dystocia and we got him out, he was a little floppy, but once he cried and perked up and pinked up, we all cried...I really cried out of relief, and it was just so wonderful to look at this little baby and to know he’s ours. It was truly amazing."

One midwife revealed that the experience of losing her own child had made an impact on her choosing to work in midwifery especially with bereavement programs.

06: "I had a child that I lost at 39 weeks pregnant from an abruption and as much as I was starting to go through grief and sorrow, I didn’t feel alone and I felt comforted with those presences that I often feel...I’m more spiritual in bad situations than in good situations, and that’s one of the reasons I get very involved with the bereavement program here at the hospital and I teach the class."
Two midwives revealed that when they were children, they had helped animals give birth. The experience of helping animals give birth had played a role in their choice of midwifery.

The sub theme, *midwives need to take care of themselves*, from the theme *midwife's own births and life experiences*, was supported by data from two midwives.

02: “I do truly believe that midwives need to be sure to take care of themselves like any caretaker, care of themselves in between, lighten up, have fun, run around, go in the ocean, dance, do music. We have to do more than most people, we have to really let it out.”

*Theme: A Special Doctor*

Three midwives provided data that supported this theme. They all shared how a special doctor that they had worked with had an impact on their practices in midwifery.

02: “Dr. ** totally does, oh my gosh, that man is incredible. That person has whether or not he knows, he’s spiritual or he has a God given gift, he really does because there have been times where all of a sudden something goes wrong with my patient and I think he’s off at ** Hospital, and just at that moment that I need him, this has happened numerous times, he would walk into the room... oh my God perfect timing thank God you are here... he’s incredible, but he’s actually a very humble person too.”

07: “The only thing that really struck me in all my midwifery days or being in labor and delivery is that certain doctors have this uncanny love, even if they are not religious, but I’m sure they are spiritual, ** has an angel on his shoulder... because ** literally practices like a midwife... another doctor that I
worked for, but God love him, he was a very religious man and he did believe in midwifery. I think doctors that believe in midwives, they are very spiritual, very awesome.”

Theme: Spiritual / Religious Background

The theme, spiritual / religious background, has one sub theme, not necessary to be spiritual/religious to be a good midwife or clinician. Four midwives provided data that supported this theme. Three midwives stated that their spiritual religious backgrounds and beliefs had made an impact on their choice of career and how they practiced midwifery.

09: “I think that people who have a spiritual being in their own do better as nurses because there is a feeling of a sense of peace, compassion for the person…it affects me, without that I could not practice, without me having compassion and my spirit with God in the morning, every night and every day, some days sitting here, I could not practice. That’s just it. They go hand in hand.”

07: “because my whole foundation, my whole belief, is taken straight out of the Gospel.”

One midwife stated that she wished she was more spiritual or religious because she believed it might help her to understand the experiences that she has had as a midwife that have been “spiritual”.

02: “You know sometimes I wish I was more religious… I think that would help me tremendously to be able to explain to myself what it is that I experience.”

Three midwives provided data that supported the sub theme not necessary to be spiritual/religious to be a good midwife or clinician.
Theme: Educating Midwives in Spirituality

The theme, educating midwives in spirituality, has two sub themes, should teach spirituality to midwives, and hard to teach spirituality. Seven midwives provided data that supported this theme. The midwives were asked in the interviews about their views of incorporating spirituality in midwifery education. Four midwives stated that they felt it should be taught, and four midwives stated that they believed it was hard to teach spirituality.

The sub theme, should teach spirituality to midwives, was supported by data from four midwives.

04: “There are very good midwives out there who just do their jobs and for the patients, that’s what their patients want.”

05: “I think what would be really cool would be more of getting actual women of different religious background to come and talk to us you know, what religion plays in their birthing experience and I think it would just make us all well rounded people, especially if you are practicing in an environment where we practice where there’s different cultures everyday.”

The sub theme, hard to teach spirituality, was supported by data from four midwives.

02: “I don’t know how if you can teach someone to have the sixth sense.”
04: “I don’t think you can teach it...it can’t be taught. You have to feel it, you have to be it, you have to know it.”

07: “It’s hard to teach spirituality. It has to come from within.”

Theme Category 5: Relationships

The fifth theme category is relationships. Three theme clusters describe this theme category. They are connection, midwife supports birthing mom, and midwife’s relationship with baby. Seven themes and five sub themes are described in this theme category. Table 8 represents the theme category. All ten of the midwives provided data that supported this theme category.

Theme Cluster: Connection

The theme cluster, connection, is composed of two themes, connection, bonding and continuity enhance spirituality, and midwifery means with woman, and one sub theme. Five midwives provided data that supported this theme cluster. The midwives expressed that it was important to them to establish a bond early on with the patient. The bond between the midwife, the patient and the family enhanced a trusting nurturing environment which fostered the feeling of spirituality.

04: “Getting to know the patients more personally, have spiritual conversations with some of them- makes you connected to them.”

08: “Connect with the family and know the family and then be there present at the birth, that somehow or another, that kind of enhances the whole feeling of spirituality.”
Table 8: Theme Category 5: Relationships

<table>
<thead>
<tr>
<th>Theme Category</th>
<th>Theme Cluster</th>
<th>Theme</th>
<th>Sub Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships</td>
<td>Connection</td>
<td>Connection/Bonding/Continuity/Enhances/Spirituality</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Midwifery means &quot;with woman&quot;</td>
<td>Being present</td>
</tr>
<tr>
<td>Midwife supports Birthing mom</td>
<td>Promoting autonomy</td>
<td></td>
<td>Empowerment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Respect for Patient’s beliefs</td>
<td>Take cue from Patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“do onto others”</td>
<td></td>
</tr>
<tr>
<td>Midwife’s Relationship With baby</td>
<td>Babies are gifts God</td>
<td></td>
<td>Feel happy when family acknowledges their gift</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Concern for baby’s safety</td>
<td>Midwife’s love for babies</td>
</tr>
</tbody>
</table>
Theme: Connection, Bonding and Continuity Enhance Spirituality

Four midwives provided data that supported this theme. The midwives used the terms connection, continuity and bonding interchangeably to describe the importance of establishing a relationship with the patient.

09: “You’ve got to gather that continuity fast, try to connect with this woman and get her through this...that’s how I perceive the spirit of, of birth with a woman, is um trying to get her connected, her and I together, getting this baby out, healthy and without any problems...whatever works, if I’ve got to pray with her, if I’ve got to sing with her, if I’ve got to just be there quiet with her. Knowing she’s listening to me. If she wants to be quiet between contractions, that’s fine. I don’t need to talk to her. Whatever it is, but we need to connect because, and you know, it’s hard to birth a woman who is just not...connected.”

10: “I think people who are spiritual tend to seek us out as well because they know that we are more, we have that connection with them.”

Theme: Midwifery means “with woman”

The theme, midwifery means “with woman”, has one sub theme, being present. Three midwives provided data that supported this theme. They mentioned in their interviews the literal meaning of midwifery (with woman) and how the meaning of midwifery enhances connections and ultimately spirituality in birth.

04: “Spending time with the patient...can offer her something more than drugs...patients tell me they feel very comfortable coming to me...I always when I deliver, I just focus on the mom and the baby, I never know what’s going on
outside our circle and I think that’s what the mom feels as well, she knows that I am attending to her and her baby and I want all to be well.”

The sub theme of *midwifery means “with woman” is being present.* Two midwives provided data that supported this sub theme.

03: “Midwifery is something, and when you see it, you know there is a grace of being there.”

04: “When the mom tells me that just me being there was just all they ever wanted... It’s by God’s grace that I am present and am here for you at this time.”

**Theme Cluster: Midwife Supports Birthing Mom**

Three themes and two sub themes describe the theme cluster *midwife supports birthing mom.* The themes are *promoting autonomy, respect for patient’s beliefs,* and *do onto others.* Five midwives provided data that supported this theme cluster. The midwives expressed that they believed that their role in the birth of the baby was not only to ensure safety for the mother and baby, but also to be a support to the mother.

**Theme: Promoting Autonomy**

The theme, *promoting autonomy,* has one sub theme *empowerment.* Three midwives provided data that supported this theme. The midwives stated in their interviews that it is important to them to allow the patient to dictate her own needs and desires in labor. Autonomy fosters the vibration of spirituality in birth.

08: “I feel like I was more supportive in letting them have the environment be what they wanted it to be... I remember thinking that to me that was more spiritual because it was the atmosphere that they wanted to have... it is much more important for me that they have a good experience than for me to tell them how it
should be done…if somebody wants to be in a different position, or listening to certain types of music, or whatever and that is going to help them to have the best experience that they can have, then I am very willing to do that.”

The sub theme, *empowerment*, is supported by data from one midwife. This midwife stated that she found it important to empower her patients especially in the face of a medical environment that does not respect the patient.

09: "they don’t need a person to come in with an attitude, telling her what she has to do. I just tell them, this is your birth as long as it’s not interfering with your baby or your health, it’s your birth…we’ve gotta make the patient understand that she has ownership in it…we don’t have to ask permission…cause it’s your body and your baby, remember that, and when you walk out of this hospital, its going to be your baby and you’re going home and you’re not taking another person who’s deciding for you.”

*Theme: Respect for Patient's Beliefs*

The theme, *respect for patient's beliefs*, has one sub theme, *take cue from patient.* Three midwives provided data that supported the theme. The midwives stated that they felt that it was important to respect the religious and or spiritual traditions and beliefs or lack of beliefs of their patients, allowing the patients to choose to incorporate what they feel helps them in labor and birth.

10: “I try to give to everybody even people that aren’t spiritual…people believe in different things.”

08: “Whatever their beliefs are, I am going to be supportive of.”
The sub theme, *take cue from the patient*, is supported by data from three midwives. The midwives revealed that they did not want to impose their own beliefs onto the patients but, rather, take cues from the patients to see if they are into spirituality.

10: “I’ve kind of taken cues from our patients to see, okay, are they saying, ‘God help me through this’? and then I know that they are more spiritual.”

**Theme: Do Onto Others**

Three midwives provided data that supported this theme. Two of the midwives quoted this scripture from the Bible in their interviews. One quoted the scripture “love thy neighbor”. They stated that these expressions were their mottos, how they treated their patients, and how they lived their lives. The midwives believe in treating patients the way that they would want to be treated.

07: “because my whole foundation, my whole belief, is taken straight out of the Gospel. I base my whole life and what I do on the proverb ‘do onto others as you would have them do onto you’ and that’s the way I treat people.”

10: “...my goal in life is to treat someone the way I expect someone to treat me.”

