


The influence of spirituality on the transition to parenthood: a scoping review


Anabela Grazina¹

 <https://orcid.org/0009-0003-4652-0773>


Magda Costa³

 <https://orcid.org/0009-0004-6086-4959>


Renata Vila Nova Silva¹

 <https://orcid.org/0000-0003-0853-2135>


Ana Paula Santos⁴

 <https://orcid.org/0000-0003-2069-7813>

Cristina Cavaco²

 <https://orcid.org/0009-0005-6063-6056>

Márcio Tavares⁴

 <https://orcid.org/0000-0002-2820-5660>

¹ Unidade de Saúde de Ilha de São Miguel. Rua da Grotinha 1. 9500-354. Ponta Delgada, Açores, Portugal. E-mail: anabela.gt.grazina@azores.gov.pt

² Hospital do Divino Espírito Santo. Ponta Delgada, Açores, Portugal.

³ Hospital de Santo Espírito da Ilha Terceira. Angra do Heroísmo, Açores, Portugal.

⁴ Escola Superior de Saúde. Universidade dos Açores. Ponta Delgada, Açores, Portugal.

Abstract

Objectives: to understand the influence of the spirituality experience on the process of transition to parenthood in women.

Methods: a scoping review was carried out according to the assumptions of the Joanna Briggs Institute. The Elton Bryson Stephens Company Host (EBSCOhost) platform was used to search for articles. The search expression was composed of the following descriptors: (wom OR puerp* OR mother* OR postpartum) AND (parent* OR matern* OR adjustm* OR transit) AND (Spirit*). The process of data analysis, extraction and synthesis was carried out independent reviewers in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA).*

Results: spirituality influences women's health and quality of life in the challenges inherent to the process of transition to parenthood. For this transactional process, it is important that health professionals implement interventions capable of making an effective impact on women's bio-psycho-social and spiritual health, on the quality of their social interactions and on the mother-infant bond.

Conclusions: spirituality promotes a positive transition to parenthood and the experience of positive parenting in the short, medium and long term.

Key words Parenting, Transition, Spirituality, Woman, Review



Introduction

The family is the foundation of society. It is within the family that each individual is formed, grows up and learns to live in a community, acquiring the norms, values and culture in force.¹

Parenthood has the potential to welcome children, enabling them to develop on a bio-psycho-social and spiritual level, shaping their entire lives. This relationship has a profound impact on parents and children, as for immediately and in the future.²

Pregnancy, childbirth and the postpartum period are characterized as a period of critical transition in a woman's life cycle. They represent phases of profound personality development, emotional growth, significant changes and important internal and interpersonal readjustments.³

In this process of transition or crisis, which is not always linear or evolutionary, of constant challenges and personal and family vulnerability, women are exposed to compromises to their mental health. Around the world, approximately 20% of the women develop postpartum depression, thus compromising their health, quality of life, the mother-child bonding, care for the newborn⁴ and the quality of social and family relationships.

Transition is defined by Meleis⁵ as a process of adaptation to unfamiliar contexts, perceptions, sensations and emotions, with different levels of uncertainty about the future, for individuals and families.⁵ Transition processes can therefore generate expectations, whether realistic or uninformed, which disrupt daily life and affect health and well-being.

Understanding the impact of the transition to parenthood as a process of significant change on the part of health professionals facilitates collaborative intervention in the prevention, early diagnosis and control of the disease or symptoms, together with the woman and her family. According to the diagram of the theory of transitions by Meleis⁶ the expected response model is a feeling of interaction, trust and adaptation (process indicators) and mastery of the situation in the form of mastery and integrated identity in adaptation (outcome indicators).⁶

Since spirituality is the search for meaning in life, it allows the individual to feel and react according to their convictions, bringing harmony to the trinomial of body, mind and spirit.⁷ In this sense, the use of spirituality emerges as a strategy for overcoming the profound changes and demands experienced by women in this phase of the life cycle, attributing new meanings to their circumstances and ultimately re-signifying life with confidence and hope.⁸

Each individual has the inner freedom, sustained by the purpose and meaning of life, to choose their attitude towards the vicissitudes of life. By reframing experiences

and transcending self-limits,⁹ they can achieve hope and resilience with determination despite of suffering.^{10,11}

