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Opinion of mothers on medical and spiritual aspects of pregnancy and labour - qualitative tests

Introduction

Pregnancy and labour have an important impact on woman's personal and social life. In the first half of the 20th century in Poland, pregnant women used to be called "blessed", "in the state of grace" or "at hope". Those terms put greater emphasis on the emotional aspect of pregnancy than on biology. A development of modern medicine and a progress in highly specialized techniques in medical diagnosis have entered into the physiology of woman's life - from family planning to pregnancy and labour. The medical approach to motherhood has highlighted the biological and technical dimension, and marginalized the spiritual space of these experiences (Domańska, 2005, p. 313).

Linguistically, pregnancy is the state that needs control (it is talked about birth control or conscious parenting). Over the past few years, might be observed the phenomenon of determining the status of a pregnant woman, that is not always achieved by natural methods. The progress in techniques in Extracorporeal Fertilization, and in In Vitro Fertilization has brought pregnancy up for a discussion that is much more technological, biological and experimental. As a result, new words appeared related to the unborn child: test tube baby, conceived in a glass, and to the mother herself, that is called a surrogate mother, a substitute mother (Zdankiewicz-Jedynak, 2012, pp. 189-199).

A Word has an educational significance. So, it is important how the pregnant woman is called - in a state of blessing, at hope, enceinte, with child. The principle of linguistic relativity affects the way of thinking, and the word shapes the perception of the world, to a greater or lesser extent (Klimczuk, 2013, pp. 165-181). Through "word" we shape our thinking and then, as a consequence, our actions. Therefore, it is not insignificant how we will call a woman who carries a child.

Motherhood is not only a biological and medical process, but is also experienced in the social space and has a deep, psycho-spiritual dimension (Kornas–Biela, 2005, pp. 119 – 164).

In the strict sense of this word, it means - giving a biological life, In a broader approach, it provides care for the offspring and supports their integral development.

Motherhood, in its definition, covers a broad spectrum of human behavior that starts from family planning, then the conception of a child, waiting for childbirth, labour and childcare (Kornas–Biela, 2006, pp. 481-539).

Although biologically a woman becomes a mother in only one moment, she has to grow up to Motherhood and its emotional and spiritual aspect. Becoming the mother is a process, that irreversibly changes woman's life in all aspects (Kornas–Biela, 2002, pp. 42-70).

When motherhood is seen and experienced only at the level of a biological event, when it has a lack of spiritual depth, it might become only an experience of technical management of a child. In addition to the biological and medical sphere, that dominated the area of pregnancy and labour, there is also an emotional and spiritual aspect, which, sometimes, is hard to define. In the light of Personalistic Anthropology, anything that concerns the biological dimension of the human is inextricably linked to its spiritual dimension and vice versa. Therefore, the appearance of a human in space-time is also the beginning of his spirituality, that is understood as the ability to go beyond the sphere of biological needs (Wojtyła, 1985, pp. 217-221).

Although the connection between spirituality and obstetrics seems obvious, there are few literature sources that describe the spiritual aspects of the experience of pregnancy and labour. Those who had an opportunity to participate in a childbirth - as a midwife, a physician, a mother or as a companion, will agree that it is an exceptional time for everyone involved. This is the moment when each participant establishes a deep relationship with another person, and, sometimes, even crosses the boundaries of professional involvement (Crowther, 2013).

The motivation of the authors to take up this topic were the reflections, that result from the confrontation of many years of obstetric practice with a personal experience of transcendence of a childbirth, and women's descriptions, who considered pregnancy and labour as an existential experience, that was beyond the space of biological and medical experience.

I. A Theoretical Introduction to the Research

1. The Experience of Pregnancy and Labour

The experience of pregnancy and labour has an impact on all woman's spheres: biological, emotional and spiritual. Although, the first one dominates literature sources concerned pregnancy and labour, there are no doubts, that the experience is existential, and creates strong emotions that remain in the memory of women for life. The aim of this study was to analyze the experience of pregnancy and labour in the context of the spiritual dimension.

The results of the study clearly show that the experience of pregnancy and labour is, for women, an event that goes beyond the biological or medical aspects. Now, there is a medical supervision over physiological pregnancy and labour, which are increasingly being treated as medical problems, even in terms of "a disease" (Mazurek, 2014, pp. 75-93).

Although it is assumed that pregnancy is not a disease, every healthy woman expecting a baby becomes a patient. She keeps a Pregnancy Notes, is sent on diagnostic tests and obliged to a systematic review of health.

Normally developing pregnancy is not a disease. Changes in pregnancy - in a uterus, as well as in the whole body, are known as maternal adaptation and, usually, do not require "treatment". There are situations when pregnancy causes a health or life threat to a woman or a child and requires intensive supervision and medical intervention (Lichtenberg-Kokoszka, 2008, pp. 33-34).

The current medical recommendations for prenatal counseling have standardized the care of a healthy pregnant woman in so much detail, that one might think that most pregnancies and births are perceived to be high risk. Recommendations of the Team of Experts of the Polish Society of Gynecologists and Obstetricians in the field of pregnancy and labour establish a schedule for consultation with a doctor or midwife. A minimum of eight visits and a series of diagnostic tests are recommended to detect the risk connected with the occurrence of the pathology of pregnancy - birth defects or complications of pregnancy - and to promote a hygienic and healthy lifestyle. More detailed supervision of a gynecologist or midwife is necessary to reduce the number of illness among mothers and the number of preterm birth, and to lower perinatal mortality (Recommendations of the Team of Experts of the Polish Society of Gynecologists and Obstetricians). Standards for Maternal and Neonatal Care are aimed to define the tasks, duties, and activities of the medical staff for a woman in the perinatal period, and to determine the procedures for the care of a woman expecting a baby. The standards point out that according to an evidence-based medicine, the number of medical interventions, during the pregnancy and physiological birth, should be limited to the minimum. According to this document, medical procedures should be used only when it is necessary and medically justified, not as a routine and not automatically (Ministry of Health, Standards for Maternal and Neonatal Care).