**Theme Cluster: Midwife’s Relationship With Baby**

The theme cluster, *midwife’s relationship with baby*, is comprised of two themes and two sub themes. The themes are *babies are gifts from God*, and *concern for baby’s safety*. Four midwives provided data that supported this theme cluster. The midwives expressed that they felt that they had a relationship with the unborn child and had a great concern for the safety and well being of the baby during the pregnancy, labor and in its upbringing. One midwife stated that she felt more connected to the baby than to the mother.

115
06: “That’s the part I’m interested in more, not her laboring, but the emerging of the baby…it’s that emerging of that baby and watching him turn from one color to the next, and his first breath, and you know ahh, another one, another little soul has come into the world. ‘Gee I hope you end up being president’ you know, you just never know.”

Theme: Babies Are Gifts From God

The theme, babies are gifts from God, is supported by data from two midwives. The midwives expressed that they felt babies were miracles and that couples were blessed to receive them. The theme, babies are gifts from God, has one sub theme, feel happy when family acknowledges their gift.

05: “That’s how I see every baby, as a gift from God…he/she gives it to us, and then, we’re the ones that keep that going or screw it up.”

The sub theme, feel happy when family acknowledges their gift, is supported by invariant horizons from two midwives.

05: “You get a sense from families that also sees that creating a child and having a child is such a bigger part than them, which is spiritual…Couples that see it as spiritual and as a bigger part of them, there’ll be more effort.”

Theme: Concern for Baby’s Safety

Three midwives provided data that supported this theme. The midwives confessed that they had a great concern for the baby’s safety, not only in labor and birth, but also in the child’s household and upbringing. The theme has one sub theme, midwife’s love for babies.
06: “I don’t want any child to have to suffer…a child is going to grow in an
environment that lacks even self control or discipline and just knowing that he can
be loved and that he can share love, that’s out.”

07: “then I worry what’s going to happen to that child.”

The sub theme, *midwife’s love for babies*, is supported by data from one midwife.

07: “That’s the reason that I am a midwife, cause I love babies…I want to take
them home with me all the time…I’m going to do everything I can for them.”

Individual Textural and Structural Descriptions of Spirituality in Midwifery and
Childbirth

Moutakas’ (1994) modification of the Stevick- Colaizzi- Keen method of analysis
of phenomenological data requires for the researcher to use imaginative variation and
construct individual textural descriptions and individual structural descriptions from each
interview including the researcher’s self interview. The process of phenomenological
reduction leads from the invariant themes identified in each co- researcher’s story to the
description of the essential “textures” in each. The textural descriptions “evoke clear
images of what happens during” (Moustakas, p.133) the phenomenon of spirituality in
midwifery and childbirth including the thoughts, feelings, and challenges that the co-
researcher experiences. After completing the textural descriptions, the researcher
constructs the structural descriptions from the essences connected with the universals of
temporality, speciality, bodyhood, materiality, causality, and the relation to self and
others (Moustakas, p. 60). Upon completion of the individual textural and structural
descriptions, the researcher integrates all of the individual descriptions into a universal
composite textural-structural description of the phenomenon that represents the group of research participants in its entirety.

The individual textural descriptions and structural descriptions, followed by a composite textural-structural description of the phenomenon of spirituality in midwifery and childbirth follow below.

*Individual Textural Descriptions of Spirituality in Midwifery and Childbirth*

01 (self interview): The experience of spirituality in childbirth for me in many ways is indescribable in words. It involves feelings deep in my body in an area that I call my soul. It gives me, at times, chills all over my skin, like I only experience in church. I just know that there is a spirit or spirits present that is/are conducting and directing us all throughout the process—yet we cannot visibly see this entity. But I know it is there, whispering into my ear, telling me what to do or what not to do. But sometimes the whisper is so faint that I am not paying enough attention, I always regret when that happens. I feel exuberant when I do listen and obey. The spirit is always right. That is to me the true essence of midwifery. It’s not the schooling, memorization, numbers of babies caught, monitors or any of the black and white of medicine, but rather it is a vibration that I as a midwife feel inside of me and I feel when I am with other midwives too. Like when I was at the ICM conference in Australia last summer. Midwives came up to me after my presentation and said “I know what you are talking about, I have felt it too.” It’s like a special little secret gift that the spirit blesses those of us who are called to do the work of midwifery and are open to receive this divine gift.

Co-researcher 02’s experience of spirituality in midwifery and childbirth is something very personal and even secretive. It is not “something shared with anyone”
because of her fear of being considered weird or different. Although 02 does not claim to be religious or spiritual, or even “actively seeking spirituality”, she sees birth as a miraculous, spiritual even “heavy” thing that gets her all “choked up” at times. She acknowledges that she is guided as a midwife by “something or someone” during births but does not know where this comes from. She receives messages from a “higher power/God” that “works through her” during a birth and is open to receiving this knowledge but says it is not something that she asks for. Co-researcher 02 considers herself blessed to have this power or gift. Co-researcher 02 feels that although one does not “have to be religious or spiritual”, it probably helps to have a religious or spiritual background in order to understand what midwives are experiencing when they receive these messages from a higher power. Co-researcher 02 also feels that some people are just “blessed with the 6th sense”, and it may not be a thing that can be taught. Co-researcher 02 definitely feels that midwifery is a calling in her life.

Co-researcher 03’s experience of spirituality in midwifery and childbirth relates greatly to her belief of God and the “God given strength” that she feels she has as a midwife and that her patients also have. She has a firm belief in God and Christ and feels that God “guides her through difficult or challenging experiences” in midwifery and in life. Although her patients express gratitude in her being present during their births, she strongly feels that it is not she, but God that helps and protects her patients. Her main midwifery tools have been prayer, using her hands to “really examine women in order to become efficient” and the ‘presence of mind to know what to do’ (which comes from God) in challenging situations. She actively prays for her patients and has had them also pray with her through difficult births. Her experiences of practicing midwifery in South
Africa she describes as being very different from here in the USA because there they had very little technology and medicine but relied heavily on prayer and inner strength. She describes the ladies in South Africa as being stoic: they “know what they are doing” in relation to pregnancy and childbirth. She describes good midwives as women who are very much “present” with the woman, they have that “gift to work wonderfully and peacefully with the women.” “Midwives find great pleasure and enjoyment when mom and baby are well” Midwifery is a God- given gift. She views birth as a great miracle and the process of giving birth as a gift from God. Women who go through this experience feel great elation and high feeling. She also feels that pregnancy and birth are very natural experiences that are too “medicalized” in this country. She believes that “medicalizing” birth takes away from some of the “tremendous elation and wonderful feeling of accomplishment that comes when women go through birth without sedation.”

Challenging experiences during some of the births that she has attended caused her to question whether she would continue practicing midwifery, but she persisted because she believed that she had been given a gift from God and “needed to go on.”

Co- researcher 04’s experience of spirituality in midwifery and childbirth is strongly rooted in her faith and belief in God. Co–researcher 04 is a Christian and especially enjoys having the opportunity to have spiritual conversations with midwives of like mind and patients as well. She feels a connection with the people that she bonds with via spirituality when these opportunities arise to have spiritual talk. She enjoys when patients are able to recognize her spiritual side through her actions and words. Co–researcher 04 sees that each of her patients is a unique individual and attempts to address their individual needs. She recognizes the importance of being “present” for her patients-
and feels especially connected to her patients that are religious or spiritual, or who speak of the Lord during their prenatal visits or call on God when they are in labor. Co-researcher 04 feels strongly about the concept of “love thy neighbor” and states that patients should be treated the way she would want to be treated as a patient. Co-researcher 04 also feels a special bond with midwives with whom she can share birth stories and the spiritual side of birthing. She feels a great deal of emotion and excitement when attending births especially when she sees the reactions of the family, such as the father crying. Co-researcher 04 acknowledges that God called her to be a midwife and is “just glad that God chose her to be a part of this.” She states that God is the one in control and that no one can do what God does.

Co-researcher 05 feels that there are no coincidences when it comes to babies and everything that relates to birth. She recognizes that there is a purpose and reason whenever she is present at a birth. She feels that God places her at certain births because He knows that there is something that she can give the particular patient that she is delivering. She fully acknowledges that she is not in control – but that God is in control. God decides when she is supposed to be there and what and how the outcome will be. Co-researcher 05 views birth as spiritual. She states that “it is far beyond her as a human being.” “It is beyond space, beyond science, beyond math, it’s just everything and nothing.” Co-researcher 05 is in awe of the whole creation and birth process- of how “one little sperm and egg can create a perfect human.” She is very excited about birth and has experienced many emotions such as crying, adrenaline rushes, feeling a lot of energy after a birth, headaches, and physical shaking. She believes that if she ever does not feel excited about birth anymore, then it would be time for her to stop delivering babies. Co-
researcher 05 feels very happy when her couples feel like she does about the miracle and spiritual nature of birth and babies but she becomes concerned when families don’t recognize the miracle of babies and birth. Co-researcher 05 believes that every situation good or bad is meant to happen. Just as every baby is meant to be, especially when they come despite barriers such as contraception. Midwifery is Co-researcher 05’s calling, she knows that she was meant to do what she does and that God chose her to do what she does.

Co-researcher 06’s experiences of spirituality in midwifery and childbirth are related to her personal experiences of being able to commune with certain spirits, and her close relationship to God. Co-researcher 06 reports these spirits having a strong presence in her life. “When I can get alone and get quiet in a calm place, I can feel the presence and that’s very calming.” Co-researcher 06 feels that she has a great sense of intuition that she sees this as being blessed with a special gift as a midwife. People recognize something special in her and have told her that through comments such as “you look like you have a spirit in your eye.” Co-researcher 06 described several spiritual practices that she has used during births and throughout her life; talking to herself and the spirits, meditating, prayer, and humming. Humming she relates to through her Native American heritage. Co-researcher 06’s spiritual practices are very private to her, and she does not share them openly with others because she feels that people may not understand or misinterpret. Co-researcher 06 does view midwifery as a calling in her life that either God or the spirits of her deceased aunts chose for her. Co-researcher 06’s connection to midwifery leans more towards the baby than the mother. She was drawn to birth by the miracle of seeing a child emerge and take its first breath. Co-researcher 06 feels a strong
desire to be present for the protection of the babies. She is greatly concerned when she encounters parents who have negative energy that she feels may negatively affect their unborn baby. Co–researcher 06 views connection with the birthing family as very important and has had experiences of praying with the couple during births. Co–researcher 06 feels that her spirituality comes out more during difficult times such as bereavement. She has been greatly affected in this way by the personal loss of her own child.