Spirituality, as a dimension that provides growth in relationships with oneself, with others and with a higher being, plays a relevant role in assigning meaning and emotional support during periods of transition or change, generating feelings of hope and altruism, tolerance and unity.¹¹ Experiences can vary widely due to individual and contextual differences, and women with a high level of spiritual coping have high levels of self-efficacy and effective coping with stress.¹²

Several studies have shown the relevance of spirituality in clinical practice, as a source of balance and strength, promoting serenity and favoring health.^{11,13,14}

Spirituality plays a preventive role in mental disorders due to its facilitating psychodynamic influence on the response to situations that give rise to anxiety, fear and frustration.¹⁴

Moreira *et al.*¹³ emphasize that health professionals must understand the bio-psycho-spiritual needs of the people they care for in order to implement interventions that promote well-being, in addition to recognizing the benefits of spirituality in controlling pain and anxiety.¹³ It is therefore considered essential to analyze how the needs of women and their families are met during pregnancy, childbirth and the postpartum period, identifying interventions that promote women's integral health, improve their social interactions and strengthen the bonding with their child - a human being with potential and a future.

This study embodies a social and ethical responsibility to provide holistic, quality healthcare based on the most up-to-date scientific evidence. This review aims to understand the influence of spirituality on the transition to parenthood in women.

Methods

The study method was a scoping review. The review was conducted following the assumptions of the Joanna Briggs Institute (JBI). The PCC (Population, Concept and Context) mnemonic was used to facilitate the definition of the starting question.¹⁵ Thus, the population was defined as: women; the concept: spirituality; and the context: transition to parenthood.

In this sense, as a search strategy, we first carried out a free bibliographic consultation on the subject in question, making it possible to identify sources of information and keywords, which allowed us to define initial descriptors. Subsequently, we searched for synonyms of the descriptors in the DeCS (Descriptors in Health Sciences) vocabulary.

Thus, using the Boolean operators OR and AND and the truncator *, the defined descriptors were articulated,

establishing the following Boolean phrase: (wom* OR puerp* OR mother* OR postpartum) AND (parent* OR matern* OR adjustm* OR transit) AND (Spirit*).

The inclusion criteria were scientific articles dealing with the transition to parenthood for women and spirituality. Exclusion criteria were: non-accessible articles, studies focusing on health professionals, illness or bereavement, and the postpartum period/children over 24 months old. Limiting factors for the inclusion of articles were full-text publications, published between 2018 and 2023 and in Portuguese, English and Spanish. As for the type of studies, primary studies and secondary studies were included.

Articles were then searched in databases available on Elton Bryson Stephens Company Host (EBSCOhost) (CINAHL®Complete; MEDLINE Complete; Nursing & Allied Health: Comprehensive; Cochrane Central Register of Controlled Trials; Cochrane Database of Systematic Reviews; Cochrane Methodology Register; Library, Information Science & Technology Abstracts; MedicLatina and Cochrane Clinical Answers).

The process of searching for and selecting articles was carried out collaboratively by two independent reviewers, with a third reviewer being used whenever necessary to continue the process. In this form, the review began by analyzing the titles, then the abstracts and finally the articles in their entirety.

Results and Discussion

The data extraction process (Figure 1) initially identified a set of 1,294 studies, of which 1,121 were eliminated after applying the established filters (limiters). Next, 71 articles were excluded using the Rayyan program because they were duplicated in several databases. Of the remaining 102 articles, 87 were excluded by analyzing the titles (62) and abstracts (25). Finally, of the 15 articles selected for full analysis, 11 were excluded because they did not meet the established inclusion criteria, resulting in the selection of four articles eligible for this review and answering the starting question.

The four studies included in the current Scoping Review (Table 1) were published in the last five years, more specifically, two studies were published in 2020,^{16,17} one in 2021¹⁸ and the other in 2022¹⁹. These were published and/or carried out in Brazil,¹⁶ the United Kingdom,¹⁷ Denmark,¹⁸ Ghana and Uganda,¹⁹ respectively. Of the studies selected, three are primary studies^{16,18,19} and one is a secondary study.¹⁷

From the analysis of the results, it was possible to aggregate the findings around three dimensions: the influence of spirituality on health dimensions (Table 2), difficulties in the transition to parenthood resolved by

spirituality (Table 3) and health interventions that promote the transition process (Table 4).