Doroszewska, in her studies, claims that the medical supervision over a pregnant woman and a woman in labour, in an over-medicalized model of perinatal care, can lead to a woman objectification by limiting her activity and minimizing her impact on decisions about the physiological course of pregnancy and labour (Doroszewska, 2016, p. 55).

2. Problems faced during pregnancy

Although increased medical care over a pregnant woman allows for an early intervention when a problem arises, it must be noticed that the multiplicity of pregnancy tests can have a harmful effect on a woman's psychological and somatic health. According to

Urbańska, physiological processes, like pregnancy and labour, are subordinated to the medical procedures that might have a considerable impact on the quality of their course. The over-medicalized gynecologic care may, in the minds of the debuting mothers, draw a picture of motherhood as a state of emergency, which requires intensive medical supervision (Urbańska, 2009, pp. 19-42).

Nevertheless, it seems that a gynecologist is an indispensable person for a pregnant woman. Women describe the time of pregnancy when they often experienced ambivalent feelings of joy, with negative feelings of stress, anxiety, fear, and doubt. The tested group considered a role of a gynecologist in shaping the perception of pregnancy very important. They valued kindness, high personal culture, and friendly approach of a doctor. The pregnant women appreciated doctors' high professional competences. The attitude of the doctors to a possibility of a natural (vaginal) childbirth after Caesarean section was also significant. A midwife, taking care of the pregnant woman, appears only in one history.

An opinion that the medical supervision of the pregnant woman prevents a woman to go through a pregnancy in the dimension of transcendental experience is quite common but seems not to be confirmed by studies. The attitude of doctors and midwifes, who take care of a pregnant woman, affects how much the woman will focus on spiritual aspects of pregnancy. The sense of security given by a gynecologist or a midwife, allows the women to focus on relational, emotional or spiritual aspects of pregnancy, leaving the medical aspects to the professionals.

3. The Sanctity of a relationship with a child in the prenatal period and during the childbirth

Lichtenberg-Kokoszka (2008) states, that changes, which appear in a woman's body after the conception, are far beyond the biological sphere of the mother and are not strictly the medical experience. Waiting for a child is the period when a woman redefines a meaning of her life. The pregnant woman undergoes changes in her social status and her morality. It is often expressed in a new way of thinking about the essence of life and a new way of understanding freedom and responsibility.

The sanctity of human birth is rarely described in the professional literature. There are few scholars, who dealt with a spirituality of pregnancy and childbirth. They interpret the feeling of sanctity during the labour on many ways, depending on a religious outlook of the parturient woman and her companions (Gaskin, 2002; Lahood, 2007, pp. 3-10; Fahy K., Hastie C., 2008, pp. 39-56; Doherty, 2010, pp. 96-101; Chmielewski, 2011, pp. 37-45; Crowther, Hall, 2015, pp. 173-178; Żuk, 2017, pp. 19-36).

The key factor of spirituality is the basic need of humanity to seek the meaning and purpose of life in every experience, also in motherhood. There is no doubt that pregnancy and labour are a deep experience for a woman and a child. An experience that goes beyond the biological level, and has also a spiritual aspect (Crowther, 2015, pp. 173-178). In the

theology of Catholic spirituality, the spiritual attitude means that one takes a position on the key values and then he acts according to his beliefs (Chmielewski, 1999, pp. 187-188; Wejman, 1997, pp. 50-231). The phenomenon of human spirituality was also described in the context of non-religious human experiences (Grzegorczykowa, 2006, p. 25).

The spirituality connected with the transcendence of man has many variants, depending on his religious outlook. It is a mistake to assign spirituality to the religious conviction. Skrzypińska defines spirituality as a personal search for the meaning and purpose in life of persons of different worldviews and religions. It may be the other dimension of human personality, and plays a significant role in the process of fulfilling a need of safety, a sense of life, emotional and cognitive needs (Skrzypińska, 2008, pp. 39-57).

D. Kornas-Biela (2002) describes experiences of a mother, in the prenatal period, as longing for a meeting and waiting for a birth. The author presents a range of emotional and spiritual experiences related to the presence of a child in a life of a pregnant woman. The woman realizes that she is the mother, she turns her experiences "inward", deep into herself, and, at the same time, she establishes closer relationships outside. She identifies herself with the child and surrounds him or her with love (ibid. p. 65).

Interviews with women carried out as a part of this studies, confirm that although most of the pregnant women focus on the biological aspect of pregnancy, they devote a lot of time to relations with the child in the prenatal stage, to his health and behavior. They attach great importance to documenting first moves, which they treat as physical, emotional and spiritual feeling. This is when they fully realize that the role of their body for the child. This is when the pregnancy is no longer something abstract.

D. Kornas-Biela (2009) emphasizes that the union between a mother and her child, in the prenatal stage, sharpens mother's sensitivity and empathy, develops her ability to give herself to the child and teaches to express love, kindness, and tenderness. In this way, the child, in prenatal stage, has a profound influence on the spirituality of the mother. The author identifies this time with the spiritual formation of the mother, and with the practice of selfless love (ibid. pp. 385-386).

D. Kornas-Biela states, that mother herself needs to feel love and she is looking for it among her friends and family. During pregnancy a woman needs to establish a closer relationship with her mother, she wants her mother to be around her (ibid. p. 65).

Stefan confirms that widely understood motherhood has the biological, psychological, moral, spiritual and religious aspects. The author adds, that motherhood is not only a personal experience for a woman and a man, but it is also very important socially (Stefan, 1998, pp. 26 and 33).

In this studies, women emphasize that, during pregnancy, it is important to cultivate relations with the loved ones. It is a great value to have family and friends' support during this crucial period. Women stress the sense of safety that is given by their husbands and the value of man's emotional engagement for building deeper relationships.

According to Kuryś (2010) - first pregnancy is often an opportunity for a woman to self-discovery and, also, to build and develop relations with the father of her child, who is waiting with her for the birth of their offspring.

