

Spirituality and Psychological Wellbeing During Pregnancy and Childbirth: A Review of the Literature

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Abstract

Globally, there is a growing interest in the spiritual care; neglecting spirituality during health care provision may negatively affect psychological, emotional and physical well-beings. Specifically, providing spiritual care during pregnancy and childbirth affects health outcomes and decreases the risk for complications. Current literature review explains the main spiritual attributes in maternal psychological health. In addition, the review help healthcare providers decide upon suitable strategies to overcome the negative consequences of the psychological difficulties during pregnancy and childbirth.

Keywords: Psychological wellbeing, Spirituality, Pregnancy, Childbirth.

Introduction

Spirituality is a main domain need to be in consideration, it is more than an aesthetic part of human`s life, it is considered a central part of human`s wellbeing and holistic care (Goyal et al., 2019; Hemmati et al., 2019; Hodapp and Zwingmann, 2019; Mertha, 2020). Spirituality effect is obvious on several aspects of health; however, highlighting spirituality effect during pregnancy is necessary. Recent literature witnessed a growing interest in the spirituality during pregnancy and childbirth (Abu-abbas, Khalaf and Abu summaqa, 2022; Abu-abbas, Khalaf and Al-Shraydeh; 2022).

Several studies found spirituality a critical source for coping with illnesses, an integral part of quality of life and a source of better mental wellbeing (Burlacu et al., 2019; Hemmati et al., 2019; Piccinini et al., 2021; Rathakrishnan et al., 2022). In addition, spirituality was considered a central factor in palliative care during chronic and terminal diseases, and was found an effective factor resulted in better prognosis and positive outcomes (Dinapoli et al., 2022; Goyal et al., 2019; Mertha, 2020; Sharif and Ong, 2019; Ozveren and Kirca, 2019).

Specifically, the importance of spirituality among childbearing women is valued and it was considered an important component of perinatal health (Callister and Khalaf, 2010; Rathakrishnan et al., 2022; WHO, 2018). Several complications such as caesarian section, the use of intrapartum analgesia and assistive procedures and the incidence of post-partum depression could be minimized when providing spiritual support (Abdollahpour and khosravi; 2018; OBoyle et al., 2017).

Recently, there is a global trend toward the use of spirituality as a complementary non-medical and alternative management factor to maintain psychological wellbeing perinatally (Chehrazhi et al., 2021; Haghighat et al., 2018; Kamali et al., 2018; Nourimand et al., 2020). Yet there is still little research focusing on spirituality and its effect on pregnancy, and little is known about the indicators that maintain maternal mental wellbeing (Field, 2017).

Spirituality during pregnancy and childbirth

Pregnancy and childbirth are critical phases that childbearing women encounter. Considering the multiple physical and psychological changes of pregnancy, severe health problems could occur if this period is not managed properly (WHO, 2018). Antenatal care is a holistic approach of care; including the physical, psychological, social and spiritual care (Australian government, Department of health, 2019; Mitchell, 2014; OBoyle et al., 2017; WHO, 2018).

Specifically, spiritual midwifery is an overarching theme that emerged from an international cooperative inquiry and reflected the existential significance and meaningfulness of childbirth (Crowther et al., 2020). Wojutari (2018) discussed the issue of ritualizing pregnancy and childbirth as a spiritual experience in secular societies including the five dimensions of spirituality; moral, majestic, mysterious, questions of meaning and unifying with the other or something outside of self. OBoyle et al. (2017) found that providing spiritual support during childbirth decreases caesarian section incidence and the use of intrapartum analgesia and prevents several complications and assistive procedures.

During Covid-19 pandemic, Nodoushan et al. (2020) investigated spiritual health among 560 pregnant women; study findings revealed that the majority of pregnant women had high levels of stress and low levels of spiritual and psychological well-beings, which leads to an increase in the risk of preterm delivery and unhealthy births. Collectively, most of the evidences showed the inverse correlation between spirituality and stress during pregnancy, which adds to the body of knowledge spirituality importance in maternal stress management.

Specifically in a multidimensional study in Brazil, Piccinini et al. (2021) conducted 160 pregnant women to investigate the effect of religious and spiritual beliefs on several indicators; it was found that negative religious and spiritual coping were associated with higher levels of depressive, anxious and stress symptoms and worse physical and psychological quality of life. On the other hand, Athan et al. (2015) studied spiritual beliefs of mothers who had distressing pregnancies. Authors found that women who held attributions of God as loving, knowable and residing within the self, witnessed lower levels of anxiety, depression and perceived stress and higher levels of social support, these meanings represented in spirituality as a more general concept opposing considering God as a supreme being who was judging (Athan et al., 2015).

Spiritual intelligence is another concept associated with spirituality; Wojutari et al. (2018) studied it in Nigeria by collecting data from 348 pregnant women using the spiritual intelligence self-report inventory that include human capacity to ask questions about the ultimate meaning in life. Results of the study showed the significant moderation role of the spiritual intelligence on the relationship between psychological well-being and maternal psychosocial adjustment (Wojutari et al., 2018). Moreover, another study in Iran conducted pregnant women using the spiritual well-being and DASS (Depression, Anxiety, Stress) questionnaires, Nourimand et al. (2020) considered spirituality an integral part of the quality of life and a central factor during pregnancy for mental health (Nourimand et al., 2020). The study used a general measurement instrument regarding anxiety rather than a specific prenatal anxiety scale.