In each of these dimensions, categories were identified that address the human person as a holistic being: physical, everything that refers to the body, its anatomy and physiology; psychological, which encompasses the psychological and emotional aspects; social, has to do with the person in relationship, with groups; spiritual, related to what gives meaning to life, whether religious or not, or in relation to the transcendent/spiritual; cultural, related to cultural aspects such as beliefs, values, habits and customs; non-specific: when it is not possible to identify, a single one or clearly, the previous categories.

Studies have shown that in the process of transition to parenthood, the experience of spirituality influences women's health and quality of life on a physical, psychological, social and spiritual level, as well as in a non-specific way (Table 2).¹⁶⁻¹⁹

It is important to emphasize that spirituality is a personal and unique dimension of each woman's life, influencing health and well-being in an individual way, in proportion to the importance attributed to it.

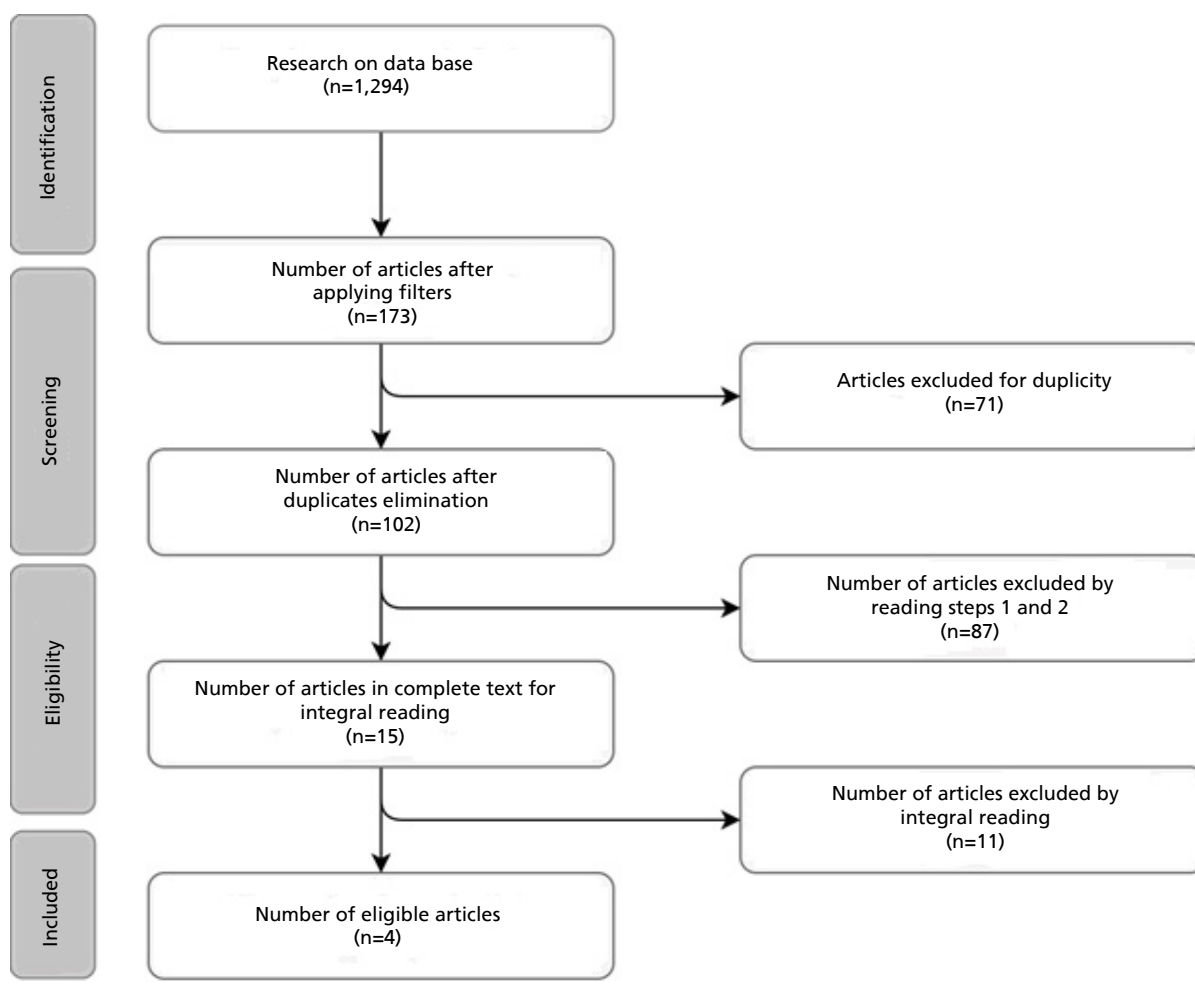
The dimensions of physical and psychological health are seen as determinants of quality of life.¹⁶ The individual's spiritual dimension answers their existential questions, gives meaning to their life and is an influential factor in its quality, thus highlighting the importance of understanding it. In fact, women's spiritual conceptions shape their childbirth experiences in terms of their physical capabilities,¹⁸ their family health and that of their newborn.¹⁶ Likewise, spirituality can provide a source of hope and optimism that allows women to face challenges with a positive and resilient attitude, even in the face of adverse situations.¹⁸⁻²⁰

