This article offers an overview and explanation of some of the main customs and laws in the Jewish religion surrounding the reproductive health care of the Torah-observant woman. By understanding the religious and spiritual needs and preferences of a patient, the midwife is better able to provide optimal, culturally-competent care. Some of the aspects discussed include procreation, menstruation, modesty, contraception, abortion, genetic testing, induction, the Sabbath, Kosher diet, circumcision, and naming of the child. J Midwifery Womens Health 2008;53:62–67 © 2008 by the American College of Nurse-Midwives.

**keywords:** birth, culture, Jewish, labor, Orthodox

**INTRODUCTION**

Culture and religion often infuse meaning into significant life events. The life-changing experience of childbirth is influenced in every society by cultural norms and expectations. A cornerstone of midwifery is the acceptance of the cultural preferences of the client and integration of these into her care.

Modern midwifery defines itself through the emphasis of the motto, “Listen to Women.” If all women and all situations were the same, this phrase would be superfluous. As Barger noted, “long before the term ‘cultural competence’ came into general usage, nurse-midwives were publishing articles about the need to understand the background and culture of their clients.” Cultural proficiency is an essential component of competent care. Although the midwife may not be proficient in all of the many cultures she encounters, acquiring familiarity with the key aspects of cultural variances is necessary in order for the midwife to relate appropriately to a woman from another culture. This knowledge will enable the midwife to weave her own cultural meaning into her birth.

One significant subculture the midwife may encounter is that of the Orthodox Jewish woman; substantial Orthodox communities exist in most large cities in the United States and Western countries. It behooves the midwife serving Orthodox clients to be familiar with their attitudes and behavior in order to increase comfort and rapport. This article will cover some of the basic aspects of Jewish law which impact pregnancy, childbirth, and reproductive health for the Orthodox Jewish woman.

**GENERAL TENETS OF JUDAISM**

There are three main branches of Judaism—Orthodox, Conservative, and Reform. Orthodox Jews believe that the Torah, which is comprised of the five books of Moses, or Old Testament, is the direct word of God, given directly by God to the Jewish people approximately 4000 years ago. Orthodox Judaism follows the *halacha*, the laws of the Torah and Talmud (an interpretation and commentary on the Torah), which are considered as relevant now as they were then, and which are continuously interpreted for contemporary application.

The *halacha* provides direction in most aspects of personal life, including the reproductive cycle. Torah-observant Jews spend much of their child-bearing years focusing on the laws surrounding marital relations and childbearing.

In contrast, Conservative Judaism believes that the Torah was written by divinely inspired humans to reflect God’s will. It puts more emphasis on tradition and allows for reinterpretation, flexibility, and change to fit in with the time and culture.

Reform Judaism believes the Torah was written by humans. To them, the Torah is viewed as a moral guidebook, and those parts that deal with laws were intended for a past time in history and no longer apply. As a result, Conservative and Reform Jews generally mold to modern culture—with little in their customs and religious practices that would impact the course of the labor and birth process. Some Conservative and Reform Jews do keep certain laws, such as aspects of *Shabbat* or preparing a *brit milah*, a ritual circumcision, for their sons.

Among Orthodox women, the actual practice of laws and customs may also vary. An individual woman, in accord with her personal commitment, may interpret laws more leniently and not follow them as strictly or in as much detail as others. There may also be a range of legitimate interpretations of *halacha*, including leniencies, so that women from different communities may be more or less stringent in following certain aspects of a law.

The woman should be invited to share the applicable details of the laws she follows. As with all cultural differences, the midwife should discuss with a woman and/or couple whether they have particular practices that would affect their care. Providers should never make...
assumptions about cultural or religious preferences based on a woman’s manner of dress; outward appearances are often misleading.

Despite these caveats regarding group and individual variations, it is nevertheless possible to delineate the customs, rituals, and beliefs that are intrinsic to the expression of Orthodox Judaism, because it continues to follow the highly detailed practices of centuries of observance. The following categories surrounding pregnancy, childbirth, and reproductive health will provide the midwife with a general understanding of the traditions of the Orthodox woman.