Co–researcher 07 sees birth as a very spiritual process and a miracle from God. She describes birth as “manna from heaven.” She views the midwife as being privileged to be present during the birth. Co–researcher 07’s belief in birth being a spiritual event stems from her personal belief in God and Christianity. Her philosophy of caring for others is grounded in the Bible–specifically in the passage “do unto others as you would have them do unto you.” Co–researcher 07 states that this proverb is the guiding force for how she treats her patients and how she lives her life. Co–researcher 07 sees birth as a very emotional experience. She has burst into tears many times, crying with the family especially at the moment that the baby is born. She mentions that sometimes she feels embarrassed by this display of emotion but also feels that this bonds her closer to the birthing family stating “it is such a wonderful spiritual feeling.” Spirituality during birth can be obstructed by women who curse at the baby Co–researcher 07 states. She wonders if a woman like this should have children. Co–researcher 07 has a great love for babies and is concerned for their safety during the birth and beyond. Co–researcher 07 views that she was definitely called to be a midwife. She recently discovered that her birth mother who did not even raise her had hoped that there would be a nurse in the family
who delivered babies. Co–researcher 07 sees this as an incredible coincidence. She sees herself as blessed with intuition which she views comes partly from her experience and also her faith and belief in God. A special doctor was a great influence on Co–researcher 07 as a midwife. This doctor is described as being very “midwife like”. He has worked a lot with midwives and practices like one.

Co–researcher 08 views births as more spiritual when the environment is calm and quiet with minimal interruptions. She also feels that her role as a midwife is to allow the patient and her family to do as they wish during labor without trying to interfere with their routine. She gets her cues from the patient as to how involved they want her to be by asking them. If they desire her to just be one the sideline, she has no problem doing that and minimize interference. As she stated, “if somebody wants to be in a different position or everyone just can't, different things, or listening to certain types of music, or whatever, and that is going to help them to have the best experience that they can have, then I am very willing to do that”. Co–researcher 08 sees loud noises, intrusive doctors and medical interventions as interfering with the spiritual process during childbirth.

“Nothing is being done because it's what the parents want. Everything is being done for the convenience of the medical staff and, um, you know, it's like catch the baby and oh, here you go. Well, you know, and then, bye after it's all over.” Co–researcher 08 is a Christian but feels open minded about other people’s beliefs. She says that that comes from her mother who is part Native American. Co–researcher 08 views birth as a miracle and senses this especially when she sees the attitude of the parents when the baby is born, “it seems like you feel that so much more because of the attitude of the parents and how happy they are with what's going on and how thrilled they are with the baby.”
researcher 08 feels that connectedness between the midwife and the family enhances the experience of spirituality during the birth. Co-researcher 08 believes in treating the patient as her equal. She believes in “recognizing the value in every person” She does not see herself as superior to her patients because she may have more education. Co-researcher 08 views midwifery as a calling in her life and also sees midwifery as a spiritual path. She thinks that if it wasn’t, she would have probably become an ob-gyn.

For co-researcher 09, spirituality is “praying and listening and taking it in, and following through, just being in that moment with God and saying, Okay, it’s here, it’s good, and it’s done.” Spirituality is an essential and integral part of Co-researcher 09’s life and practice and a nurse-midwife. Co-researcher 09 feels that if she did not have a connection with God or did not feel spiritual, she would not be able to help her patients as much as she does. She sees having a “Christian feeling” is essential in nursing because nursing is about helping others in need. Co-researcher 09 feels that in order to help others, one has to help oneself as well as having peace with oneself. It is also important to have compassion. Co-researcher 09 stated that when she attended births in the past, she felt it important to have a connection or bond with her patient. Having a connection fostered the birth process and the feeling of spirituality. She tried to empower her patients by promoting a sense of autonomy and letting her patients know that it was their births to have as they wanted their births to be. Co-researcher 09 believes in the power of prayer to aid in ensuring things go well during the birth. She often prayed during the births especially close to the actual delivery of the head of the baby. Co-researcher 09 views birth as spiritual. She feels the environment of birth should be calm and mentions things that help create a calm atmosphere such as incense, Indian chant music, water, soft lights.
She states that there are things that can hinder the spiritual process during birth such as too many people coming in the room, people such as medical staff coming in without respecting the patient’s privacy, and or disconnection between mother and her partner.

Co-researcher 09 views midwifery as her calling and life’s work. She believes in doing what God wants her to do. She states “Wherever You go, I'll go, wherever You send me, I'll go, because I know that's where I'm supposed to be. And it's never failed me.”

Co-researcher 10 views spirituality during childbirth as a source of inner strength. When attending births, Co-researcher 10 tries to take cues from the patient as to whether it is ok to incorporate spirituality into the birth scene. Co-researcher 10 does not want to impose if the patient is not receptive to spirituality. She acknowledges that spirituality is different for different people and it does not always incorporate religiosity. If she notices the patient and/or her family praying, then she feels it is ok to incorporate spirituality while she is attending the birth. When patients aren’t into spirituality, Co-researcher 10 still tries to give them a positive experience because she feels that gives the patients hope. The way that Co-researcher 10 mentioned using spirituality during birth is through prayer. She has prayed with patients when she felt patients were receptive to it, and she has also prayed on her own asking God to help her or give her strength, and thanking God for his help. Co-researcher 10 stated that there is an “aura in the room when somebody brings spirituality into the birth versus when it is not.” She feels the energy to be more positive and also feels the presence of God in the room. Co-researcher 10’s philosophy is to “do onto others as you would want to do unto you.” She tries to do her best during the birth in order to make the birth the way the patient wanted it to be.

Co-researcher 10 feels called to being a midwife and stated that her husband sees that as
well. “He sees that I’ve made such a difference in many people’s lives.” Co-researcher 10 feels that continuity with the patients makes a great difference because the midwife gets to know the patient better, and feels that there is more connection and bonding.

*Composite Textural Description of Spirituality in Midwifery and Childbirth*

The midwives that participated in this study expressed a great deal of passion and emotion about their experiences of being midwives and laboring and birthing women, the importance of the relationships that they had with their patients, the energy and vibration of spirituality that the midwives experience when attending births, their calling and the influences that led them to become midwives, and their belief in the existence of a Higher Being in control.

The co-researchers all experienced the phenomenon of spirituality in birth. Many of the co-researchers expressed that they felt births were more spiritual in nature when they were natural, with minimal intervention, and in a quiet, peaceful environment. The midwives also expressed that they found births were often more spiritual when the parents appreciated the miracle of the birth and the baby, and when births were met with challenges but a final outcome of triumph.

The midwives reported emotions that they had experienced when they attended births that they considered to be spiritual. The emotions included feelings of excitement and elation. Some of the midwives reported physical sensation such as crying, adrenaline rushes, and inability to sleep after attending births.

The midwives reported that they were blessed with sixth sense or intuition that acted as a guide to them, helping them to help their patients. Intuition was reported to be a gift from God.
Individual Structural Descriptions of Spirituality in Midwifery and Childbirth

01 (self interview): The structural meanings underlying spirituality in midwifery and childbirth for me is the universal belief of a divine and pure truth. The divine truth is the center or core of all existence and everything radiates from this core of truth. What is unique to humanness unlike other living creatures on the earth is an ability to believe in a higher truth. Birth is not a phenomenon that is unique to humans but it does mark the beginning of the human physical experience as we know it. It is a transition or a journey for the being from the spirit world into the physical world- entering as a baby. Hence it continues to be filled with mystery and many secrets still unrevealed.

The midwife is the human/spirit being that helps the mother help the baby to make this journey. The journey is not an easy one. It is often long, intense, painful, overwhelming, and full of challenge. It isn’t a simple math equation. Because of this challenge and the desire to ensure safety for the mother and the baby, a midwife relies on her knowledge and experience, but this is sometimes not enough. There is a secret special gift that some midwives feel they have been blessed with that help them help their patients get through the birth passage safe as possible. It may be described as intuition/blessings/ or tapping into to the inner core of the divine pure truth. Because it is so pure and powerful it is difficult to describe. For believers we describe it as God and Gods guidance. Those who believe and have trust feel blessed and in awe of their experiences.

Co- researcher 02 acknowledges that the conditions that evoke spirituality during childbirth are beyond her control or even understanding. She is not sure where it really comes from, but feels that it is a “higher power”. In relation to time, she sees that the gift of intuition that she has is something she has always had, it may have been a guiding
force for her to be called to become a midwife. It was there even before she knew what it was. In relation to space, she sees intuition while attending births as a 6th sense that you don't chose to have but are chosen to have. This gift of intuition allows her as a midwife to make the right decisions for her patients even when she materially isn't sure what is the right thing to do- she receives an "answer" from somewhere. Although Co-researcher 02 is happy that she has this gift and loves being a midwife, at times she is afraid that she may someday receive something "too heavy" for her to handle, she is fearful of knowing more than she needs to know. Co-researcher 02 also feels that she needs to keep these feelings to herself because it is embarrassing for her to talk about. The real meaning or essence of the experience for Co-researcher 02 is that spirituality during birth comes from an unknown place to her that she does not clearly understand. The underlying structure for Co-researcher 02 is a mystery. She uses the gift readily but has hesitancy about it because of its elusiveness.

Co-researcher Co-researcher 03 acknowledges that the conditions that evoke spirituality during childbirth in her opinion are clearly from God. God is the structure or foundation for spirituality in childbirth. He is in control of everything. She has a firm belief in God and sees God as the one in full control of everything in relation to childbirth and midwifery and in her life as well. In relation to time, Co-researcher 03 has always had a firm belief in God and Jesus and attributes her profession (midwifery) as a "God given gift." God has guided her through a lot of things in life. She describes "God given strength" as the power that aids midwives and their patients during birth. In relation to space, Co-researcher 03 describes prayer as the main tool used to help her as a midwife while attending childbirth. She uses prayer especially when situations are difficult. She
has encouraged her patients to pray as well. Spirituality in childbirth is evoked especially when labors occur with challenges and difficulties and it is necessary to call upon God to help ensure safety. She calls on God when she feels challenged and when her prayers are answered it reaffirms God’s presence and power in her life. Co-researcher 03 also sees natural childbirth as evoking more of a sense of spirituality than medicalized birth because the “natural range of emotions experienced during birth such as excitement, joy...are not suppressed by medications that cause sedation.” God is a very material and real thing in Co-researcher 03’s life. She is very clear why and how spirituality exists within childbirth. It is a direct result of God. Midwifery is a “God given profession (a gift) that some are blessed to do. How midwives work with women during childbirth is by being “present”- “a grace of being there.” Some midwives are blessed with this divine gift from God.

