Childbirth customs in Orthodox Jewish traditions

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ABSTRACT

OBJECTIVE To describe cultural beliefs of Orthodox Jewish families regarding childbirth in order to help family physicians enhance the quality and sensitivity of their care.

QUALITY OF EVIDENCE These findings were based on a review of the literature searched in MEDLINE (1966 to present), HEALTHSTAR (1975 to present), EMBASE (1988 to present), and Social Science Abstracts (1984 to present). Interviews with several members of the Orthodox Jewish community in Edmonton, Alta, and Vancouver, BC, were conducted to determine the accuracy of the information presented and the relevance of the paper to the current state of health care delivery from the recipients’ point of view.

MAIN MESSAGE Customs and practices surrounding childbirth in the Orthodox Jewish tradition differ in several practical respects from expectations and practices within the Canadian health care system. The information presented was deemed relevant and accurate by those interviewed, and the subject matter was considered to be important for improving communication between patients and physicians. Improved communication and recognition of these differences can improve the quality of health care provided to these patients.

CONCLUSIONS Misunderstandings rooted in different cultural views of childbirth and the events surrounding it can adversely affect health care provided to women in the Orthodox Jewish community in Canada. A basic understanding of the cultural foundations of potential misunderstandings will help Canadian physicians provide effective health care to Orthodox Jewish women.

RÉSUMÉ

OBJECTIF Décrire les convictions culturelles des familles juives orthodoxes concernant la naissance, en vue d’aider les médecins de famille à améliorer la qualité et la réceptivité dans les soins qui leur sont dispensés.

QUALITÉ DES DONNÉES Ces conclusions se fondent sur une analyse des ouvrages scientifiques relevés à la suite d’une recherche dans MEDLINE (de 1966 à aujourd’hui), HEALTHSTAR (de 1975 à aujourd’hui), EMBASE (de 1988 à aujourd’hui) et dans Social Science Abstracts (de 1984 à aujourd’hui). Des entrevues ont été réalisées avec plusieurs membres de la communauté juive orthodoxe d’Edmonton (Alberta) et de Vancouver (Colombie-Britannique), pour déterminer l’exactitude de l’information présentée et la pertinence du présent ouvrage à la situation actuelle dans la prestation des soins de santé, et ce du point de vue de la personne interviewée.

MESSAGE PRINCIPAL Les pratiques et les coutumes entourant la naissance dans la tradition juive orthodoxe diffèrent, à divers égards pratiques, des attentes et des pratiques dans le contexte du régime canadien des soins de santé. Les personnes interviewées ont jugé que l’information présentée était pertinente et exacte, et considéraient la question étudiée comme étant importante pour améliorer la communication entre patients et médecins. Une meilleure communication et la reconnaissance des distinctions qui existent peuvent améliorer la qualité des soins de santé dispensés à ces patientes.

CONCLUSIONS Des malentendus qui émanent de visions culturelles différentes de la naissance et des événements qui l’entourent peuvent avoir une influence négative sur les soins de santé dispensés aux femmes de la communauté juive orthodoxe au Canada. Une compréhension de base de l’origine culturelle d’éventuels malentendus aidera les médecins canadiens à prodiguer des soins de santé efficaces aux femmes juives orthodoxes.

This article has been peer reviewed.
Cet article a fait l’objet d’une évaluation externe.
A practical challenge faced by health care practitioners is that of providing effective health care to people from a variety of sociocultural backgrounds. In many cultures, health care and illness are perceived very differently from the conventional biomedical view. Arthur Kleinman1,2 describes these perceptions and beliefs as explanatory models and suggests that conflicts between patients' and health care practitioners' explanatory models are the source of difficulty in treating patients from cultures other than the health care practitioner's.

The cultural context of childbirth influences the attitudes, values, and interpretations of individual women and gives them a basis to develop their own perspective on the meaning of childbirth.3 Without an understanding of cultural backgrounds, important information can be missed easily. This article investigates customs surrounding childbirth in the traditions of Hasidic or Orthodox Jews and discusses the implications of these customs and practices for provision of effective health care to people of this group in Canada. It is important to note that customs and beliefs described in this paper are those of Orthodox Jews and do not apply to all other Jewish groups.

Members of the Jewish community are found throughout Canada; most reside in the central and western provinces and in metropolitan areas.4 While many Orthodox Jewish women choose a physician within the Jewish community, there are likely to be instances where this is impossible. Therefore it is important to be aware of the potential sources of misunderstanding in the delivery of health care to these women.

Practices surrounding childbirth in most ethnic and religious groups are not restricted to the actual moment of birth. Consequently, related topics of conception and fertility, contraception and abortion, pregnancy, and the postpartum period will be discussed in addition to the birth event itself. Discussion of these issues will include recommendations for health professionals caring for women of this cultural group.