Procreation

Procreation is the first and one of the most important commandments in the Torah. It derives from God’s commandment to Adam and Eve “to be fruitful and multiply” (Genesis 1:28). This law imposes a minimum obligation to have a son and a daughter, although there is also the understanding that it is still a mitzvah—a positive action meriting reward—to continue to have additional children. Indeed, many observant Jews believe that children are a blessing and are likely to have many more than the minimum number. Couples unable to have children work long and hard with infertility specialists and rabbis in the attempt to have a child. There are many rabbis who are well versed in the intricacies of infertility treatments. There are also Jewish organizations created to support couples with infertility, both emotionally and financially.

In Orthodox Jewish culture, giving birth and raising children play a central role in life. Studies of Orthodox women’s views on childbirth give voice to this belief. Semenic6 quotes a Canadian study participant who explained, “This is our life. This is the first commandment . . . First in my life is my family, my way of life, my fulfillment.” A woman described her outlook on the privilege of bearing children in an article by Callister et al.: “The whole purpose of the world is bringing down a child . . . If God gives you a soul, you become the caretaker of this soul.”

Niddah

The Torah provides guidelines surrounding menstruation, called the laws of “family purity.” A woman who is menstruating is called a niddah. Women who observe the laws of family purity abstain from physical contact with their husbands from the onset of menses until 7 days after the cessation of menstrual flow. Women immerse in a mikva, a ritual bath, at the conclusion of those 7 days, and may then resume physical and sexual relations with their husbands.

Although couples observe the laws of niddah for existential religious reasons, the psychological benefits of the laws have often been pointed out. The cycle of abstinence and reunion encourages nonsexual communication and creates a sense of anticipation and excitement. Some marriage and sex therapists have begun recommending periodic separation as a solution for sexual boredom in the general society.6

“Separation protects and nurtures the intimate aspect of marriage, which thrives on withdrawal and reunion. This understanding is not unique to Jews. In most cultures throughout the world, the ancients practiced varying degrees of separation . . . during the woman’s menstrual period.”

Each reunion following immersion in the mikva might be compared to the wedding night. In an article by Perle Feldman8 on this topic, a woman describes, “my night at the mikva is a time of privacy, luxury and renewal . . . and when I meet my husband . . . and we have that first kiss, I feel like a bride!”

Semenic et al.5 quote a woman who articulates the marriage relationship:

“In Jewish marriage you have a balance. We have a period where we express our love physically, when there’s kissing and hugging and intimate relationships. But half the time we don’t have that kind of relationship with our husband, so we have to express it through caring and concern, kindness, and talking. The marriages are very solid because there is always the constant balance. There are no extremes.”

A woman can assume the niddah status if she has intermenstrual spotting or irregular menses. Birth control methods must be chosen carefully to ensure that spotting and break-through bleeding are not problematic. Following a pelvic exam or procedure a woman may inquire about bleeding and whether it comes from the cervix, vagina, or uterus, as its source will determine her niddah status. If the bleeding is uterine, she must separate from her husband.

Although these laws are of more concern when a woman is not pregnant, they can still apply during pregnancy whenever bleeding is a possibility or is actually observed. In circumstances where the origins of the bleeding are not clear, a woman may consult her rabbi about her niddah status. The rabbi often relies on the practitioner to clarify the procedure that was done in order to make his decision.

A bride will often initiate birth control 3 to 4 months before her wedding to ensure that the wedding night does not occur during her menses or before she has been able

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to go to the mikva. In the case that her cycle does not occur as planned, hormone therapy may be used to delay bleeding until after the marriage has been consummated. Difficulties with conceiving or infertility problems may be caused by a short menstrual cycle, in which the fertile period falls before a woman has been to the mikva and is permitted to her husband. In this case, it may also be necessary to lengthen the menstrual cycle with hormone therapy.