The study by Bielawska-Batorowicz (2006) on prenatal psychology proves, that the birth of a child changes the dynamics of the relationship, causes changes in the relations between man and woman. The involvement of the father in establishing close contact with the child in the prenatal development, affects his relationship with the child and also with the mother. It helps him to make early contact with a baby after childbirth (ibid. pp. 133-139; 123-128).

D. Kornas-Biela (2002, p. 50) claims that a child can give a mother a sense of life, satisfy a need for immortality, and a need to create. The author believes that motherhood means to give life not only in a physical but also in a moral and spiritual sense, The child gives the sense of life and fulfills parents' need for immortality - child's appearance prolongs parents' existence.

Żuk (2017) emphasizes, that spiritual experiences are connected not only to a particular religion but also to the bodily-spiritual experiences - which do not fit the definition that is purely theological or religious. The author undertook the perinatal subject matter as the experience of fascination - with all its bliss, surprise, almost ecstasy; at the same time as an experience of tremendum - the experience of dread, fear, anxiety, and pain. He emphasized that the experience of perinatal time has five dimensions - bodily, psychological, social, existential, and spiritual (ibid., pp. 19-36).

II. The Authors' Own Studies

1. The aim and method of the study

The aim of this work was to analyze women's descriptions of the experience of pregnancy and labour, including the spiritual aspect of it.

Qualitative tests were made with the method of the questionnaire interview. The study group included 8 pregnant women and 4 mothers after labour. The study group was selected to provide diversity of age (the youngest participant was 26 years old, the oldest 41; the average age - 31,8), religion (participants who declare to be Roman Catholics and a person who claims to be an agnostic), marital status (married, divorced, single), the educational attainment (secondary, higher education), place of residence (city, village), experiences of childbirth (natural vaginal birth, C-section, vaginal birth after cesarean (VBAC)). The interviewees were recruited among participants of antenatal classes and Internet forums for mothers. Pregnant women were at the stage of the third trimester of pregnancy. The study was conducted in October 2017.

The pregnant women participating in the study were asked three open questions in form of a request: 1. Tell me about your pregnancy, 2. What would you say about the person who took care of you when you were pregnant? 3. How would you describe the role of your

child's father during the pregnancy? The examined mothers were asked an additional question: Tell me about the labour.

The interviews were analyzed in terms of the spiritual aspects of the pregnancy and labour, and the participation of the father of a child while waiting for the childbirth and during the labour.

1.2. The results of the study

The analysis of the interviews focused on the number of emotional expressions. The interviews were also analyzed in terms of quality.

The number of emotionally charged statements was checked in the responses. The most of the statements were said about pregnancy (433 expressions) and labour (106 expressions). The majority of the statements was positive (304 expressions) and the fewest number was negative (145 expressions), (Table I).

Table I The number of the positive, neutral and negative statements expressed by tested women

Statements about:	Positive	Neutral	Negative	Σ
pregnancy	130	186	117	**433**
a person who took care of a pregnant woman	48	15	15	**78**
the role of a partner/father in the perinatal period	67	30	2	**99**
a labour	59	36	11	**106**
sum	**304**	**267**	**145**	

All interviews on very intimate, personal experiences of pregnancy and childbirth contained full answers of the respondents to these issues. The women described their own experiences in an open and detailed manner, and also, during the study, they often used metaphors in their answers: *like using a magic wand* (C), *I felt like someone turned off my batteries* (E), *I am very happy that I carry such a small sweet chick* (E), *husband gave a good account of himself* (E), *It happened that I felt helpless like a "babe in the woods"* (G), *I was happy like a child* (H), *it was a sweet weight* (I).

The analysis of interviews was presented in four categories: the description of the pregnancy, the description of a person who took care of the pregnant woman, the description of father's/partner's role in a perinatal period and description of a labour.

1.2.1. The pregnancy

The tested women described the pregnancy in a category of a stage and a process. The respondents say: *I have fond memories of this time* (A), *pregnancy was a good time for me as well as*

for my marriage (...) amazing feeling (A), *although the beginning did not indicate it, the pregnancy itself was an absolutely beautiful time in my life* (E), *the most important chapter of my life and really amazing time* (J). The women usually describe the pregnancy chronologically, they begin their stories by saying more about the decision to have a child: *I expected pregnancy* (A) *pregnancy was so desirable* (B) *was long-awaited and scheduled for a minute* (H).

The women used the medical expressions to describe their condition - *30 hbd* [lat. "hebdomas" - weeks] (I), but also emotional words, like: *I carry life under my heart* (H), or words associated with spirituality: *a blessed state, waiting for our miracle* (G). Mostly the descriptions of pregnancy focus on the biological aspect of being pregnant.

Women's comment on received information about contraception are described in the category of emotions and spiritual experiences, as: *a dream come true* (A), *a great joy was coming to us every day (...) I couldn't imagine a happiness without child, so when I saw two lines on my pregnancy test, I thought as I won my life* (B), *the awareness that I carry a new life is fantastic* (A), f*rom this moment I was overwhelmed with joy, I was happy* (C) *We were overwhelmed with happiness. We wept for joy* (J).

The tested group often show emotions that are ambivalent and difficult to define: *at the beginning of the pregnancy I had many doubts and worries...* (C), *Every day of my pregnancy was like a test, like a road with wounded stones, but I knew, that full of happiness waits for me* (B) *I was genuinely happy about being pregnant, without blurred visions I had in the back of my mind* (C), *I and my husband were very happy, that it happened so fast, but we were wondering what our life will look like now* (D), *an awareness, that a new life is growing within me is, on the one hand is an amazing experience for me, even unbelievable (...), then, on the other hand, the fact that I am pregnant is an abstract concept for me* (F), *In this blessed state, the most amazing for me is that the life develops within me. The awareness and feelings of that are difficult to describe* (G).