Quality of evidence
Information was acquired primarily from a literature search of several databases, including MEDLINE (1966 to present), HEALTHSTAR (1975 to present), and EMBASE (1988 to present), and Social Science Abstracts (1984 to present). Articles were chosen based on their potential to contribute valuable information to the topic being researched, that is, the differences between the cultural beliefs of Orthodox Judaism and those of mainstream Canadian biomedicine with respect to the issues and events surrounding childbirth.

Texts that provided some insight into the cultural beliefs of Orthodox Judaism were investigated. Information extracted from these texts was verified in interviews or written communication with several members of the Orthodox Jewish community in Edmonton, Alta, and Vancouver, BC. A common theme running through the interactions with these representatives was the appropriateness of the information and the opinion that communicating these issues with the Canadian medical community would be beneficial in improving the quality and efficacy of health care.

Traditional beliefs
Procreation is greatly encouraged in Orthodox Judaism. In fact, fertility and having a large family are a mitzvah, or good deed. Jewish practices are based primarily on the Old Testament of the Bible and the Talmud, a collection of laws and commentary on the five books of Moses. The halacha and responsa literature, which records individual decisions by rabbis over the centuries, was developed after the Talmud was codified and covers every aspect of daily life. Thus, the laws governing the life of Orthodox Jews were developed over 3000 years of debate, examination, and custom, and continue to develop in response to the changing times.56 Reference will be made to these works throughout the paper, as they are the foundation of behaviour and practices for Orthodox Jewish women at all times of life, including pregnancy and childbirth.

Conception and infertility
In Orthodox Judaism, the verse “Be fruitful and multiply and replenish the earth” from the Book of Genesis (1:28) is considered to be one of the most important commandments and responsibilities a Jew is expected to perform.37 Many questions and concepts regarding childbirth have originated from this one statement. It is generally accepted that one male and one female child per couple is the minimum requirement for fulfilling this commandment.

The responsibility of procreation rests with the man, while it is a woman's right, but not her obligation,
to bear children. Because the woman is the one who bears the risk for childbearing, she must not be obliged to do anything that threatens her life. According to the halacha, an investigation into the cause of infertility in a couple must begin with an investigation of potential sources of infertility in the woman first, before proceeding to the man. In vitro fertilization and embryo transfer are considered in the rabbinical literature. However, consultation with the couple’s rabbi is necessary before performing any sort of therapy for infertility, as some issues have not been resolved in the Jewish laws.7

Sexual intercourse, apart from the purpose of procreation, is an important part of marriage. Onah, or “sexual visitation” for the woman’s pleasure, is a woman’s due in a marriage. However, the times during the month that sexual intercourse is allowed are strictly regulated according to the rules of tahurat hamishpacha or “family purity.” For at least 12 days of the month (at least 5 days during the woman’s menstrual flow and 7 “white” days after the last sign of bleeding), the woman is sexually unavailable or niddah. This means that the husband and wife do not touch, sleep in the same bed, or have sexual intercourse, and the man cannot receive anything directly from his wife’s hands. At the end of the 12 days, the woman signals her return to a sexual phase by immersion in a ritual bath or mikvah.

This practice is thought to serve several purposes. It serves to maintain the sexual tension within a long-running monogamous relationship and also ensures that increased sexual activity occurs at the most likely time of ovulation.5 However, if a woman has a short menstrual cycle, this practice could actually ensure that she and her husband do not have sexual intercourse around the time of ovulation. A biomedical health care provider should be aware of this practice, as it could be a cause of perceived infertility. Consultation with the couple’s rabbi and an explanation of the situation can provide rabbinical dispensation for shortening the time that the woman is niddah.

The rules of tahurat hamishpacha also cause distress for a woman who has intermenstrual spotting or if bleeding is caused by a pelvic examination. In addition, in order to enter the mikvah, one must be completely naked. Therefore, if a patient has a broken limb, she might appreciate a removable cast, as this will enable her to engage in sexual relations after her menses. Sensitivity to these situations will aid the health care professional’s relationship with the patient and will assist the practitioner in providing the most appropriate treatment.

Contraception and abortion
According to Orthodox Jewish law, the health of the mother, including her mental health, is always of primary concern. This law supersedes the mitzvah of childbearing and the ritual practices of holy days. Although the commandment is to “Be fruitful and multiply and replenish the earth,” a woman may not be expected to “build the world by destroying herself.” Therefore, birth control is allowed in certain circumstances where a pregnancy would be harmful to the physical or mental health of the mother.

An exhaustive argument of whether birth control should be used and, if so, which type, is given in Feldman; the ultimate conclusion is that the woman’s sexual pleasure and her health supersedes the mitzvah of childbearing. The contraceptive of choice is oral contraceptives, as they do not present a physical barrier to sperm and prevent the husband from committing onanism (coitus interruptus). They also impose no artificial barriers and allow the couple to “be of one flesh.” The rhythm method is not recommended because the rules of tahurat hamishpacha would mean almost total abstinence, which undermines the woman’s right to sexual satisfaction.