Co-researcher 04 believes that the conditions that evoke spirituality during childbirth are directly related to her belief in God. She sees God as the one in power and the only one capable of creating the miracle of a baby from a mother’s womb. The conditions that evoke spirituality for Co-researcher 04 are when she is able to connect personally with her patient- and be really there with them and for them, forsaking everything outside of the “circle” of mom/ dad/baby. Feelings and thoughts of spirituality are aroused in 04 also when she is able to express her faith and belief and how it related to birth either with her patients or with other midwives. In relation to time, Co-researcher 04 acknowledges that her spirituality has grown over time and that her recognition of it in birth as well. In relation to space, Co-researcher 04 describes “presence” as a main tool she uses with her patients, stating that just being really present for the patient is important
for them. She has also used prayer for and with her patients. God is a very real and
material thing for Co-researcher 04, she does not doubt God’s role in her life, her work,
midwifery and birth. In relation to causality, Co-researcher 04 feels that God called her
and caused her to become a midwife. Co-researcher 04 especially relates to others
(midwives and patients) who share a belief in faith/ a higher power, and God, and with
whom she is able to have spiritual dialogue.

Co-researcher 05 believes that the conditions that evoke spirituality during
childbirth are related to the fact that neither she, nor any other human, is in control of
anything related to the birth such as when the birth will take place, how the birth will go,
or what the outcome with be, whether she will be the midwife in attendance. God is in
control. The conditions that evoke spirituality for Co-researcher 05 are related to the
intense emotional feelings that she feels about the miracle of creation and birth, and the
experiences when she attends birth as a midwife, and the fact that she can acknowledge
that she is not the one in charge of the birth, but that God is in charge. ‘There is a purpose
and reason for everything’. Every baby that is born is meant to be. Co-researcher 05
recognizes midwifery as a calling and that she always knew since childhood that she
would be somehow involved in obstetrical nursing. She does however acknowledge that
her feelings have changed over time about the birth process and recognizes that it’s not
about “her”, nor does she have control, but acknowledges more over time that the one in
control is God. In relation to space, Co-researcher 05 feels that when she is at a birth,
God put her there for a reason, it is not by coincidence she is there. Co-researcher 05 also
states though that birth is “beyond space, science, math”. God is a very real material
being for 05 and in ultimate control of it all. There are no coincidences. Good and bad
outcomes are in God’s control. “Things are meant to happen.” This also relates to causality. Causality also plays a major role in Co-researcher 05 becoming a midwife. It is her calling. Co-researcher 05’s relationship to self and others pertaining to spirituality and childbirth is linked to her belief in fate. God places her in the lives of her patients because God knows that she has something to give them. She was meant to be present at their births. Co-researcher 05 really connects to patients who share the same feeling of awe about the birth process and feels those families that feel this way will put “more effort” into the child. When she recognizes that the family does not feel that way, she is worried about the child and family.

The underlying belief about the dynamics of spirituality in childbirth for co-researcher 06 is directly related to her ability to commune with spirits. Co-researcher 06 states that she is a very spiritual person and feels she has been blessed with certain abilities such as intuition. The conditions that evoke spirituality come from her connection to God, the spirit world and the special “powers” or gifts that the spirit world has granted her. These gifts allow her to “see through the fog and dirt” when present at births which helps her to know what is really going on beneath the surface of the birth experience. She uses different methods to evoke spirituality in birth such as prayer, talking to herself and the spirits of her deceased aunt or grandmother, humming- a Native American tradition from her ancestry, and meditation. With respect to time, communing with the spirit world is an ability that dates back to her childhood. Co-researcher 06’s connection to birth also comes from her childhood when she witnessed the birth of animals. She then became fascinated with the birth process and knew that somehow she would be involved in birth. In relation to space, in order for Co-researcher 06 to be able
to connect with the spirits, she needs to be in a quiet and private place. Co-researcher 06’s ability to commune with the spirit world is a very real and material thing for her. She mentioned that when she met her husband, she revealed this to him about herself. Although he was skeptical, through time and experiences, he began to believe her. Co-researcher 06 senses a stronger connection with the babies and feels that she is present at births more for their protection than anything. She had suffered the loss of her first child. This experience has caused Co-researcher 06 to become involved in bereavement programs. Co-researcher 06’s connection with spirituality is a very private thing that she normally does not disclose.

The structures that permeate co-researcher 07’s belief in spirituality in birth are expressed in her belief in God and the biblical passages that have been her motto and a guiding force in her life and her work as a midwife. In relation to time, Co-researcher 07 dates her acknowledgement of belief back to 5 years old when she decided to begin attending Catholic church with her neighbors. She then made another conscious decision at 12 years old to become protestant because she felt she did not need an intermediary between her and God. She currently no longer believes in organized religion. Co-researcher 07 also relates her connection to midwifery from in her childhood when she witnessed and helped her father with the birthing of cows on their farm. In relation to space, Co-researcher 07 views the whole process of birth as spiritual and that we midwives are blessed to be present in the delivery. In relation to materiality, intuition is a gift that is very real for Co-researcher 07- this gift sometimes weighs more than textbook knowledge to her because it stems from her belief, faith and life experience. Co-researcher 07 loves babies and wishes to take them all home with her. She feels a strong
desire to protect them and keep them from harm. She was greatly affected by the birth of her own grandson that she delivered and says that that was the most profound spiritual experience that she has had in midwifery. Co-researcher 07 has experienced close bonds and connection to her patients by helping them have their babies. In terms of her relationship to self and others; she lives by the proverb “do onto others as you would have them do onto you” and further states “we are all one big family... Spiritually we all belong to God.” Co researcher 07 also mentions her relationship with a special doctor that had a great influence on her as a midwife.

The essential structure of spirituality in midwifery and childbirth for co-researcher 08 stems from her belief that birth should be in a peaceful, calm and quiet environment- where the birthing mother and family are respected and are allowed to dictate how they want to birth- allowing them to use whatever instruments or tools that help the process- such as prayer, music. The mother is treated as an equal and free to express her personal beliefs. In relation to time, Co-researcher 08’s practice has changed a lot from being more high risk and interventional- to now working with more low risk mothers who specifically choose midwifery and natural birth. Co-researcher 08 welcomes this transition in her profession as a midwife. During the birth Co-researcher 08 allows the parents to birth in “their own time” – not rushing the natural process, but being patient and allowing nature to take its course within the realms of safety. Co-researcher 08 feels strongly in giving the parents the space to do their own thing, and also feels that their space should not be invaded by noise, outside interruptions, doctors who want to control the birth process, and unnecessary interventions. She sees as all of these things taking away and “really inhibits the possibility of the parents having a spiritual
experience." In terms of materiality, Co–researcher 08 views birth as a really miraculous process and midwifery as spiritual and a calling for her. She could not say what caused her to be a midwife, but acknowledges that she as a midwife makes a conscious decision to trust and believe in the natural process. In relation to self and others, Co–researcher 08 feels connectedness is an important part of the bond between the midwife and the parents. This bond can be established during their prenatal care and will continue and grow stronger when the midwife attends the birth. Co–researcher 08 is especially pleased when she sees the parents’ elation after the baby emerges and is first born.

The essential structure of spirituality in midwifery and birth for co–researcher 09 is derived from her belief that in order for her to give her best care to her patients, she must be at peace with herself. Peace comes from being one with God, walking with God, obeying His command, and prayer. She sees this as essential to her everyday existence. Co–researcher 09 views the whole birth process as a spiritual event. In relation to time, Co–researcher 09 stated that the first thing that she has to establish with the patient is connection. She stated “you’ve got to gather that continuity fast, try to connect with this woman and get her through this.” Connection must be established early on in the relationship between the patient and the midwife. Also in relation to time, Co–researcher 09 stated that she has always been on a spiritual path and that has helped her to be a better midwife. In reference to space, Co–researcher 09 described the birth environment that would foster spirituality and promote a good outcome; an environment where her patient’s autonomy was supported, free of intrusions, prayer, singing, music, soft lighting and whatever else was necessary to help the birth to go smoothly. In terms of materiality, Co–researcher 09 views birth as a very spiritual event and process. She also views
midwifery as a calling and life work. Co-researcher 09 did not mention what caused her to become a midwife but did say that she “obeys God” and walks the path that God puts her on. Co-researcher 09’s relationship to self and others comes from her belief that she must be at peace with herself in order to give good care to others. She feels it is important to have a “Christian like” philosophy as a nurse in order to care for patients. She also mentions the importance of being spiritually clean and not coming to work with a lot of baggage that could interfere with caring for the patient and also the importance of having a connection with her patient.

The essential structure of spirituality during childbirth for co-researcher 10 lies in her desire to provide the patient with a high level of satisfaction about her birth experience and outcome regardless of whether the patient is spiritual or not. This desire stems from her general philosophy of treating people the way she would want to be treated. In reference to time, Co-researcher 10 sees that continuity, connection and bonding are all created by spending time with the patients to get to know them well. These factors enhance spirituality during birth. In relation to space, Co-researcher 10 does not impose her own beliefs on her patients, but instead tries to give them the space to follow their own beliefs or ways. If she sees that the patient is open to spirituality, then she will ask the patient if she wants to, for example, pray together. In reference to materiality, Co-researcher 10 states that she can feel a difference between births that are more spiritual versus births that are not. There is an energy, aura or even presence of God in births where spirituality is present. The presence of spirituality causes the birth to have a more positive energy. In relation to self and others, Co-researcher 10 states that she lives by the philosophy of “do onto others” regardless of the belief of the other
person. She stated that her goal in life is to treat people the way she expects them to treat
her.

*Composite Structural Description of Spirituality in Midwifery and Childbirth*

The essential structure of spirituality in midwifery and childbirth is a belief in a
higher power or being who guides the midwives when they are attending birthing
mothers. The higher being was reported by nine of the midwives to be God. God is
present and in control of birth. God blesses the midwives to be midwives and to use
special gifts such as intuition and prayer.

In relation to time, the midwives reported an evolving process of how they were
called into midwifery. Some of the midwives dated it back to their childhoods. Some
always knew that they would be involved in birth. The midwives personal involvement in
spirituality and religion in their lives affected their beliefs and experiences of spirituality
in childbirth. Midwives report relying upon their spiritual sense during the entire birth
experience. It is the awareness that they are supported by God that brings them the
confidence to know when they can complete the delivery process unassisted or when they
should call for physician assistance.

In relation to space, the midwives revealed the importance of creating the space
for spiritual birth by creating a peaceful atmosphere, free of noise, interruptions and
interventions, allowing their patients the freedom to have their births the way that they
want to.