Labor induces a niddah state. The onset of niddah, however, may vary according to different interpretations. This can be at any point from the onset of labor and bloody show to complete cervical dilatation or rupture of membranes. Each couple will follow the ruling of their rabbi.

When a woman becomes a niddah in labor, her husband will not touch her or hand her things. He will not be able to provide physical support in any aspect. Halacha does permit the husband to assist her if there is no one else available. He also may not see any part of her body that is normally covered, and therefore may not witness the birth. Different communities observe this restriction in different ways. Some men will leave the delivery room as soon as birth is imminent. Some will prefer to stand behind a curtain or in a corner. Other men will stand by their wife’s head and simply not watch the birth. It is important for the midwife to realize that the husband will not be able to assist with physical support. It is also appropriate for the midwife to drape the woman as well as possible so that she is not overly exposed.

Many women bring a sister, mother, female friend, or doula to provide for her physical and emotional needs. Nonetheless, the husband’s role in labor and birth is a vital one. Although he is unable to provide physical support for much of the process, he provides a great amount of emotional and spiritual support. In their phenomenological study describing the birth experience of Orthodox women in Canada, Semenic et al. observe:

“The women express a strong sense of support from their husbands, despite the fact that [they] had no direct physical contact with their wives during labor...Emotional support provided by the husbands included praying and reading Psalms.”

A woman in the study by Callister et al. on the cultural and spiritual meanings of childbirth further explained, “I give birth and my husband helps me spiritually. He can pray for me and that is the biggest support.” It is important for the midwife to support the husband’s role during labor, despite his inability to provide direct physical assistance.

### Modesty

The Torah provides modesty guidelines for the religious woman. Modesty is not only in dress but also in how a person behaves and carries him or herself. Both men and women are expected to “Walk modestly with God” (Micah 6:8). Friedman describes three levels of modesty: external, internal, and essential. The external refers to dress, speech, and actions. Internal modesty surrounds thoughts and feelings. Essential modesty is the innocence of a person that brings one into contact with one’s essence. These three levels help a person discover and exemplify his or her essence. The detailed laws surrounding the required dress of the Orthodox woman is based on these principles: the true essence of a person can only be revealed when the body is not the primary focus. As it says in Psalms 45:14, “the honor of a princess is within.”

The clearest indication of the modesty that defines the Orthodox woman is her clothing. She will most likely be wearing a long skirt, a shirt with long sleeves and a high neck, and a head covering, such as a scarf or wig. Women are prohibited from wearing clothing that is typically male, such as pants (Deuteronomy 22:5). The dress code of the religious woman imbues her with a sense of dignity and prevents others from judging her by her body. Dressing in attractive but not attracting clothing allows others to take the time to get to know her and her mind and removes the focus from the sexual aspects of her body.

Women follow different levels of observance with respect to dress, so these guidelines vary in terms of expression. In addition, this dress code is necessary only in public and in the presence of men, and may not be adhered to in the birth setting. However, as modesty is fundamental to Orthodox women, the midwife will often find the birthing woman to be concerned about draping; she may wish to wear her own clothing or robe, and may attempt to keep her hair covered.

Another aspect of modesty is in how men and women relate to each other. Orthodox men may not have physical contact with women outside their immediate family. This applies to midwives in their interaction with the patient’s husband. He will most likely not shake hands with a female midwife, nurse, or physician. He will not appreciate other physical contact, such as a pat on the back. Religious women, as well, try to refrain from physical contact with men outside their immediate family, including shaking hands. In the case of a health care provider of the opposite gender, these restrictions are generally waived as the relationship is purely a medical one and physical contact is necessary.