Abortion may be considered if the mother’s health is in danger. The fetus is considered a part of the mother’s body with no separate soul of its own until its head or the greater part of its body has emerged. Therefore, if a choice must be made between the welfare of the mother and that of the fetus, the mother’s welfare is paramount.

Generally, if abortion is to be considered, rabbinical dispensation is required to take what is perceived as a drastic course of action; in an emergency, physicians may act without prior consultation with a rabbi. Most Jewish women will not wish to terminate an abnormal pregnancy unless completion of the pregnancy puts their lives at risk. In the case of prenatal diagnosis of an abnormal fetus, an Orthodox rabbi is more likely to be in direct contact with the couple’s physician than are rabbis of other branches of Judaism. He will also be very involved in helping the couple after the birth of a child with a hereditary condition or birth defect.

Pregnancy
If a married Orthodox Jewish woman is seeing a male physician, certain rules apply. The door of the examining room must be unlocked and other people must be within hearing range. It must be possible for another health care professional to walk in unannounced. The woman must also be convinced that
the male physician has a good moral character. In general, a female physician is requested, particularly for obstetric or gynecological care,\(^5\) to avoid the risk of nudity in the presence of a man who is not the husband.

Orthodox Jews who follow the rules of *tahurat hamishpacha* may attend childbirth classes taught by women who understand their customs. It is common for pregnant women not to prepare for their babies in advance. The baby's name is not revealed before the official naming in case the Angel of Death decides to visit the nursery.\(^5\)

**Birth**
Orthodox Jewish women entering labour are considered to be in mortal danger, and therefore any laws (including the rules of observing the Sabbath) may be set aside to care for her. The *mitzvah* of “saving a life” supersedes all others. The woman is considered to be in this state of risk for 3 days after the baby is born.\(^5\)

The rules of *tahurat hamishpacha* apply as soon as there is bloody discharge from the vagina, and the husband is not allowed to physically comfort, support, or touch his wife at any time during labour or for 7 days after all discharge has stopped.\(^9\) Therefore, hospital rules that allow more than one helper in the birthing room would be greatly appreciated by the mother, as a female friend or relative can then provide the physical support that, in Canada, is often expected from the husband.

The father may choose to participate actively by verbally communicating with his wife near her bedside, but he may not wipe her brow or hold her hand. The husband may also choose to participate spiritually by reciting from the Book of Psalms in a corner of the birthing room or in another room. The husband will not view the birth and will see the baby only after it has been lifted away from the mother, as he is not allowed to see his wife's genital area. Once he has seen the baby, he will lean over his wife, smile, and say *mazel tov*, or “good luck,” being careful all the time not to touch her. Some mothers will give birth with a prayer book or a special prayer under their pillows as a talisman. Orthodox Jewish women will try to keep as much of their heads and bodies covered during labour as possible.\(^5,6\)

**Postpartum care**
Breastfeeding is common among Orthodox Jewish women, and experienced mothers in the hospital often give calm and practical advice regarding breastfeeding to new mothers.\(^9\) The diet of Orthodox Jewish mothers in Canadian hospitals is also a concern, and a proper kosher diet must be provided for physical and mental well-being of mothers.

Orthodox Jewish mothers tend not to spend much time with their newborns in the hospital and are in no hurry to get home.\(^5\) This is often because a woman with many children at home regards her few days at the hospital as a time of rest and relaxation. Her behaviour should not be regarded as a lack of interest in the infant or her family.

Circumcision, or *brit milah*, is a sacred Jewish covenant. On the 8th day after birth, each male child is circumcised by the *mohel*, a religious functionary who has been formally trained to perform the circumcision. Immediately after the circumcision, the baby is given a drop of wine and his Hebrew name is bestowed. Staff in the hospital should not perform this task without the knowledge and consent of the parents. Sensitivity to this issue is of utmost importance to the parents, and the religious reasons for circumcision should not be overshadowed by the medical and hygienic reasons often cited in Canadian hospitals.\(^11\) A female child is named in the synagogue on the first Saturday after her birth. Due to the traditional delay in naming the children and the couple's fear of a visitation by the Angel of Death, sensitive hospital staff will not pressure the couple to disclose the name of their child before the appointed time.

**Conclusion**
Traditional customs and practices of Orthodox Jews are very different from the expectations and practices surrounding childbirth in the Canadian health care system. It is important that practitioners be sensitive to variations in the beliefs of each patient. An
open and receptive attitude is important at all times, but even more so when practitioners are interacting with patients of a different culture.

Acknowledgment
We thank the members of the Orthodox Jewish communities in Edmonton and Vancouver for their invaluable contributions. We also thank our colleagues for their advice and technical support.

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