In relation to materiality, spirituality in birth is very real for the midwives. They
experience it, believe in it, and even report physical sensations they have felt as a result
of attending births that are spiritual.
In relation to self and others, the midwives report the importance of connection with their patients through bonding and continuity. Connection fosters the feeling of trust and ultimately enhances the feeling of spirituality in childbirth.

Composite Textural – Structural Description of Spirituality in Midwifery and Childbirth

The essential texture and structure of spirituality in midwifery and childbirth includes a belief in a higher being. The higher being controls the process and outcome of birth. The midwives of this study trust the higher being and feel that they are blessed with certain gifts from the higher being such as intuition and strength. These gifts aid the midwives when they attend childbirth.

The midwives view spirituality as something private and personal in their lives that they have not necessarily shared. They recognize the importance of spirituality in their own lives and also in their work as midwives. The feeling of spirituality during birth as described by the midwives is one filled with great emotion such as excitement. When spirituality is present during birth, there is a different aura or energy. It is described as being more positive. The midwives acknowledge the use of spiritual practices or tools during births such as intuition and prayer. They report using and depending on these powerful tools to aid them during deliveries.

Midwives view birth as a spiritual event, a miracle, a gift from God. They feel honored and privileged to attend births and be in the profession. Factors that enhance spirituality during births include a peaceful, calm, quiet environment, low intervention/natural birth, and births that encounter challenges where the midwives and the families rely in part on spirituality to overcome the obstacles, and the outcome is positive. The positive emotions of birth include excitement, elation, tears of joy, exhaustion and relief.
Factors that disrupt/spirituality in birth include noise, interruptions, medical personnel that impose their own beliefs on the patient without her permission, epidurals, sedation, and problems with the parents.

The midwives all believe that they were called to become midwives. They view midwifery as much more than a profession or job. They acknowledge that there is a higher reason for their choosing the path of midwifery. Factors that influence the midwives include their spiritual backgrounds, personal life experiences, the births of their own offspring, and certain people such as special doctors. The midwives recognize the importance of educating midwives about spirituality but view it as a challenge because it may be hard to teach. It is something that should come from within. The midwives, however, do acknowledge that it is not necessary to be spiritual to be a good clinician or midwife.

The relationships between the midwives and the birthing families are important to foster the feelings of spirituality during births. Spirituality during birth is enhanced by connection, continuity, and bonding between the midwives and the families. This helps to establish trust as well. The midwives support the patients' autonomy and desire to birth in the way that they want. The midwives have respect for the patients' beliefs and believe in treating the patients the way that they would want to be treated (Do unto others). The midwives also share a relationship with the babies and feel concern for the babies' well being. They feel happy when they can see that the parents are elated by the birth of their children, and concerned if the parents do not exhibit this type of behavior.
Summary

Chapter Five was a presentation of the results of the analysis of data from interviews with 10 midwives (co-researchers), which produced 38 subthemes, 40 themes, 16 theme clusters, and 5 theme categories. An exhaustive description of the theme categories, theme clusters, themes and subthemes was presented, supported by direct quotes from the 10 co-researchers.

The five theme categories were belief in the existence of a higher power, the essence of spirituality, birth is spiritual, the essence of midwifery, and relationships.

The first theme category, belief in the existence of a higher power, has two theme clusters, God is the higher power, and there is a higher power. The second theme category, the essence of spirituality, has four theme clusters, defining spirituality, the feeling of spirituality, spirituality vs. religiosity, and spiritual tools/practices. The third theme category, birth is spiritual, has four theme clusters, birth is a miracle, factors that enhance spirituality in birth, factors that disrupt/impede spirituality in birth, and the emotions of birth. The fourth theme category, the essence of midwifery, has three theme clusters, midwifery is a calling, midwifery is a God given gift, and factors that influence the midwife. The final and fifth theme category, relationships, has three theme clusters, connection, midwife supports birthing mom, and midwife's relationship with baby. Each theme cluster contains themes derived from the formulated meanings for horizons and the invariant horizons.

The individual textural descriptions, composite textural description, individual structural descriptions, and composite structural description were presented. In
conclusion, the composite textural-structural description was presented as the essential structure of spirituality in midwifery and childbirth.

In the first theme category, belief in the existence of a higher being, all of the midwives acknowledged a belief in the existence of a higher being. Nine of the midwives called this higher being God. The midwives felt the higher being was the one in control of the entire birth process and that God had the ultimate control. The midwives reported receiving gifts from God, such as intuition and strength.

In the second theme category, the essence of spirituality, all of the midwives conversed about the meaning of spirituality, how it feels and affects the birth experience. Some of the midwives reported that the feeling of spirituality during birth created a different energy or aura. The midwives reported the use of spiritual tools that helped them care for their patients in labor, including intuition and prayer.

In the third theme category, birth is spiritual, all of the midwives reported that they viewed birth as a spiritual event. Birth was also reported to be seen as a miracle from God. The midwives reported factors that enhanced and impeded or disrupted the feeling of spirituality during birth. The emotions that the midwives felt during birth were expressed.

In the fourth theme category, the essence of midwifery, all of the midwives reported that midwifery was a calling for them. Some of the midwives reported that God called them to midwifery. The midwives revealed factors that had influenced them such as remembering their own offspring’s births, life experiences, their spiritual or religious backgrounds and special doctors.
In the fifth theme category, *relationships*, all of the midwives shared experiences they had with their patients. The midwives reported that connection, continuity, and bonding promoted a feeling of spirituality in birth and fostered a feeling of trust between the birthing family and the midwives. The midwives reported the importance of supporting the birthing mother through autonomy and empowerment and respect. The midwives also revealed that they had a relationship and a concern for the babies as well. They reported a feeling of happiness and relief when the babies were born and everything was well for the mothers and babies.
CHAPTER SIX

SUMMARY, IMPLICATIONS AND OUTCOMES

The final chapter of this dissertation presents the relationship of the results of the study, in comparison to the review of literature, and to the philosophical and conceptual orientation of the lived experiences of midwives with spirituality in childbirth. It continues with a discussion of the limitations of the study, implications for nursing and midwifery, and personal relevance to the researcher and recommendations for future research.

Relationship of Results to Review of Literature

The review of literature for this study, presented in chapter 2, focused on research in spirituality as it related to midwifery and childbirth. The following is an interpretation of the study’s results in relation to the review of literature.

Results Consistent with Review of Literature

The results of this study that are consistent with the review of literature on spirituality in midwifery and childbirth are found in some of the sub themes, themes, and theme clusters in all five theme categories, belief in the existence of a higher power, the essence of spirituality, birth is spiritual, the essence of midwifery and relationships. Table 7 represents the results that are consistent with the review of literature.

Theme Category: Belief in the Existence of a Higher Power

The theme category, belief in the existence of a Higher Power, was consistent with the literature. All of the midwives in this study professed a belief in a Higher Power. In the literature review, an ethnographic study of midwives in Angola revealed that the midwives depended on God because “there was no one else to turn to in times of crisis
The literature review included several citations that discussed how the birthing mothers' spiritual beliefs aided them during childbirth (Callister, 1992, 1998, 1999; Rice, 1994; Magana, 1995; Morgan, 1996).

### Table 7: Results Consistent with the Review of Literature

<table>
<thead>
<tr>
<th>Belief in the Existence of a Higher Power</th>
<th>The Essence of Spirituality</th>
<th>Birth is Spiritual</th>
<th>The Essence of Midwifery</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belief in God</td>
<td>Defining Spirituality</td>
<td>Birth is a spiritual event</td>
<td>Midwifery is a calling</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Connection</td>
</tr>
<tr>
<td></td>
<td>Spirituality versus Religiosity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strength</td>
<td>Midwife's personal beliefs</td>
<td>Homebirth</td>
<td>Midwifery means with woman</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prayer and praise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intuition</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A sub theme of belief in the existence of a higher power was strength. The literature review supported this sub theme. Qualitative studies of women of certain religious or ethnic groups drew inner strength from their spiritual beliefs (Callister, 1992, 1995, 1998; Morgan 1996).

**Theme Category: The Essence of Spirituality**

The theme category, the essence of spirituality, was consistent with the literature. The theme cluster, defining spirituality, was reviewed in the literature and revealed that spirituality is an elusive term that is difficult to define, and has different meanings to different people (Chiu et al., 2004; Dyson et al., 1997; Elkins et al., 1988). Rather than
define spirituality, Dyson et al. (1997) created a working framework for the exploration of
the meaning of spirituality. The midwives in this study defined spirituality in a variety of
ways. Some of the midwives found it difficult to describe spirituality in words, leaving
them to describe spirituality with their body language and the emotions they experienced
as a result of their feelings of spirituality.

The theme, midwife’s personal beliefs, was supported by the literature review.
Some of the midwives that participated in this study revealed that their personal beliefs
were private. The midwives did not share or express their beliefs about spirituality openly
because they believed they would be seen as “weird” and be ridiculed for believing that
spirituality has an affect on birth. Although all of the midwives that were interviewed for
this study are certified nurse-midwives with competent training and licensing in the
sciences—both nursing and midwifery, they also believe that spirituality plays an integral
role in childbirth. This has been and still is a topic of dispute and ridicule for some in the
scientific and medical community (Prayer, 2001; Garratt, 2001).

In the theme cluster, spirituality versus religiosity, the midwives stated that one
does not have to be religious in order to be spiritual. They also declared that spirituality is
not to be confused with religiosity, as they are different from one another. The literature
review addressed the issue of understanding the difference between spirituality and
religion (Coyle, 2002). Some of the midwives in this study mentioned that they attempted
to address the spiritual needs of their patients regardless of the patient’s religious
backgrounds.

The theme, prayer and praise, was supported by the literature review. Midwives
have reported using prayer to aid them during births (Wilson, 2000). In the literature
review, midwives who reported using prayer during births believed that it improved birth outcomes and experiences (Wilson, 2000). The midwives of this research study did not state unequivocally that prayer improves birth outcomes, however, they did express that they used prayer as a powerful tool during births and uttered gratitude and relief when their prayers were answered.

The theme, *intuition*, was supported by the literature review. In one article reviewed, a midwife reported that God spoke to her and warned her of potential complications (Wilson, 2000). The midwives in this study described this as intuition or 6th sense- a voice or whisper from the Higher Being that aids and guides the midwife when attending births. A phenomenological study of connection reported the use of intuition by nurses when providing care to their patients (Kutaka, 2002).