Many women describe difficult and uneasy feelings, that they experienced during pregnancy: *stress and anxiety persisted* (E), *the beginning was difficult for me. (...) I was full of doubts and worries, if I could cope with a new role* (G), *It might be said that I distance myself from that, I'm not fully connected to my child. I'm not very excited about that, but I think I just need to get used to that* (F). Especially if the pregnancy was preceded by failure or treatment of infertility, women say about negative emotions: *I had dark thoughts, that my child would have some genetic disorder* (C), a*nd then fear began. About every day of my baby. The following weeks brought bad news* (B), p*regnancy began with great anxiety* (E).

Every description of pregnancy includes many references to physicality, physical feelings. In the description of the body, the dominant tendency is to indicate the belly growth. Among the experiences related to pregnancy are somnolence, problems with back pain, heartburn. The women notice a loss of appetite, nausea, vomiting, pubic symphysis pain. They describe this condition as going through something that annoys them, getting health problems, the fatigue because of complaints, the fight with the inconvenience. The pregnant woman says about their physical experiences in this way: *Sometimes when I get out of the house, I have colic, then I can barely move. From time to time I have nosebleeds, my legs swollen,*

and sometimes I have a back pain, and I can't sit still, I have to walk or lie down (D). *I lost strength, I was very weak* (D). In many cases, the pregnancy is not described as a natural state, health condition, but a time of physical disability. Feeling better, or being physically and professionally active is consider as something unusual.

For some women, pregnancy was a very difficult physical experience. One of the respondents reported that she spoke to the family *I just want to survive*, then she describes *I had a feeling of helplessness, the truth is that I had never felt so bad for so long. I wasn't able to go out of the house because I felt weak and I got sick* (D).

One of the respondents experienced a change in her physical condition when she fully realized the role that her body has for the child, when she understood the sense of being pregnant: *during this ultrasound, that lasted a dozen minutes, I could see exactly what was really happening in my body. The pregnancy wasn't abstract anymore, I finally understood, that this little person is living within me, and I need to take care of her development. After this ultrasound, I shared the joyful news with the rest of my family* (D).

Some of the respondents reported physical well-being during pregnancy: *I went through the pregnancy very well* (C), *my pregnancy went wonderful, without problems* (H), *fantastic mood, energy* (J).

The pregnant women focus on themselves and their complaints, but, in their descriptions, they talk a lot about the child, his health, and behavior. They attach special importance to describe baby's movements, treating it as physical, emotional and spiritual experience: *When I feel his moves, kicks, stirring I feel love. For me, it is my communication with the child, as if he is talking to me, or approach me in some way. I love to put my hand on the belly and feel these movements. Every time I'm wondering how it is possible, that from this little "tadpole" will grow body with bones, muscles, with a shape of a little human* (E), *I feel my little daughter's movements, and it is, every time, the amazing experience for me* (D).

Some of the respondents describe the pregnancy as the time when they changed their lifestyle, they became more attentive and focused: *I started to read books about pregnancy, I was more interested in the healthy diet, we started cooking together with my husband (...) After work and on weekends we began to go on long walks* (D). For the tested women, it is also the time to stop, think and to focus on themselves and their babies: *I tend to give my attention "inward", to my little daughter. I love the moments, when she marks her presence. I admit, that only now, I fully accepted my body. I am watching with curiosity how it changes, I take care of it to be nourished because I know that I care not only of myself. Before that, I'd seen some disadvantages, but now, I feel good and do not have any reservations about it. The pregnancy teaches me responsibility* (G).

The women say also about the greater amount of love from relatives: *I feel loved and taken care of and I know, that my daughter feels it too (...). I also receive support from my closest family, and I feel that we are even closer now, we care more about our relations. The support of family and friends is a great value during this crucial period of life* (G).

The pregnant women often say at the end of the interwiew, that they are waiting impatiently to see and hug their babies: *We are looking forward to the birth of our daughter* (D), *I can't wait for the moment when I will physically hug and cherished him* (E).

The pregnant women also indicate that their husbands or partners declared that they want to participate in the childbirth.

1.2.2. A person who took care of you when you were pregnant

Among the persons who took care of the pregnant women, the most common group are obstetricians. There are positive descriptions of this care, but there is also a list of deficiencies and unmet needs in this field. Doctors are described by personality traits: *competent, kind, gentle at the test* (A), *very meticulous, concrete* (D), *a very wise and normal woman (...), professional and organized but still subtle and kind (..) shows impeccable manners* (E), *professional, but above all - kind, amiable and empathetic* (F), or *disastrous (...) and she treated me very unkindly* (B), *a great man who fights for a happiness and "normality" for women (...) surprised me with his eloquence, knowledge and friendly attitude* (H), *wonderful, warm and kind person with impeccable manners* (K). Interesting is that the women also value an aesthetic aspect of doctors. One of the respondents describe the doctor: *clean, neat and elegant* (E). Obstetricians' professional competencies are also described: *the doctor is a radiologist and has all international certificates* (C), *describes the ultrasound very pertinently and precisely, and has a broad knowledge* (E), *he took a medical history very carefully* (H). An important element was also the belief of an obstetrician that the woman will be able to have a natural birth even after C-section: *I am very grateful for (...) his faith, as no one else, he believes in the power of women and the strength of their bodies* (K).

There are the following statements about women's needs, that have been met or unmet: *doctor treated me individually, it was clear that he was really interested in my condition, and he did not treat me only as a next patient, did not look bored* (C), *he ignored the symptoms of hypertension, did not order necessary tests* (B), and *I need more direct contact with a doctor, for example, I would like to call him* (A), *fully answers to all my questions (...) I trust her because I see that she comprehensively analyzes all results of my tests and she quickly reacts, when something is wrong. She solves all my problems* (D), *talks to me about my recent travels during a gynecological examination, or about places I saw during cytology. I feel more relaxed and less embarrassed* (E), *calmly approached my expectations, and released a tension* (H).