In the psychological dimension, spirituality promotes mental health, reducing pathological mood processes in the postpartum period, such as postpartum depression,^{14,17} the perception of satisfaction and happiness¹⁶ and the quality of mother-child bonding.^{17,19} While in the social and non-specific dimension, in order to promote women's self-care, emotional balance, the development of their social relationships and bonds of kinship, spirituality is understood as a facilitating element and as preventing isolation and loneliness, which have been identified as risk factors for postpartum depression.^{16,17,19} On the other hand, "poorer interpersonal relationships are associated with less opportunity for spiritual growth".¹⁷

In the spiritual dimension, faith in God, peace of mind and spiritual health are understood as determinants of quality of life and the meaning of life.^{16,18} To this end, opportunities for spiritual growth are essential, so that it has the potential to influence health and the perception of health, since "spirituality is not a choice, it is simply part of human nature".⁷

Figure 1

Flowchart of the article selection process, PRISMA.

**Table 1**

Summary of the characteristics of the studies selected for analysis.

Study identification	Country	Study design	Objective/ Participants/ Data source
Brito <i>et al.</i> ¹⁶ 2020	Brazil	Cross-sectional quantitative study	To analyze the factors that affect the quality of life of 16 mothers during the puerperal period.
Hansen <i>et al.</i> ¹⁸ 2021	Denmark	Cross-sectional quantitative study	To measure existential reflections on the construction of meaning related to the childbirth experience, through the application of a questionnaire to 517 primiparous mothers with children between 6 and 18 months of age.
Frimpong-Manso <i>et al.</i> ¹⁹ 2022	Ghana and Uganda	Quantitative study	To analyze, through interviews, the pregnancy and parenting experiences of 25 mothers who left residential care in Ghana and Uganda to live independently.
Crowther <i>et al.</i> ¹⁷ 2020	United Kingdom	Integrative review	Identify the psycho-social-spiritual experiences surrounding childbirth and highlight associations in terms of perinatal mental health. Through the analysis of six articles, out of 383 studies identified, from 2000 to 2018.

The process of transition to parenthood is characterized, among other things, by change, instability, uncertainty, the redefinition of roles and the adoption of new behaviours and skills. The impact of the challenges experienced by women in this process is immeasurable.³ Difficulties such

as fear, stress, anxiety, insecurity, depression, anguish, tiredness, sleep deprivation, the accumulation of tasks and decision making in the face of everyday concerns are those described by the authors (Table 3).¹⁷⁻¹⁹ Thus spirituality is recognized as a facilitating resource in the process of