*Theme Category: Birth is Spiritual*

In the theme cluster, *birth is spiritual*, the midwives of this study reported that birth is a spiritual event. The midwives described the process of birth as a miraculous event and experience not only for the birthing family, but also for the midwife attending and witnessing the birth. This finding is supported in the literature review (Hall, 2000; Ayers-Gould, 2000).

The sub theme, *homebirth*, was supported by the literature. An article discussed that homebirth facilitated a spiritual birth experience (Finn, 1995).

*Theme Category: The Essence of Midwifery*

In the theme cluster, *midwifery is a calling*, under the theme category, *the essence of midwifery*, all of the midwives of this study reported that they were called to become midwives. Some of the midwives professed that they did not see midwifery as a career
per se, but more as a life path. This finding was supported by the literature review (Bjorkman, 2004; Prayer, 2001). In the literature review, Bartlett (p. 24. 2001) stated that the “calling to midwifery was very powerful because of the constant opportunity to rub elbows with the Great Mystery and facilitate the sacred in the lives of those we know.”

Theme Category: Relationships

The theme category, relationships, was supported by the literature. In a qualitative study of African American women relating to prenatal care, the women reported that they preferred the care of midwives over doctors because the midwives took more time with the patients (Morgan, 1995). The theme, connection, under the theme category, relationships, was supported by the literature review (Kutaka, 2002). Literature reviews investigating the meaning of spirituality and the spiritual meanings of childbirth exposed emerging themes including the importance of connectedness between the mother and God, the mother and her family support/partner, the mother and the midwife, and the mother and her unborn child (Bjorkman, 2004; Callister et. al., 1999; Dyson et. al., 1997; Hall, 2001). Johnson (p. 18, 2001) describes spirituality as a “sense of connectedness between self, others and God.”

The theme, midwifery means with woman, under the theme category, relationships, was supported by the literature. A phenomenological study exploring the meaning of the midwife’s experience of being present with a woman during birth revealed the value of being with woman to midwifery care from the midwife’s perspective (Hunter, 2003).
New Findings

Due to the scarcity of literature, particularly non- anecdotal, some sub themes, themes, and theme clusters from all five theme categories added to literature available on spirituality in midwifery and childbirth. Table 8 represents the new findings.

Table 8: New Findings

<table>
<thead>
<tr>
<th>Belief in the Higher Power</th>
<th>The Essence of Spirituality</th>
<th>Birth is Spiritual</th>
<th>The Essence of Midwifery</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existence of a Higher Power</td>
<td>God is present</td>
<td>The feeling of spirituality</td>
<td>Mana from Heaven</td>
<td>Factors that influence the midwife</td>
</tr>
<tr>
<td>Relationship with God</td>
<td>Emotions</td>
<td>Concerned when parents do not recognize the miracle</td>
<td>Births of children, grandchildren</td>
<td>Midwife supports birthing mom</td>
</tr>
<tr>
<td>No one can do what God does</td>
<td>Feeling a spiritual presence without actively seeking it</td>
<td>Factors that enhance spirituality</td>
<td>A special doctor</td>
<td>Do onto others</td>
</tr>
<tr>
<td>God is in control</td>
<td>Spiritual tools</td>
<td>Factors that disrupt/impede spirituality</td>
<td>Spiritual religious background</td>
<td>Midwife’s relationship with baby</td>
</tr>
<tr>
<td>I am not the one in control</td>
<td>Something worked through me</td>
<td>Humming/chanting Native American music Dreams Communing with spirits</td>
<td>Emotions of birth; Excitement Elation Energized Exhaustion relief</td>
<td>Challenges of incorporating spirituality in midwifery education</td>
</tr>
</tbody>
</table>

148
Theme Category: Belief in the Existence of a Higher Power

As a result of this study that had not been previously reported in the literature is the theme, *God is present*, and the sub theme, *relationship with God*, in the theme category, *belief in the existence of a higher power*. The midwives that participated in this study reported the importance of their relationships with the higher power/ God, in their lives, as well as, in their practices with their patients. Some of the midwives reported how they relied heavily on the higher power/ God, and could not imagine being, living, or working as midwives without their belief and faith in God.

Another new finding of this study was the theme, *God is in control*, and the sub themes, *no one can do what God does*, and *I am not the one in control*. Midwives reported that they did not see themselves as in control of the outcomes of the births, and that no one could do what God does to control the births, not the midwives, physicians or anyone else. Some of the midwives reported a belief in fate and destiny; they believed must be accepted, regardless of the outcome. Three of the midwives discussed that not all births result without complications and with healthy live babies and "happy endings." Some births have complications, sometimes there will be stillbirths, or babies born with birth defects. There is a reason for everything; humans simply do not have control over it all.

The sub theme *something worked through me*, under the theme, *a higher power is in control*, was a new finding of this study. Some of the midwives revealed how God worked though them to help women to give birth to their babies. They divulged how they saw themselves as God’s workers, fulfilling and obeying his commands. The midwives appreciated the gratitude their patients expressed after the births, but they humbly
believed the ultimate gratitude belonged to God. One midwife had expressed how a patient had said to her after a difficult birth; “I will never forget how you saved my baby.” The midwife replied; “I didn’t save that baby, God saved your baby.”

Theme Category: The Essence of Spirituality

In the theme category, the essence of spirituality, the themes that were new findings included emotions, isolation and aura, under the theme cluster, the feeling of spirituality. The midwives expressed that they had experienced emotions such as excitement when they attended births that were spiritual. The midwives divulged that they felt isolated because these feelings that the midwives experienced were not openly shared. Some of the midwives also expressed that they sensed a different energy or aura with spiritual births.

The sub theme, feeling a spiritual presence without actively seeking it, was not reported in the literature. This was revealed by one of the midwives in the study. She recognized that the spiritual sense that she experienced in birth was not something she actively sought, but rather it had spontaneously come to her.

The theme, other spiritual tools, was a new finding. The midwives revealed that they had witnessed or used a variety of spiritual tools that they felt enhanced the energy of spirituality during the births. These tools included: humming, chanting, Native American music, dreams, and communing with spirits.

Theme Category: Birth is Spiritual

A new finding of this study in the theme category, birth is spiritual, included the sub theme; concerned when parents do not recognize the miracle. Two midwives expressed that they were concerned for the baby and the welfare of the family, and its
future when they noticed that the parents did not seem to recognize the blessing of receiving a new baby through the miracle of birth.

The sub theme, *mana from heaven*, was not reported in the literature. One midwife from Hawaii shared how she saw birth as a miracle from God and *mana* from heaven.

The theme cluster, *factors that enhance spirituality in birth*, were new findings. The midwives revealed that there were many factors that enhanced the feeling of spirituality during birth including; a peaceful, calm, quiet environment, natural birth, water birth. The midwives also reported that births complicated by challenges that were overcome with triumph and positive birth outcomes augmented the feeling of spirituality.

The theme cluster, *factors that disrupt/impede spirituality in birth*, was a new finding of this study. The midwives mentioned several factors that they felt disrupted spirituality during birth. These factors included; noise, medical staff/doctors, intervention, epidurals, sedation, and problems with the parents.

The theme cluster, *emotions of birth*, was a new finding. The midwives shared that they felt a variety of emotions such as excitement, elation, energized, tears of joy, exhaustion, and relief when they attended births.

*Theme Category: Essence of Midwifery*

New findings in the theme cluster, *essence of midwifery*, included the theme cluster, *factors that influence the midwife*. The midwives reported different factors that impacted their feelings about spirituality in birth and played a role in their calling to midwifery. These factors included the births of their children, or grandchildren, life experiences, a special doctor, and their spiritual or religious backgrounds. The midwives
also discussed the challenge of teaching spirituality in midwifery education. Although some of the midwives felt it should be taught, others felt it is difficult to teach spirituality.

Theme Category: Relationships

New findings in the theme category, relationships, included the theme cluster, *midwife supports birthing mom*. The midwives that reported the importance of supporting the mother during her birth revealed the importance of the midwives promoting autonomy for the woman, defending her rights to birth as she desired, treating her as an equal, and respecting the mother's beliefs/taking cues from her. The midwives mentioned the belief in "do unto others" – the importance of treating people the way that the midwives themselves would want to be treated.

The midwife’s relationship with the baby was another new finding of this study. Some of the midwives expressed that they had a relationship with the baby, starting from in the womb. The midwives felt a need to protect the baby and were concerned for its safety. They were relieved and happy especially at the moment of birth when the witnessed the baby emerge, heard the baby’s cries, and saw that the baby was well, and the parents were filled with joy meeting the new member of their family.

Relationship of Results to the Philosophical and Conceptual Orientation

The method of this study was transcendental phenomenology, which concentrated on the lived experiences of midwives who have experienced spirituality while attending childbirths. Consequently, the researcher did not use a formal conceptual framework to guide the proposal. In chapter three, a concept analysis of spirituality in midwifery and childbirth was presented using Walker and Avant’s modification of the Wilsonian method of concept analysis (1995) in order to gain a greater understanding of the concept
as a whole. The analysis produced the following attributes: transcendence, belief faith and hope, connection, meaning and purpose, inner strength, peace, rite of passage, calling, and intuition. The theme categories from the results of this study support all of the attributes that were discovered in the concept analysis of spirituality in midwifery and childbirth.

Transcendence

Hall (2001) described transcendence as a “harmonious interconnectedness” and that birth is a transcendental experience. The midwives in this study used the terms ‘vibration’, ‘aura’, and ‘energy’ to describe the feelings of spiritual birth. ‘Mana’ was another word from the Hawaiian language that was used to describe the sentiment of birth. These terms tie in with the energy of transcendence.

Belief, Faith, and Hope

From the theme category, belief in the existence of a higher power, the midwives in this study all believed in a higher being. Nine of the midwives stated that this higher being was God. The midwives believed that their belief in the higher being helped them when they attended births. The midwives also expressed that their faith in the higher being assisted them through births, especially at difficult or challenging times. The midwives also expressed a hope and desire for the births to end with good outcomes; for mother and baby to be happy and healthy. When this occurred, the midwives expressed gratitude.

Connection

The attribute, connection, was described in the concept analysis (Coyle, 2002; Tanyi, 2002) as the relationship one has with God, oneself, others, and the environment.
The theme category, *relationships*, supports this attribute. The midwives revealed their relationships with the higher power helped them in their own lives along with assisting women giving birth. All of the midwives in this study discussed their relationships with their patients, and five midwives revealed the importance of having a connection with the patient and her family. Connection, bonding, continuity, and being present were all reported by the midwives as contributing to the feeling of spirituality during birth.