### Contraception

Contraception is allowed in certain circumstances. The couple must speak to their rabbi before initiating any contraceptive methods. The rabbi will generally make his
decision to permit the use of birth control based on the obligation to bear children and whether the couple has fulfilled their basic obligation. The choice of birth control, once permitted, would require a method that does not interfere with the natural sexual act, which may cause “destruction of seed.” This prohibits extravaginal ejaculation, such as the withdrawal method of natural family planning. This also includes male barrier methods such as condoms, which are already almost always prohibited. This is in accordance with the biblical prohibition against the release of sperm in an unnatural manner that would prevent the sperm from entering the uterus (Genesis 38:9–10). Hormonal methods and intrauterine devices are generally the most advisable. Instances when contraception may be allowed include physical or emotional health concerns and pregnancy spacing. Approval of contraceptive use is generally for a defined period of time, such as 6 months or a year, after which the couple must again consult with their rabbi if they wish to continue contraceptive use. Sterilization is generally forbidden.

Abortion

Jewish law forbids abortion unless carrying the pregnancy or childbirth would endanger the mother’s life physically or emotionally. In cases of genetic abnormalities, most prevailing rabbinic authorities do not permit abortion as a matter of course. However, if the situation is such that the continuation of the pregnancy would be seen as posing a potential threat to the mother’s physical or emotional health, there may be possible leniencies. In all instances, it is necessary to consult with a rabbi, whose decision is made on an individual basis.

Genetic Testing

Because abortion is rarely an option, many couples will not find it necessary to do extensive genetic testing once already pregnant. If the midwife feels that testing, such as a triple screen or amniocentesis, is necessary, detailed rationale should be presented to the couple. In many cases, the couple will agree to the testing only with the understanding that it is done in order to best prepare emotionally and arrange for medical support at the birth of a child with anomalies.

The Orthodox community’s response to increased knowledge about genetic disease is aimed at prevention. It has become standard to perform premarital genetic testing for genetic diseases inherent in this community. Dor Yeshorim is a registry that provides anonymous testing for 10 disorders, including Tay–Sachs disease, cystic fibrosis, Canavan disease, and Fanconi anemia type C, among others. Testing is offered in most Orthodox high schools for twelfth-grade students, and is also available for individuals who were not tested in high school. The results are entered into Dor Yeshorim’s database. A dating couple calls the registry with the assigned numbers for both parties. The registry looks up the results, and a “compatible” or “not compatible” answer is given. If the couple is “not compatible,” it means they are both carriers of the same recessive trait. If they are “compatible,” it means one or neither is a carrier. The testing is done anonymously in order to prevent stigmatization of carriers and their families. In the case that a couple is not compatible, they may decide to break off the relationship or, if they wish to get married, may seek counseling with a rabbi and/or geneticist.

Induction

Inducing labor is usually permissible only if it is medically indicated. This is for philosophical as well as medical reasons; as with abortion, it is believed that God should decide when a person is ready to enter or leave this world. In most cases, if induction is suggested, the couple will consult their rabbi, who will often defer to the judgment of the clinician if there is indeed a medically valid reason to induce.

Shabbat

Shabbat is called a “day of rest,” when observant Jews refrain from doing all “creative” work from sundown Friday to an hour after sundown on Saturday. Creative work is defined as that which changes nature or the status quo. It includes a body of specific activities, which are as diverse as plowing a field, cooking a meal, applying ointment, using electricity, and handling money.

Subjectively, the Shabbat is experienced as very pleasant. Elaborate meals are prepared beforehand and the time is spent eating, praying, and enjoying the company of family and friends. Even though the Shabbat occurs weekly, it is relished and cherished every week. Most women would much prefer to be home to spend Shabbat with her family, even if that would mean leaving the hospital early following childbirth.

Observance of the Shabbat laws is quite detailed, and varies depending on the level of personal observance. Many Conservative and Reform Jews also keep certain laws of Shabbat. Observance also has many implications for the midwife. The patient and her husband cannot turn electricity on or off, but may use electric appliances or lights if left on or turned on by someone who is not Jewish. This eliminates the use of an elevator, electric doors, electric buttons on beds, or call-bells. Food can be left in a slow cooker or on a low flame, if the flame was turned on before Shabbat. Writing is not permitted, including signing a consent form. Tearing items such as toilet paper is not permitted. Observant Jews will not drive or take a taxi. Lactating women are not allowed to use an electric breast pump. In times of need, rabbinical

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permission may be given to use a breast pump which is turned on and off by a timer.