Some women say about the conditions of follow up visits, especially about the duration of the visit, and about payments. The visits, especially in public institutions, were described as too short, not empathetic. Nonetheless, care provided by private sector was too expensive for the tested women: *unfortunately, patients, on visits, are treated like in a product in a factory, the 20 minute visit is shortened to 10 minutes, a doctor merely answers the questions, as if she wants to get rid of a patient* (C), *during pregnancy I visit a gynecologist from Primary Health Care facilities, I have visits every month, he is not an effusive person, I do not feel very taken care of by him* (I). So, the women decide to visit doctors in facilities paid by the National Health Fund [pl. NFZ] or by

the employee benefit fund, because they cannot count on the appropriate standard of care for them: *The doctor I went to (...) turned out to be a very bad choice, only a source of stress for me* (I).

Only in one interview is mentioned a midwife as a person who takes care of a pregnant woman: *I have a regular meeting with community midwife, who is a competent person, and I will often learn more from her than from a gynecologist* (I)

Two other women state that people who took care of them were family and friends and other people from their environment: *There are many people who take care of you when you are pregnant. It is mostly our family, husband's family, friends, but also a bus driver who waits for us on a stop or someone who let you skip the queue in the shop. In general, especially since my belly is really visible, I notice a lot of empathy and willingness to help from people around me. My belly makes people smile, and is an excuse to start a conversation, gets people to open up, they are kinder and more attentive* (J).

1.2.3. Your partner/ the father of the child

A partner is described as a person who gives a sense of security: *I can always count on him, he makes me feel safe and he takes care of me* (D). A partner is seen as someone who will be materially and physically helpful: *he accepted the role of a person who provides us material security* (F), and also as emotional support - as one of the participants says: *he brings a lot of calm.* In some cases, the partners are very active during the pregnancy and show a lot of interest in the health of the woman and child: *we are reading together a book, that describes pregnancy week-by-week, we go on ultrasound and some other medical tests, etc.* (A) *He thinks about my health, well-being, my pregnancy cravings, and what our son will be. He is interested in my results, wants to be with me on ultrasound exam* (C). What is more, the partner is not listed as a separate element of the system, but as a person, who contributed to the pregnancy. The woman invites him to a responsible participation in the process of waiting for the childbirth. The woman, whose pregnancy was proceeded with many failures, says: *he is a co-creator of success...he's a top adviser, his voice counts* (A).

The tested women mention the activities that demonstrate the involvement of partners, which arise from a concern for mother's and baby's health. Among them are: *he does shopping, cleans up, he makes sure that I'm on healthy diet, cooks dinners (...) he runs to the shop for everything I wanted. He started to wake up early, so he could go earlier to job and then he could come back home earlier, and go with me for a walk* (D), *he helped me more with our older daughter, and in home* (H) *he is planning our future, he took some action to buy a house, he wants to provide us the best possible conditions* (I), *he takes me everywhere, he picks me up, he does everything I ask for* (E), *We go shopping on the weekends, we look for clothes for the baby, we buy some clothes, diapers, blankets and other necessary things. We are now decorating a small room for our child* (D), *My husband download a pregnancy app on his phone, so he can check and read how our baby looks like, baby's weight, size and what is developing now* (E).

The women also describe emotional engagement of the men: *He is very moved by the fact of becoming a parent and he can't wait for "materialization" of his visualization, he makes me calm when I am nervous. He shows great patience and he calmly explains me everything* (D), *He never, literally never lecture me that I forgot to do something* (E), *He gives me affection, love, and care* (I), *he supports, accompanies, cares, helps, hugs, understands, reacts, enjoys, concerns, loves ...* (J).

The men, described by tested women, contact also with a child: *When I say that little girl moved or kicked, he puts his hand on my belly to feel it. He sings and talks to my belly, he wants baby to know his voice* (D), *I often put my husband's hand on my belly, and he makes such a surprised face because he is shocked that the child is already so big and so active* (E), *He tried to make a contact with the baby daughter in my belly, so he often stroke it* (H).

The expectations of some women about the father of the child were fulfilled: *I evaluate my husband attitude very positively, it was exemplary* (C). One of the women beautifully said: *a man who accompanies a woman from the beginning of pregnancy, who is conscious and active, gives his love through a mother to a child from the moment of conception, even though he does not have a child under a heart. The child feels, and later hears, reacts, learns - we don't have to wait for a childbirth. Fortunately, there are many men who are wonderfully involved in the pregnancy, and it is not only because of the sense of responsibility, bat, in many cases, because of their strong inner need, love and willingness to be "in" not "next to". Amazing!* (J).

There is also one description about of the man who refused to accompany the pregnant women and to take responsibility of a conception: *he left when I told him about the child, he cut off contact completely* (B).

The pregnant women experience changes in their relationships with husbands: *We talk a lot, we exchange our amazement, that everything is so thought out in a development of the fetus, nature know, what should happen, step by step, to make the body function properly (...). we are joking and laughing a lot, sometimes we listen to loud music, dance, hug, make jokes* (E), *Finally, being pregnant together is also an interesting experience for the relationship itself - makes us closer, makes us adjust to each other, opens up previously ignored subjects, clarifies, makes us get to know each other better...we are even more together* (J).

The women share with the partners not only emotions, but they also describe them their physical symptoms: *I tell my husband about what's wrong with me, that I have heartburn, or that the child is pushing on the bladder* (E) and *I confide all my concerns to him and then together we find a solution* (D).

They express in these descriptions love for a partner, that they appreciate his commitment and the value of family: *I feel very safe because I can rely on him in every situation. He is on my side, understands me, he comments situations aptly. He is not intrusive in his views, he respects me and loves me above all. We see eye-to-eye about family, we have the same expectations, the same thoughts. We like to be together and there are no words to say how happy we are that we will have our awaited, beloved baby* (E).

1.2.4. The Labour

The experience of a labour is described on the level of mental, physical and spiritual experience. The descriptions of births are very emotionally charged and contain an element of expressing spirituality: *A labour is undoubtedly the miracle of birth!* (K) *I had the impression that time stood still, and I am in a completely different place, that it is only a wonderful dream! and the moment when a tiny, warm body lands on my chest, belly ...amazing, magical, mystical experience! I could not believe that I did it! I kept repeating with a huge smile and tears in my eyes: I did it! I did it! I did it!* (K), *I believe that at least once in a lifetime every woman should experience this extraordinary "cocktail of feelings and sensations"!* (K).