*Meaning and Purpose*

The attribute, *meaning and purpose*, assists in discovering who we are and why we are here (Coyle, 2002). The midwives in the study revealed the importance that midwifery played in their lives in the theme category, *the essence of midwifery*. Some of the midwives also stated that the work of midwifery gave them a great sense of fulfillment.

*Inner Strength*

The attribute, *inner strength*, was supported by the theme category, *belief in an existence of a higher power*. The midwives reported that the higher power/ God gave them the inner strength to conquer the many challenges of midwifery such as enduring the long hours, and finding solutions to complications that sometimes arise during births.

*Peace*

The attribute, *peace*, was supported in the theme category, *birth is spiritual*, under the theme cluster, *factors that enhance spirituality in birth*. Some of the midwives reported that a peaceful, calm environment promoted the feeling of spirituality during birth.
Rite of Passage

The attribute, *rite of passage*, was supported by the sub theme, *giving birth to babies*, under the theme, *God’s gifts*. Three of the midwives that participated in this study disclosed their sentiments of believing that the process of giving birth is a spiritual rite of passage for a woman; a transition from womanhood to motherhood. This transition was mentioned as being a blessing from God and a gift that God gives to women.

Calling

The attribute, *calling*, was supported by the theme category, *the essence of midwifery*, under the theme cluster, *midwifery is a calling*. All ten of the midwives reported that they were called to midwifery. Midwifery was viewed as a gift from God, spiritual, and a blessing (Hayford, 1991).

Intuition

The attribute, *intuition*, was supported by the theme category, *the essence of spirituality*. Intuition was a theme under the theme cluster, *spiritual tools/practices* and was. Seven midwives reported using intuition as a tool that aided and guided them during births. In a new finding of this study, two of the midwives also mentioned that birthing women have and use intuition during birth too. Intuition helps both midwife and birthing mother to tune into their inner selves, to know what is going on, and to know what they may do to help the process and progress of birth.

Limitations of the Study

One of the limitations of the study is that it took place in the state of Hawaii. All of the interviews were conducted in Hawaii due to financial constraints. Hawaii is geographically a very isolated island from the rest of the world. The midwifery
community is small, with approximately 30 midwives throughout the state. Because the midwifery community is so small, most of the midwives directly know or indirectly know of one another. The researcher directly or indirectly knew all of the co-researchers.

Another limitation of the study was that the sample was small and limited by selection criteria. Another limitation is that the majority of the midwives were Christian. If there had been midwives of other religions or spiritual inclinations available for interview, the outcomes may have been different. Only nurse-midwives were interviewed for this particular study, outcomes may have differed if other care-givers involved in birth had been interviewed, such as physicians, nurses, lay-midwives, anesthesia providers, or if patients and/or their families were interviewed.

Implications for Nursing and Midwifery

The results of this study are relevant to nursing and midwifery because it demonstrates the value of recognizing and incorporating spirituality in birth. The human is composed of three intertwining components; mind, body and spirit. As mentioned in the beginning of this study, healing of mind and body are normally addressed in science and medicine, however spiritual healing is often neglected. In order to truly care for the patient as a whole being, it is essential to address all three elements; mind, body, and spirit. This study acknowledges that spirituality is an integral part of childbirth. Midwives and other care providers in the arena of birth should acknowledge spirituality’s existence, respect it, and foster it.

The typical patient intake questionnaire in the clinic or hospital setting may ask for the patient to state her religion and perhaps her religious/spiritual preferences. Often, this is the beginning and end of addressing the topic of spirituality for the patient. Part of
the reason is that some health care providers may not be comfortable discussing spirituality. It may be because the patient’s beliefs are different than the health provider’s beliefs. It is essential that the health care provider be open minded and respect different peoples beliefs. Health care providers should also make themselves familiar with different people’s customs and traditions whenever possible. Another reason that spirituality is neglected is because the health care provider is too busy with other mandatory aspects of health care such as paper work/ documentation. Health care providers sometimes become robotic, completing laundry lists of tasks. In the midst of attempting to complete all the required “tasks”, the essence of the patient, the human, spirit being, is forgotten and neglected. It is crucial that the health care provider remember that she is a healer and that the patient comes to her in need of care. There is a true relationship between the patient and the care provider. Spirituality can foster this relationship, creating a vibration of trust, harmony and love.

Recommendations for Future Research

Based on the results of this study, further research should be conducted in spirituality in midwifery and childbirth. The researcher has the intentions of doing a nationwide survey of the beliefs of midwives about spirituality in birth to gain a larger perspective on the phenomenon. Using the question prompts that were used in the interviews, and the themes that emerged as a result of the interviews, the researcher will create a questionnaire to be distributed nationally or perhaps internationally to midwives.

Another worthwhile study that the researcher would like to conduct is to examine whether incorporating spirituality in childbirth has an effect on or improves birth outcomes.
The lived experiences of spirituality for women giving birth would be another viable study. Other health care providers’ experiences of spirituality in birth should be examined as well.

Finally, the researcher would like to do field research examining the cultural and religious practices surrounding births for a variety of religious/spiritual groups from the midwives’ perspectives and the birthing mothers’ perspectives in order to create a greater awareness of traditional practices relating to spirituality and birth.

Summary

Chapter Six presented a discussion of the results of the study in relation to the review of literature and to the conceptual orientation, the limitations of the study, implications for nursing and midwifery, and the recommendations for future research. The results of this study reflected the literature on spirituality in midwifery and childbirth. The results of this study added new knowledge from some of the themes and sub themes of all five theme categories; belief in the existence of a higher being, the essence of spirituality, birth is spiritual, the essence of midwifery, and relationships.

Limitations of this study include the remote location of Hawaii, the small size of the sample, the small community of midwives in Hawaii, and that only nurse-midwives were interviewed. Implications for nursing and midwifery include recognition of the importance of acknowledging the existence of spirituality and incorporating spiritual care in childbirth.

Recommendations for future research include creation of a broad based survey about spirituality in midwifery and childbirth, researching the lived experiences of
birthing women, doctors, nurses, lay midwives, and conducting more research about traditions and practices of different cultural/religious groups.

Moustakas (1994) calls for the researcher to ask the co-researchers to share art, poetry or other forms of inspiration that exhibit the essence of the lived experience of the phenomenon. This study will close with a poem, shared by one of the co-researchers, which portrays the meaning and essence of spirituality in birth. The poem was written for the co-researcher.

_Safe Passage_

Hold my hand and don’t look down,

For I am here to get you around,

All the land mines that invade our lives,

All the uncovered swords and knives,

Follow my lead and you will see,

That to survive you must be like a tree.

Stand firm and deep in your convictions

Be gentle and soft against the strong winds,

Grow towards the sun feel its warm rays,

The memory of which, with you will long stay,

When rain is cold and the nights are long,

When you hum the words of a lonely song.

Most of all do not let go of my hand at all,

I guarantee you, you will not fall,
I will guide you, protect you from all sorts of harm,
there is nothing in this world that will cause you alarm,
for I have forded many streams in life,
I have been to altar and not been a wife,
I have raised two children and been a great mom,
Something I am proud of, fine daughter and son!
But something has pushed me into my calling,
That has me look so natural when nature is roiling,
When women are about to scream in love and pain,
That’s when I am the best of my game.

You see I am a midwife, a mother to all,
I hold you mom’s hand, I don’t let you fall,
I catch you first in this world we share,
I wrap you and hug you, let you know we care.
My goal is to make sure that safe passage is yours,
As you come to the world cold and unsure
I am to le you know that with help you endure.
I hear you first cries an am in your first eyes,
You are my child for a moment in time,
I have succeeded in passage, one more time.

As I hand you off to parents to love,
I silently pray to my God above
Watch this one my lord and my God
For this one too is special to me, I know
My family dear Lord continues to grow,
But I ask your blessings and guiding hand
Have your footprints by theirs on the sand,
And one selfish thing of you I do ask
Never let them walk by me, don’t let them pass
Without a tingle or some little show
That lets me know
I helped with their safe passage
I can feel their glow!

(for N.J by S.D.F., 2006- used with permission)
Childbirth and midwifery have always intuitively felt spiritual in nature to me. My first experience of the spiritual nature of birth and midwifery came through my first pregnancy and birth of my first child. I trusted my midwife just as she trusted the spirits who guided her. I “knew” after my first child, Saajida was born, that somehow and at sometime, helping other women to birth would become my life work as well. I was “called”, and I answered.

I have had many experiences that I would consider “spiritual” during births that I assisted and/or attended in the past 19 years. There have been many times that I have prayed or chanted with my patients, other times that I prayed in silence for my patients or layed on hands of prayer (with or without their knowledge). I have heard silent whispers for answers to challenging situations when my “conscious” mind was not quite sure what to do….these silent whispers have guided me and told me the right answers. And when I have ignored these whispers, or one might say intuitive voices, I have later wished that I had not. I have felt presences of “others” in rooms as women have given birth. These “others” have been angels, ancestors, spirits, and the Divine. Fetuses have spoken to my inner being to let me know how I could help them to be born. I have asked myself many times, “Am I the only one that has these experiences or do other midwives experience this phenomenon as well”?

My most profound “spiritual” experience as a nurse-midwife was the catalyst that prompted me to do a doctoral dissertation on the phenomenon of spirituality in midwifery and birth.
I had a very vivid dream in the middle of the night between a Thursday and a Friday morning. I was in Labor and Delivery taking care of a laboring mother. The mother and baby both died mysteriously during mom’s labor. I was distraught in my dream, so much to the point that my husband perceived me to be struggling in my sleep and it woke him up. He sensed that something was wrong with me and woke me up. I told him what had happened, he told me to pray, which I did, and eventually I fell back asleep.