Using multi-stage sampling technique among 200 pregnant women, the relationship between maternal-fetal attachment and spiritual well-being showed a positive correlation (Zahrani et al., 2020). Moreover, Dokuhaki and Ghodrati (2019) conducted a unique study among primiparous women and their infants; maternal religious attitudes affect fetal mental health by using specific newborns mental health indicators.

Spirituality was considered as one of the associated factors which decreases the incidence of postpartum depression (Abdollahpour and khosravi; 2018; Clements et al., 2016; Cheadle and Schetter, 2018). Specifically, Cheadle and Schetter (2018) conducted 2399 women who had symptoms of post-partum depression to participate in interviews at three time points over 15 months. Cheadle and Schetter (2018) found that higher levels of spirituality lead to better maternal mental health and emotional wellbeing after childbirth; psychosocial resources

of mastery, self-esteem, and optimism were the mechanisms linking religiousness and spirituality with the symptoms of postpartum depression (Cheadle and Schetter, 2018). Consistently, Clements et al (2016), in another similar study, found that social support and religious commitment predict depressive symptoms during pregnancy and after childbirth; Clements et al. (2016) measured social support using Prenatal Psychosocial Profile while religious commitment was measured using Religious Surrender and Attendance Scale. Consequently, it is strongly evident the effect of spirituality on maternal mental wellbeing during pregnancy and in the postpartum period; studies revealed the significant association between spirituality and several variables related to psychological wellbeing by using various measurement methods.

Psychological wellbeing during pregnancy and childbirth

Stress during pregnancy affects women's physical and psychological wellbeing, therefore, stress management strategies is essential to promote maternal health, one of the protective and adaptive coping strategies is spirituality which provides pregnant women with the ability to mitigate stress and its consequences and adapt well during difficulties (Jenna et al., 2021). In their structural model, Dolatian et al. (2017) and his colleagues, found that there was a significant effect for spirituality and psychological well-being in reducing pregnancy-specific stress. Additionally, Dilgony et al. (2016) studied same correlation previously in 2016 in Iran among 450 pregnant women and they confirmed same results. Furthermore, Foruzandeh et al. (2019) found the predictive role of spiritual well-being for the pregnancy-specific stress. Contradictory, in a cross sectional study which was done in the USA among Hispanic pregnant and postpartum women, it was found that religiousness and spirituality was associated with increased perceived stress (Mann et al., 2010).

Spirituality and psychological wellbeing is highly correlated; according to a qualitative study in Iran, women described their experiences of pain during childbirth as a time for psycho-spiritual transcendence reflecting the need for engaging spirituality in maternity care (Taghizdeha et al., 2017). In addition, Mutmainnah and Afiyanti (2019) investigated the experience of spirituality among Muslim pregnant women in Indonesia. The main themes of the study were; submission to God makes it easier to overcome pregnancy and childbirth, spiritual stories enhances confidence and motivation, remembrance of God is a way of self-control and overcoming anxiety and labor pain and, finally, faith raises self-confidence during labor and help to overcome the challenge of pregnancy and childbirth (Mutmainnah and Afiyanti, 2019). Study themes reflect the strong power that women have when they increase their level of spirituality.

On the other hand, life satisfaction is a health related concept that was studied with spiritual wellbeing by Niaghiha et al. (2019), cluster-sampling technique was used to select 160 pregnant women from the health care centers in Iran. Scales of: Diener Life Satisfaction, Vaux Social Protection and Dehshiri Spiritual Well-being were used for data collection, and the study results showed the positive strong correlations between life satisfaction, social support, and spiritual well-being, taking into account the mediating role of social support (Niaghiha et al., 2019).

Researchers investigated spirituality during pregnancy using randomized clinical trials as a strong research method to explore its effect on other variables. Haghighat et al. (2018) found a significant effect of spiritual counseling on stress and anxiety among 112 pregnant women. Kamali et al. (2018) found a significant effect of spiritual care education on postpartum stress disorder among 72 women with preeclampsia. Moradi et al. (2022) found that the integration of spirituality into prenatal care using group counseling which include spiritual contents, improve sleep quality and reduce insomnia severity during pregnancy.

Adanikin et al. (2014) found that 75.8% of the pregnant women reported the need for spiritual integration during pregnancy and childbirth. Even though, Crowther and Hall (2015) in their investigation found that the introduction of spiritual care guidelines into pregnancy and childbirth health care practice do not address spiritual meaningful significance of childbirth. Collectively, there is an evidence-based recommendation, indicating the importance of providing spiritual care during antenatal care to maintain maternal psychological wellbeing (Chehrazai et al., 2021; Foruzandeh et al., 2019; Nourimand et al., 2020). Health care professionals are responsible to engage spirituality, provide consultation about its benefits and to implement effective spiritual strategies and educational training for pregnant women at the clinical settings (Chehrazai et al., 2021; Nourimand et al., 2020).

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