It is important to realize that many of these laws are deferred if there is a medical indication, such as active labor or the immediate postpartum period. However, the woman will try to refrain from breaking as many laws as possible. Once the emergency indication is resolved, the laws of the Shabbat are again observed, and so a patient may not be able to be discharged until after sundown. If discharge is scheduled for Friday, the woman would like to leave early enough to make it home in time to prepare for Shabbat.

There are many Jewish holidays, several of which have a level of observance similar to the Shabbat. It is necessary to ask a woman about what she may or may not do and what she would need help with. If possible, the midwife should try to allow her to postpone elective procedures or the signing of consents until after Shabbat.4

Kosher

The Torah provides dietary guidelines determining what is permissible to eat. Jews who “keep kosher” will not eat food products derived from a pig, a carnivorous animal, or any type of shellfish (Leviticus 11:3–12). For meat to be kosher, the animal must be slaughtered by a ritual slaughterer, or shochet. It is also forbidden to eat milk and meat products together (Exodus 23:19). Cooked foods must be prepared with utensils and cooked in an oven that has only been used for kosher food. Packaged foods must be labeled with valid kosher certification.

Kosher guidelines can also apply to medications, such as those that contain dairy products or gelatin. Medications with dairy products pose the problem of consumption with or following meat food. Gelatin is derived from non-kosher animal products. If a medication with non-kosher products is necessary and no substitute is available, a rabbi must be consulted.

The kosher laws will impact in a birth setting, especially a hospital, when food is offered. A prepared kosher hospital meal, for instance, must be heated double-wrapped in the original packaging from the caterer and then presented to the patient still in its original packaging. Often Orthodox couples will bring their own food to preclude the need to find kosher food. Fresh fruits and vegetables and many juices and snacks, such as crackers, that are offered to patients are often permissible.

Circumcision

A boy is circumcised on the eighth day of life in a ritual ceremony by a mohel, a rabbi who is trained in ritual circumcision. This is based on the biblical commandment from God to Abraham to circumcise all male babies on the eighth day of life (Genesis 17:12). If there is a health issue with the baby, such as jaundice or prematurity, the circumcision may be delayed. This ceremony is called a bris or bris milah.

Naming

According to Jewish custom, a boy is not named until his bris milah. If the baby is not healthy and cannot be circumcised for an extended period of time, some families may choose to name their son before the bris. A girl is named by her father in the synagogue, which can be anytime from the day of birth until as many as 7 days later. Until the baby is named in the appropriate ceremony, the name is not announced to anyone and is often not put on the birth certificate application before it is submitted.8 In these cases, the parents must contact the Department of Vital Records to include the name of the baby on the birth certificate, as most hospitals file birth certificates with discharge.

SUMMARY

Because the birth experience and all events surrounding it are of great consequence among Orthodox Jews, the process is often permeated with spiritual dimensions that make it into a religious experience. As one woman in Semenic’s study5 explained that many women find “giving birth to be enriched by and to enrich their religious Jewish faith.” Callister1 quotes one woman who compared the spirituality she incorporated into childbirth with other details of her life: “We take spirituality and infuse it into every aspect of our daily lives.”

The role of the midwife is to provide culturally competent care for all of a woman’s physical, emotional, and spiritual needs. Background knowledge as well as communication with the mother and father about their beliefs and preferences will enhance the birthing experience and ensure that it will be remembered as a positive and sensitive one. The couple will appreciate the considerate and thoughtful approach of the midwife and will be happy to include her in the details of this life-changing event.

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Breathe she shares
With fluttering desert
Sensing still
The new alignment
Become– new light – Begun
In waking waters
A crescent basket
To be filled
With ancient dust;
Jerusalem O Fire I
Remember the ways of Zion-
Spreading Wings
Shhhh

-Marla Shauer, CNM, MSN