The following Friday morning, I was on call and went to work as usual. I shared with my fellow midwife co-worker about my disturbing dream. I did my morning postpartum rounds unusually later, near lunch time for no apparent reason. When I arrived on the postpartum unit, the nurses were having a baby shower for two nurses that were both due and both nurse-midwife patients. The nurses asked me to stay. I was reluctant at first because I had not known about the party or come prepared, but I did end up staying for a short time. I sat next to one of the CNM patients and we began a casual conversation. She was now 38 weeks and feeling signs of early labor, and expressing to me how happy she was to be in the midwife program and was actually surprised that she got in the program. I asked her why. She replied that she had had surgery on her uterus for a ruptured ectopic several years ago in another state, and was told by a doctor that she would need to have cesarean operations if ever she had more children. I was surprised to hear this because this was not on her record that I could recall. I left the party shortly after, to return to the clinic and discussed what the patient had said with the other CNMs. The midwives said to me that perhaps my dream had something to do with this patient. My heart sank. We reviewed her record, and found no mention of any uterine surgery.
We consulted a physician on our unit. The physician explained to me that if indeed she had had a particular kind of procedure that cut into the uterus; it would be dangerous for her to attempt a vaginal delivery, due to the possibility of uterine rupture. Both she and her baby would be at great risk- of even death. I became anxious as I played back the events in my dream. I went to the medical records department in our hospital to see if they could possibly contact the hospital that the patient had had her surgery, by now it was late Friday afternoon with an upcoming weekend, and it was impossible to get records. I promptly called the patient back, and asked her if she had copies of the operation report. She reluctantly said she would have to look. I explained to her how important it was that we find out right away what kind of procedure she had, she was reluctant because she so desperately wanted to have a natural vaginal birth in the midwife service. When I explained to her why it was so important that we know, she agreed to look for the operation report. Moments later, she called me back in tears and stated the name of the procedure on the report; it was the one that contraindicates subsequent vaginal delivery. I asked her to come back in to the hospital to be evaluated by the physicians as soon as possible, she did. Later that evening when I called the unit, I was told that she had had a cesarean section. The surgeon told me that her uterine scar from the previous operation was extremely thin and possibly could have ruptured at any time, and that it was a good thing that this was discovered in time. I prayed and thanked God for speaking to me in my dream and warning me.

I went to see the patient the following day. I confessed to her my dream. Emotion filled us, we cried together. She and her husband are both Christians. Her husband said to me that he felt that my dream was a warning from God and a message from the
Angels. He thanked me for trusting my dream and acting so astutely. The patient said that she was disappointed that she had not had a vaginal birth, but felt that she had been “midwifed” though her operation because of our caring for her. She was so happy to see her beautiful baby and know that she and her baby were safe.

When I have reflected back to this dream, I find it somewhat ironic that my most profound spiritual/midwife experience so far has not actually involved a birth that I attended, but yet possibly a catastrophe that was prevented. I have no personal doubt that midwifery and birth is spiritual. I am now compelled to know if there are other midwives feel this way too.

This story was retold with permission from the patient and her family.
Protection of Human Subjects
Assurance Identification/IRB Certification/Declaration of Exemption
(Common Rule)

Policy: Research activities involving human subjects may not be conducted or supported by the Departments and Agencies adopting the Common Rule (56FR28003, June 18, 1991) unless the activities are exempt from or approved in accordance with the Common Rule. See section 101(b) of the Common Rule for exemptions. Institutions submitting applications or proposals for support must submit certification of appropriate Institutional Review Board (IRB) review and approval to the Department or Agency in accordance with the Common Rule.

1. Request Type
   [ ] ORIGINAL  [ ] CONTINUATION  [X] EXEMPTION

2. Type of Mechanism
   [ ] GRANT  [ ] CONTRACT  [ ] FELLOWSHIP  [ ] COOPERATIVE AGREEMENT  [ ] OTHER:

3. Name of Federal Department or Agency and, if known, Application or Proposal Identification No.

4. Title of Application or Activity
   "The Essence of the Lived Experiences of Certified Nurse Midwives with the Concept of Spirituality During Childbirth: A Phenomenological Study"

5. Name of Principal Investigator, Program Director, Fellow, or Other
   Carmen Heidi Linhares, MSN, CNM

6. Assurance Status of this Project (Respond to one of the following)
   [X] This Assurance, on file with Department of Health and Human Services, covers this activity:
   Assurance Identification No. F-3526, the expiration date October 15, 2005  IRB Registration No. IORG0000169
   [ ] This Assurance, on file with (agency/ dept), Assurance No. , the expiration date IRB Registration/Identification No. (if applicable)
   [ ] No assurance has been filed for this institution. This institution declares that it will provide an Assurance and Certification of IRB review and approval upon request.
   [X] Exemption Status: Human subjects are involved, but this activity qualifies for exemption under Section 101(b), paragraph 2

7. Certification of IRB Review (Respond to one of the following IF you have an Assurance on file)
   [ ] This activity has been reviewed and approved by the IRB in accordance with the Common Rule and any other governing regulations.
   by:  [ ] Full IRB Review on (date of IRB meeting) or  [ ] Expedited Review on (date)
   [ ] If less than one year approval, provide expiration date
   [ ] This activity contains multiple projects, some of which have not been reviewed. The IRB has granted approval on condition that all projects covered by the Common Rule will be reviewed and approved before they are initiated and that appropriate further certification will be submitted.

8. Comments
   CHS #13469

9. The official signing below certifies that the information provided above is correct and that, as required, future reviews will be performed until study closure and certification will be provided.

10. Name and Address of Institution
    University of Hawaii at Manoa
    Office of the Chancellor
    2444 Dole Street, Bachman Hall
    Honolulu, HI 96822

11. Phone No. (with area code)  (808) 956-5007
12. Fax No. (with area code)  (808) 539-3954
13. Email:  dendle@hawaii.edu

14. Name of Official
    William H. Dendle

15. Title
    Compliance Officer

16. Signature
    [Signature]

17. Date
    January 14, 2005

Authorized for local Reproduction

Sponsored by HHS

Public reporting burden for this collection of information is estimated to average less than an hour per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: OS Reports Clearance Officer, Room 503 200 Independence Avenue, SW., Washington, DC 20201. Do not return the completed form to this address.
APPENDIX C: RECRUITMENT ANNOUNCEMENT

CALL FOR CERTIFIED NURSE-MIDWIVES

I am searching to interview certified nurse-midwives who have or have had spiritual experiences and/or use some form of spirituality while attending childbirth. If you have experienced spirituality in your practice as a nurse-midwife during childbirth, and are willing to share your stories as a part of a research study, I would love to hear from you and speak with you more.

Carmen Linhares PhD (c), CNM, MSN, APRN
University of Hawaii
School of Nursing and Dental Hygiene
Tel 381-2898
Email: carmensamba@aol.com
APPENDIX D: INFORMED-consent-for
“The Lived experiences of certified nurse-midwives with the concept of spirituality in childbirth”

Carmen Linhares, Principle Investigator
46 395C Kahuhipa Street Kaneohe, HI 96744 (808) 381-2898

The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that you are free to decide not to participate or withdraw at anytime without affecting your relationship with the researcher, the University of Hawaii, or the Department of Nursing. Participation in this study is completely voluntary.

The purpose of this study is to reveal information about the phenomenon of certified nurse-midwives’ experiences of the concept of spirituality when they have attended and assisted in childbirth and to uncover the meaning of spirituality from the certified nurse-midwives’ perspective as it relates to midwifery and childbirth. The procedure will be a phenomenological design consisting of taped interviews conducted with each participant.

Data collection will involve a scheduled in-person interview between the researcher and the participant. The interview will be audio taped. The researcher will have a set list of questions to ask of the participant. The researcher will take notes at times during the interview. The interview will last for approximately 60 to 120 minutes. The audiotapes will then be transcribed and analyzed. There is the possibility that the researcher may have to contact the participant for more information after the interview is completed.

Do not hesitate to ask any questions about the study either before participating or during the time you are participating. The researcher will share the findings with you after the first analysis of the interview is completed and ask for your feedback. You feedback will be considered and important to the researcher.

The investigator believes that there is little to no risk to participating in this research project. A possible risk or discomfort associated with this study may include a possible loss of privacy with the publication of this study. The study will then become public material. However your name will not be associated with the research findings in any way, and your identity as a participant will be known only to the researcher. Research data will be confidential to the extent allowable by law. Agencies with research oversight, such as the UH Committee on Human Studies, have the authority to review research data. All research records will be stored in a locked file by the investigator for the duration of the project. Audio tapes and research records will be destroyed upon completion of the project.

The expected benefits associated with your participation are the information obtained about the essence and meaning of spirituality in childbirth as experienced by
certified-nurse midwives, increased awareness of the phenomenon of spirituality in childbirth, and the opportunity to participate in a qualitative research study. Participating in this study however may be of no direct benefit to you.

The researcher is conducting this study as the dissertation research for her doctoral candidacy in Nursing through the University of Hawaii. The researcher has the intention of publishing the study.

Please sign your consent with full knowledge of the nature and purpose of the procedures. A copy of this consent form will be given for you to keep.

Further information can be obtained from Carmen Linhares at 381-2898.

If you have any questions regarding your right as a research participant, you may contact the Human Subjects Committee at the University of Hawaii at Manoa as (808)956-5007.

Participant:
I have read and understand the above information, and agree to participate in this research project.

________________________________________
Name (printed)

________________________________________
Signature                     Date
APPENDIX E: Demographic Information:

1. Age _______________
2. Gender _______________
3. Ethnicity _______________
4. Experience and Educational Background __________________________________
5. Specialized Training _______________________________________________________
6. Number of years in nurse- midwifery practice _______________________________
7. Number of years in Intrapartum practice _______________________________________
8. Past or current practice in Intrapartum obstetrics _____________________________
9. Type(s) of practice setting(s) ______________________________________________
10. Religious or Spiritual Identity ______________________________________________

11. Spiritual practices personally used in general

___________________________________________________________________________

___________________________________________________________________________

12. Spiritual practices that you have used specifically during childbirth

___________________________________________________________________________

___________________________________________________________________________
APPENDIX F: Interview Protocol
Project: The Lived Experiences of Certified Nurse-Midwives with Spirituality in Childbirth

Date/Time of Interview:
Place:
Interviewee:
Project description:

Main Question:

"Describe in full detail what the meaning is and how you have experienced the concept or phenomenon of spirituality in your practice as a nurse-midwife when you have been present during childbirth".

Topical question prompts:

1. How do you believe that your personal beliefs affect your practice as a certified nurse-midwife?

2. What is a spiritual experience for a certified nurse-midwife during childbirth?

3. What is not a spiritual experience for a certified nurse-midwife during childbirth?

4. Describe the most profound spiritual experience that you have had as a certified nurse-midwife while attending a birth.

5. Is there any connection between spirituality and your choice in career?
6. How/ when did you first become aware of spirituality in midwifery and childbirth?

7. How does spirituality in general affect the way you practice midwifery?

8. What difference do you think spirituality makes in your practice and your relation with your patients?

9. How do you feel spirituality could be incorporated into midwifery education and/ or practice?

10. Do you have anything else that you would like to share or add about your experiences of spirituality in childbirth (including poems, songs, journals, artwork etc...)?

(Thank-you for your time, if you have anything more to add after the conclusion of this interview, please feel free to call or email me. I will share with you the analysis of your interview for you to review and critique.)
REFERENCES


Journal of Perinatal Education 1(1), 50-57.