Table 2

Dimension: Influence of spirituality on health dimensions.		
Categories	Results	Study
Physical	Health of their newborn	Brito <i>et al.</i> ¹⁶
	Family health	Brito <i>et al.</i> ¹⁶
	Physical abilities	Hansen <i>et al.</i> ¹⁸
Psychological	Psychological health	Brito <i>et al.</i> ¹⁶
	Satisfaction with children	Brito <i>et al.</i> ¹⁶
	Your family's happiness	Brito <i>et al.</i> ¹⁶
	Increased resilience	Hansen <i>et al.</i> , ¹⁸ Frimpong-Manso <i>et al.</i> ¹⁹
	Mother/child bonding	Frimpong-Manso <i>et al.</i> , ¹⁹ Crowther <i>et al.</i> ¹⁷
	Postnatal mood	Crowther <i>et al.</i> ¹⁷
Social	Social Relations	Crowther <i>et al.</i> ¹⁷
	Kinship ties	Crowther <i>et al.</i> ¹⁷
Spiritual	Faith in God	Brito <i>et al.</i> ¹⁶
	Peace of mind	Brito <i>et al.</i> ¹⁶
	Spiritual health	Brito <i>et al.</i> ¹⁶
	Meaning to life attribution	Hansen <i>et al.</i> ¹⁸
	Opportunity for spiritual growth	Crowther <i>et al.</i> ¹⁷
Unspecific	Support received from others	Brito <i>et al.</i> , ¹⁶ Frimpong-Manso <i>et al.</i> ¹⁹
	Childbirth perceived as an extraordinary experience	Hansen <i>et al.</i> ¹⁸
	Sense of spirituality in pregnancy and puerperium	Crowther <i>et al.</i> ¹⁷
	Meaning of childbirth experience	Crowther <i>et al.</i> ¹⁷
	Meaningful experience	Crowther <i>et al.</i> ¹⁷
	Significant moments - satisfying and rewarding	Crowther <i>et al.</i> ¹⁷

adapting to new competencies.^{7,9,11,14} Spirituality, as a coping strategy, influences conceptions of life, having a positive impact on health and promoting a sense of meaning in life, which are directly related to lower levels of anxiety and depression.^{9-12,17-19}

According to the World Health Organization (WHO), maternal mental health is a major public health challenge. Among other consequences, prolonged mental illness is associated with damage to the mother-child bonding, breastfeeding and newborn care.⁴ The authors also cite the risk of newborn mistreatment as a result of compromised mental health.¹⁹ Spirituality can therefore positively influence the quality of the mother-child bonding by

promoting a supportive and loving environment, which is fundamental for the child's healthy development, both immediately and in the future.^{2,9-11}

As facilitators of the transition to parenthood, health professionals are particularly important for health care, promoting quality of life and preventing health complications, providing support and increasing the autonomy of self-care and care for the newborn (Table 4).^{16,17}

Helping with the transition process, through interventions aimed at the necessities of women and their families, provides support, confidence and security, reducing stress and fear of the unpredictability of the future.⁶

Table 3

Dimension: Difficulties in the transition to parenthood resolved by spirituality.		
Categories	Results	Study
Physical	Sleep deprivation/ Lack of rest	Crowther <i>et al.</i> ¹⁷
	High-risk childbirth	Crowther <i>et al.</i> ¹⁷
Psychological	Fear	Hansen <i>et al.</i> ¹⁸
	Stress/ unpredictability/ insecurity	Frimpong-Manso <i>et al.</i> , ¹⁹ Crowther <i>et al.</i> ¹⁷
	Postpartum mood disorders, Depression	Frimpong-Manso <i>et al.</i> , ¹⁹ Crowther <i>et al.</i> ¹⁷
	Emotional morbidity in the postnatal period	Crowther <i>et al.</i> ¹⁷
	Everyday concerns/ anxiety	Frimpong-Manso <i>et al.</i> , ¹⁹ Crowther <i>et al.</i> ¹⁷
Social	Bonding	Frimpong-Manso <i>et al.</i> ¹⁹
	Social interactions	Frimpong-Manso <i>et al.</i> ¹⁹
	Financial difficulties	Frimpong-Manso <i>et al.</i> ¹⁹
	Work difficulties	Frimpong-Manso <i>et al.</i> ¹⁹
	Stigma and discrimination	Frimpong-Manso <i>et al.</i> ¹⁹
Spiritual	Difficulty in spiritual development	Frimpong-Manso <i>et al.</i> ¹⁹
Cultural	Lack of congruence between beliefs/values	Crowther <i>et al.</i> ¹⁷
Unspecific	Physical abuse by partners	Frimpong-Manso <i>et al.</i> ¹⁹
	Physical abuse of children	Frimpong-Manso <i>et al.</i> ¹⁹