The description of labour contains fewer references to a body and physical feelings than the descriptions of pregnancy. The respondents who experienced natural labour focus on the description of painful contractions, however, through the prism of action or their validity: *It was painful, but also full of joy, because I knew what it is for and how it would end. Each contraction brought me closer to the finish.* (Ł), *Of course, the contractions appeared all the time, so I dealt with them as much as I could, I was moving and breathing properly (...) The contractions were sometimes regular and quite strong, sometimes very irregular and short (...) I squeezed my husband's hand and breathed (...) I tried to breathe properly all the time, that our little daughter also had an oxygen supply* (K). *I completely got into the needs of my body, I even moved to the rhythm of contractions and I was allowed to do so* (H).

The respondents describe childbirth displaying the feeling of strength, power, sense of pride and success: *I don't remember a pain, I remember pride, the feeling of making "something wonderful" throughout the labour. I celebrated this and needed this hormonal wave the most in the world to feel the enormous power of being a woman* (H), *12 months have passed since the birth and I still feel this strength and this success* (H), *I felt strong, as if I fully experienced my femininity at that moment, I was proud that I can participate in giving life* (L).

The tested group indicates a sense of creation and of influence on the delivery process: *I went into labour, or rather my hormones. It was very fast, intense, but it gave me incredible satisfaction* (H), *I kept repeating with a huge smile and tears in my eyes: I did it! I did it! I did it!* (K), *I completely got into the needs of my body, I even moved to the rhythm of contractions and I was allowed to do so. My body worked phenomenally to give birth* (H) *Each time I wanted to give birth naturally - and I succeeded* (L). In statements, an element of femininity is important, an identification with the strength resulting from the gender: *I felt strong, as if I fully experienced my femininity at that moment, I was proud that I can participate in giving life* (L), *I easily and without shame surrendered to women's primal instincts* (H), *The labour from my perspective was not only an act of giving a child to the world, but it was also an act of discovering femininity and adolescence* (H).

At the same time, the respondents who gave birth through Caesarean section show the emotions of disappointment, sadness, and even guilt: *It wasn't easy to accept the fact that my*

body failed (K), *the first delivery which ended with Caesarean section was scheduled for the day and time. My daughter was born in a private clinic, surrounded by the operating room and my huge fear. I remember the pain, tiredness, and dependence on the medical staff, in taking care of my daughter, more than joy. Although there were no complications, the first delivery is not a pleasant memory* (H), *It was somewhere outside of me, I do not remember the surgery* (B), *I felt such a terrible emotional emptiness* (B). *It was my fault that my first pregnancy ended by C-section and it was not the peak of my dreams - trouble-free C-section has left a mark in my psyche as a highly medicalized, not spontaneous and "dry" in the feelings labour, which was interwoven with medical procedures* (H).

The mothers strongly emphasized the first moment of meeting with the child: *The first physical contact with a child - indescribable feeling. Joy, love, pride, tenderness. Tears of happiness. Feeling as if something transcendent happened there, as if I were in a different dimension for a moment, like touching eternity* (L), *and the moment when a tiny, warm body lands on my chest, belly ...amazing, magical, mystical experience!* (K), *I took her in my hands and sniffed, and I experienced the greatest joy and love of my life (...) the miracle of my child's life has happened, for which I want to thank, I want to cry with happiness* (B).

In the descriptions of births appear also accompanying persons. The women consider them as very important participants of childbirth. One of the respondents uses a plural form to describe the act of birth: *I lay down on the bed and we started to give birth* (K). In the descriptions appears also the person of a midwife, who is mentioned by name: *The Midwife, my Angel, wonderful lady (...) I trusted her, I believed that I must succeed; she repeated that she knows that it hurts, but soon there will be a reward. I thought that I would not be able to push, but I listened carefully to Agnieszka's words* (K), also of a doctor: *my leg and head were held by the obstetrician or doctor* (K), An important part in the descriptions has a husband: *It hurt a lot and I remember my words to my husband: I cannot do it! I cannot do it! I cannot do it! but he believed in me and said I could do it!* (K).

1.3. Discussion

Fijałkowski was aware that a modern woman, who gives birth in a hospital, rarely has a chance to experience birth as something spiritual, that enriches her femininity. Already in the 1970s, he argued for restoring the original meaning of birth, for restoring the faith of a woman in the promotion of her natural capacities and abilities to give birth in harmony with herself, with nature, and with God. He believed that the removal of unnecessary medical interventions during labour can make the birth of a child a family experience for a woman, the experience that integrates the relationship between mother, father and child (Fijałkowski, 1988, pp. 86, 88, 114, 197; Fijałkowski, 2001, pp. 8, 60, 74, 145, 148;). Although the way a woman survives a labour depends on her way of thinking and on her perception of the world, it should be noticed that attitudes of those who accompany the woman had a great influence on her perception of this experience. From the attitudes of persons who accompany a woman depends on whether the woman will "stop" only on the biological (technical,

medical) aspect of the pregnancy and labour, or if she will experience a deeper, existential meaning of a childbirth.

The women describe the labour as mental, physical, and spiritual experience. The birth descriptions are very emotionally charged and contain a large load of spirituality: the experience of labour is described as amazing, magical. It is compared to a mystical experience.