Table 4

Dimension: Health interventions promote the transition process.		
Categories	Results	Study
Physical	Promotion of obstetric-puerperal health	Brito <i>et al.</i> ¹⁶
	Screening or prevention of risk factors	Brito <i>et al.</i> ¹⁶
	Breastfeeding support	Brito <i>et al.</i> ¹⁶
Psychological	Promotion of the mother/child bonding	Brito <i>et al.</i> ¹⁶
	Correct support and guidance mitigates unpredictability	Crowther <i>et al.</i> ¹⁷
	Promoting balance, tranquillity and peace of mind	Brito <i>et al.</i> , ¹⁶ Crowther <i>et al.</i> ¹⁷
	Enhancing psychological well-being	Crowther <i>et al.</i> ¹⁷
Social	Promoting on kinship relations	Crowther <i>et al.</i> ¹⁷
	Valuing social well-being	Crowther <i>et al.</i> ¹⁷
Spiritual	Promoting spiritual well-being	Crowther <i>et al.</i> ¹⁷
	Valuing and recognizing spirituality	Crowther <i>et al.</i> ¹⁷
Cultural	Support of beliefs and values	Crowther <i>et al.</i> ¹⁷
Unspecific	Promotion of self-care	Crowther <i>et al.</i> ¹⁷
	Promoting healthy habits and lifestyles	Crowther <i>et al.</i> ¹⁷

Making use of the spiritual dimension in the provision of care is fundamental to helping women on their maternal journey and providing meaning to life.^{10,11}

There is a risk that health professionals are culturally insensitive to the importance of women's spiritual dimension during this critical period, which could contribute to postnatal mood disorders.¹⁷

As limitations, the review has a possible linguistic or selection bias due to the fact that the articles researched were only in Portuguese, English and Spanish. As these are the languages that the authors use to carry out this review, they are also considered to have greater visibility and impact on global scientific dissemination. However, we believe that there may be more scientific evidence on the relationship between the transition to parenthood and spirituality in other languages and cultural contexts. It is therefore suggested that future reviews extend the scope to other languages or other databases.

The breadth of the topic and the heterogeneity of the studies could also be a limitation for the review, since both the topic of parenthood and spirituality are vast and cover a multiplicity of dimensions, methodologies and contexts, making the synthesis of concepts and findings complex.

Conclusion

This study highlights the importance of exploring the relationship between the challenges of the transition to parenthood and internal forces, such as spirituality, in women's lives.

Answering the research question, we conclude that in the transition to parenthood, spirituality enables a unique, healthy, satisfying and successful experience during this challenging period, characterized by instability and uncertainty.

We found that spirituality positively influences health, quality of life and facilitates adaptations during the transition to parenthood, as well as promoting resilience in resolving difficulties, healthy parenting styles and the mother-child bonding.

Spirituality promotes a positive transition to parenthood, but it also has the potential to promote positive parenting in the short, medium and long term.

Addressing the spiritual dimension of the human person characterizes good practices for health professionals who assist women and their families in the process of transitioning to parenthood. This comprehensive care, centered on the person and not just the physical dimension, promotes the physical, emotional, social and spiritual well-being of both the mother and the newborn.

In this care, health professionals should prioritize support, strengthening family bondings, creating a safe space for reflection and meaningful communication.

We also recognize the importance of conducting future studies that address the perception and impact of the transition to parenthood on the father figure.

In summary, this study is particularly important as an element in consolidating scientific knowledge that can be expanded and applied in everyday care practice, promoting excellence in human care and evidence-based practice.

Authors' contribution

Grazina A: conceptualization, data processing, methodology, writing - original draft, writing - analysis and editing. Vila Nova Silva R: conceptualization, validation, writing - original draft, writing - analysis and editing. Cavaco C, Costa M: conceptualization, writing - original draft, writing - analysis and editing. Santos AP: data processing, methodology, supervision, writing - original draft, writing - analysis and editing. Tavares M: methodology, formal analysis, supervision, validation, writing - original draft, writing - analysis and editing. All the authors have approved the final version of the article and declare no conflict of interest.

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