Gaskin believes that every birth is holy. In her book he deals with the issue of spiritual midwifery, in the chapter entitled "The Spiritual Midwive", he draws the attitude of a spiritual midwife: *I think that a midwife must be religious because the energy she is dealing with is Holy. She needs to know that other people's is sacred. Spiritual midwifery recognizes that each and every birth is the birth of a child of God. The midwife's job is to do her best to bring both the mother and the child through their passage alive and well and to see that the sacrament of birth is kept holy* (Gaskin, 2002, p. 270). According to the author, the midwife's spirituality means a real concern for others, a compassion, which should be a midwife's way of life. A human, who lives by the rules of compassion and empathy, synchronizes with the biological process of birth that has been repeated for millions of years. The words that the midwife speaks to a woman, the way she touches her, can make great changes in the parturient woman. The author thinks, that the midwife's touch, gesture, and words would have the power of love, only if the midwife was in a state of grace, she should make the same religion vows as nuns or monks. *A midwife must constantly put out effort to stay compassionate, open and clear in vision, for love and compassion and spiritual vision are the most important tools in her trade* (ibid., p. 271). Molonei and Gair emphasize the importance of empathy in midwifery practice. Empathy is mentioned as a key component of effective midwife care during a childbirth. A tender care and empathic "presence" of the midwife contributed to the better women's birth experiences (Molonei, Gair, 2015, pp. 323-328).

In this study, the women displaying the feeling of strength, power, sense of pride and success, indicate a sense of creation and of influence on the delivery process. In their statements, they emphasize the power of femininity resulting from their gender, thanks to which they can participate in giving life.

Karoń-Ostrowska notices that through the experience of pain, a labour becomes closer to the experience of death, that one from the other separates only a thin boundary. Balancing on the verge of pain, the woman who gives birth exceeds herself, experiences an existential state identical with creation (Karoń–Ostrowska, 2014, pp. 383-387).

A labour is, next to death, one of the two most important, extreme acts of man, because it restores the eternal process of giving birth to a new life. The pain of giving birth can make a young mother feel unselfish love, devotion and a willingness to give health and life to a newborn child (Tataj–Puzyna, 2011, p. 98).

In this studies, the women describe the pain that accompanied them during childbirth but they indicate that it had "sense", was *full of joy, because I knew what it is for and how it would*

end. Other women forgot about physical pain very quickly, they only remembered a pride and feeling of doing *something wonderful*, an accomplishment compared to success.

D. Kornas -Biela emphasizes that the woman, who gives birth, feels the need to create "something" new, indestructible in its spiritual element. Through the experience of labour, the woman can feel the vitality of her own body and spirit. When she gives birth to a child, she can experience creativity, that exceeds her physical limitations. Struggling with her own weakness, inabilities, and mortality, she directs herself to the higher values, to the other human person. Difficult experience of labour can give to a woman's life a deeper meaning. Giving her body to her child and then giving birth makes it possible for the woman to experience sacrifice, abnegation, and heroism. It can help to leave her own loneliness, and open to another person (Kornas-Biela, 2009, pp. 373-378).

In Catholic spirituality, the role of a person accompanying a woman giving birth is to realize the value of a life as a gift. It is a recognition of the uniqueness of a human who is born with an unambiguous act of will to affirm him in space-time.The one who accompanies a woman who gives birth has a unique opportunity to be a witness to the "miracle of life", he is a witness of the beginning of a new man's life. It is possible then, to boldly say that he stands at the side of the Creator, full of admiration and astonishment, before the mystery in which you have to enter with the entire personal sensitivity. This reflection on the mystery of the beginning of human life raises questions from the point of view of spiritual life, the questions that the companions of the pregnant woman ask themselves: who will this child be, what kind of man will he be, what will he do, what will be his moral and intellectual sensitivity, what place will he take in history? These are questions that indirectly deal with the quality of his conscience (Chmielewski, 2011, pp. 37-45).

In this study, it might be noticed that the women strongly emphasized the first moment of meeting with the child: f*eeling as if something transcendent happened there, as if I were in a different dimension for a moment, like touching eternity, amazing, magical, mystical experience!, I took her in my hands and sniffed, and I experienced the greatest joy and love of my life.*

Chmielewski distinguishes several stages of spiritual accompaniment of a woman in the perinatal period, which begins when the parents of the conceived child announce this joyful message to their nearest friends and family. As the author emphasizes, it is advisable not only for the mother but for the whole family, who is a witness to the beginning of a new family member's life, to strengthen their relationship with Christ through a more frequent participation in the Eucharist.

When a woman, who is waiting for a child to birth, receives Eucharist, the child becomes sanctified before baptism, before he or she will be born. A closer spiritual accompaniment means creating an atmosphere of concentration and tranquility at the time of the forthcoming labour. Instead of tension and stress, spiritual unity should be created between all members of woman's household through common prayer, consideration for each other and support in everyday duties.The atmosphere of the house should resemble the

atmosphere in which you are waiting for a special guest, which undoubtedly is a child who is to be born (Chmielewski, 2011, pp. 42-43).

There are different spiritual attitudes of people accompanying a woman during delivery. A spirituality associated with transcendence has many varieties, it can be an element of many religions that differ in understanding what are spirit and soul, and in values related to spirituality. In the case of labour experience, it is about the irreducible gift of a life as a fundamental value, which should be learned and accepted by taking all affirmative actions.

The change that affects the woman in labour can also touch people who accompany her. Welcoming, with great dignity, a newborn child means, that parents and accompanying persons express respect for another human. Such perception and involvement in the birth of a child take on a spiritual dimension, it enters the realm of sanctity, although the physiological labour takes place in the sphere of secularity. Childbirth is one of the few moments in a person's life, when one bows over a newborn child and adores his presence, a human is charmed by another human being (Tataj–Puzyna, 2015, pp. 158-170).

Experts dealing with pregnancy are not, anymore, focused only on a pregnant woman and on the development of a child in the prenatal phase. They take into account the whole family, also the father of the child, who is more and more often actively involved in the time, when they all are waiting for the birth of the child, and in the birth itself (Kornas–Biela, 2009, pp. 93-94).

Many researchers were interested in father's engagement in pregnancy and childbirth (Dellmann, 2004, pp. 20-26; Heather, Longworth, Kingdon, 2011, pp. 588-594; Rudnicka, 2009, p. 132; Fijałkowski, 1993; 2003; Chołuj, p.167)

W. Fijałkowski observed that the presence of a loved person positively influences the course of delivery and the sense of safety and comfort of a woman in labour. The presence of a husband during childbirth is desirable due to the favorable impact on family relations and a better social climate around the birth of a child. For a woman who is in labour, a man becomes a real support in the situation of stress, loneliness and of effort, she takes to give birth to a child (Fijałkowski, 2003, pp. 83-102).

Mary, Longworth and Kirk examined that the level of involvement of fathers during childbirth varies from a passive observer of the birth to an active supporting and coaching role. The researchers note that there are a number of factors that can facilitate or hinder a father's involvement during labour (Mary, Longworth, Kirk, 2015, pp. 844-857).

Rudnicka in her research compared the course of childbirth without the participation of a close relative with a family labour. On the basis of this research, it has been proved that women who gave birth in a hospital, accompanied by a close person (husband), are more often provided with basic patient's rights, such as respect and intimacy.These women were more likely to decide in which positions they would like to give birth to their children. The presence of a husband in the hospital during the labour affects the course of labour, the sense of safety and comfort of the parturient woman (Rudnicka, 2009, p.132).

Fijałkowski pointed out that the presence of a husband during difficult hours of birth is invaluable. It is impossible to replace a close relationship with someone who supports a woman physically and mentally, and, at the same time, who is the best intermediary between medical staff and a woman who is giving birth (Fijałkowski, 1992, pp. 47-59).

Chołuj also emphasizes that the advantage of a husband participation in the birth is that he knows the woman's psyche, and how she reacts to situations of stress and pain.The ability to read his wife's unspecified needs, her emotional state, meeting her expectations and supporting in a crisis and in times of collapse is an invaluable help for a woman in labour. In such situations, the bond between the parents is strengthened and deepened (Chołuj, 2008, p. 172).

Kościelska emphasizes that from the biological point of view motherhood gives a chance to extend the human species, in the social dimension it gives the possibility of transferring the individual and cultural heritage, from the psychological point of view it gives the fulfillment of dreams of immortality, deepens the relationship bond between the husband and wife and fulfills the dream of intimacy, fills their lives with bringing up children - forms of widely recognized activities, personal prestige and implementation of life tasks (Kościelska, 1998, p. 11).

Studies by Tataj-Puzyna and Bączek prove that motherhood stimulates a woman to emotional development and to overcome more and more difficult life challenges. The experience of motherhood helps to broaden women's thinking horizons, it also contributes to intellectual and social development, understood in the context of cooperating. The authors' research shows that it stimulates a woman to spiritual development (Tataj-Puzyna, Bączek et al., 2017, pp. 124-144).

John Paul II, who was often called the Apostle of the Genius of Women, thought that motherhood as a human phenomenon is associated with the personal dimension of gift: women and man, mother and child. The mother's unselfish gift goes beyond the biophysical perception of motherhood. Reducing the role of the mother to the purely physical space would go hand in hand with the materialistic understanding of a human and of the world. Then human can lose what is most important - happiness and joy that was found in the perspective of the sense “to live for others" (MD,18). In the birth event, a mutual gift is manifested: parents give their lives to the child, while the child allows parents to be parents. The transmission of life should, therefore be considered in the context of the gift (Smolińska, 2014, p. 393).

The experience of childbirth remains in woman’s memory for life. It evokes strong emotions, has a deep psychospiritual dimension. It is a "seal" etched forever in the mother's memory (Otffinowska, 2007, p. 5).

The perinatal period is very important for the further functioning of a woman and a mother. Any difficulties, stress, the gaps in the area of initiation to motherhood, both on the mother's and the child's side, may be associated with difficulties in shaping the proper attachment and building relationships with the child (Lessing-Pernak, 2010, pp. 282-289).

An anthropological view on the issue of a human birth shows that the essence of childbirth is not limited to the mechanical "pushing the child" out of the woman's body. The essence of childbirth is (apart from the appearance of a child), a whole range of changes at all levels, that take place during a several-hour labour process.

This article is devoted to the spiritual aspects of pregnancy and labour, is an "invitation" to a deeper understanding of the process of human birth. It matters in what circumstances and in what "environment" a human appeared in space-time. Current "policy" - standards in obstetric care are more and more medicalizing the experience of labour, trivializing it to technical and medical experience. The new standards of perinatal care are in contrast to the expectations of healthy women, who through physiological labour also experience the transcendental dimension of pregnancy and childbirth. If we, doctors, understand the meaning and depth of the "sanctity" in the experience of pregnancy and labour, we will make it easier for future generations of women to seek this spiritual depth in these events. As it can be seen from the statements of the women, labour “survived” on all dimensions - biological (bios), spiritual and emotional (anthro-bios), can give a woman a true joy and satisfaction from being a mother. Such a childbirth can make a woman strong and thanks to her strength, her family will become strong.

Conclusions

- The experience of pregnancy and labour goes beyond the biological and medical aspects of those events, regardless of the different women's values.
- In an overmedicalized approach to motherhood, there is a need to save the anthropological view on the issue of a human birth, taking into account all dimensions: biological, emotional and spiritual.
- Changing the perspective of a modern woman's view on pregnancy would change the perception of motherhood, which, apart from the difficulty and the burden, is an opportunity for, broadly understood, intellectual and spiritual development of a woman.
- From the attitudes of persons who accompany a woman depends on whether the woman will “stop” only on the biological (technical, medical) aspect of the pregnancy and labour, or if she will experience a deeper, existential meaning of a childbirth.
- Seeing a pregnant woman through the prism of spiritual experience can contribute to a greater sensitivity and empathy of doctors and midwives.
- It is necessary for the aspect of spiritual midwifery to appear in the curriculum, to save an anthropological view on the issue of human birth, taking into account the "sanctity" of this event.
- It is worth thinking about the future generations of women, who should have a chance to get a one-of-a-kind experience of pregnancy and labour, as something full of joy, which strengthens and builds the personal value of a woman.

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