Clinical Practice Department

Jewish Laws, Customs, and Practice in Labor, Delivery, and Postpartum Care

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Many communities throughout the world, especially in the United States and Israel, contain large populations of religiously observant Jews. The purpose of this article is to provide a comprehensive, descriptive guide to specific laws, customs, and practices of traditionally religious observant Jews for the culturally sensitive management of labor, delivery, and postpartum. Discussion includes intimacy between husband and wife, dietary laws, Sabbath observance, as well as practices concerning prayer, communication trends, modesty issues, and labor and birth customs. Health care professionals can tailor their practice by integrating their knowledge of specific cultures into their management plan.

Keywords: cultural competence; Jewish laws; Jewish customs; labor, delivery and postpartum

Childbearing practices are highly influenced by cultural values and beliefs (Andrews & Boyle, 2003; Callister, Seminick, & Foster, 1999; Campinha-Bacote, 2003; Galanti, 1997; Kater, 2000; Leininger & McFarland, 2002; Mattson, 2000; Purnell & Paulanka, 2003; Schuiling & Sampsel, 1999; Weber, 1996). Families of different cultures incorporate their beliefs, values, and practices into the childbirth experience. Culture is defined by Spector (2009) as, "a non physical trait which includes beliefs, attitudes, values and customs and are shared by a group of people and passed from one generation to the next" (p. 348). Within this meta-communication system of nonphysical traits, a belief can also be a person's religion, which is "the belief in a divine or superhuman power who is worshipped and obeyed and seen as creator or ruler of the universe" (p. 352). The labor, delivery, and postpartum units are prime examples of the interface between culture/religion, childbearing practices, and health care management. This may create a challenge for a Westernized health care system.

Judaism is a monotheistic religion whose history dates back to the biblical forefather, Abraham. Through a series of historical events that began at creation dated 3760 BCE (Year 1 on the Jewish calendar), the Jewish people received a divinely ordained code that included the Ten Commandments and a Written and Oral Law in 1280 BCE (American-Israeli Cooperative Enterprise, 2008). Judaism is both a religion and culture (Selekman, 2003). Today, in 2009, (Year 5769 on the Jewish calendar), there are approximately 12 to 14 million Jews in the world today, with the greatest concentrations being in the United States and Israel. According to the Jewish People Policy Planning Institute (Tal, 2007), the four top centers of the Jewish population are North America (5,649,000), Israel (5,393,000), Europe/non-Former Soviet Union (non-FSU; 1,155,000), and the FSU (357,000).

The largest ethnic groups of Jews descend from either European origin (Ashkenazi) or Mediterranean/Middle Eastern origin (Sephardim/Edo Mizrahi; Dobrinsky,

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1986; Selekmans, 2003). There are other smaller Jewish ethnic groups throughout the world. In the United States, there are three main levels of Jewish religious practice: Orthodox, Conservative, and Reform (Lewis, 2003; Selekmans, 2003; Shuzman, 2004). Smaller affiliated groups present a varied picture of degrees of religious observance. Within the Orthodox Jewish group itself, there are additional categories, for example, the Ultra-Orthodox, which can be divided into the non-Chassidic and Chassidic sects, where the men are most recognizable by their year-round black attire, uncut side locks (peyote or peyis), and beard (Schwarz, 2004). The Orthodox group, on the whole, adheres to the strictest interpretation of the teachings of the Torah (Five Books of Moses, Prophets, and Writings) and Jewish law (halacha; Lutwak, Ney, & White, 1988; Schwartz, 2004; Selekmans, 2003; Shuzman, 2004).

In Israel, the division of religious observance can be delineated as Ultra-Orthodox (Haredi), Religious, Traditional, and Secular. The Ultra-Orthodox (Haredi) person can be described as one who conducts his lifestyle in accordance to Ultra-Orthodox customs, beliefs, and practices.

Ultra-Orthodox religious practice applies stringencies on the basic Jewish law to ensure adherence to the religious law and similarly applies such stringencies to dealing with the outside world to ensure protection from negative (anti-Ultra-Orthodox) influences. Knowledge is primarily sought through religious study and religious life-style alone. (Zaremski, 2002, p. 12)

A Religious person can be defined as “a person who conducts his customs, beliefs and practices in a manner that combines integration into the general society with religious life. Knowledge is attained through non-religious and religious study” (Zaremski, 2002, p. 11).

A Traditional person refers to one “who observes religious Jewish ritual practices out of respect to religious command. Traditional practice differs from religious practice in that it does not necessarily place Jewish law in the forefront of everyday decision making” (Zaremski, 2002, p. 12).

A Secular person refers to a person who may distance himself or herself from “the connection between Jewish ritual and divine commandment. Secular Jews may be sub-divided into those who do not perform any Jewish ritual or perform Jewish ritual as a cultural rather than religious requirement” (Zaremski, 2002, p. 11).

The descriptions above offer a two-dimensional compartmentalization of the different strains of the Jewish religion. In reality, there can be overlap, nuanced differences, and individual interpretations, which make the groups similar or very different. Therefore, it can summarized that Judaism can be viewed as both a religion and a culture (Selekmans, 2003).

There are some transcultural nursing books and articles that describe certain Jewish practices (Andrews & Boyle, 2003; Galanti, 1997; Leininger & McFarland, 2002; Lewis, 2003; Lutwak et al., 1988; Schwartz, 2004; Selekmans, 2003; Schuyler, 2004; Spector, 2009). It is important to note that there is much fluidity in observance among the various Jewish groups. Jewish women and their families may observe different degrees of observance. It is recommended that the health care professional perform a cultural assessment and dialogue with the client and her family to ascertain their needs in terms of their religious observance. This article will describe selected Jewish laws, customs, and practices pertaining to the labor, delivery, and postpartum periods. A cultural assessment questionnaire and culturally appropriate provider responses are offered. It is important to note that though the laws, customs, and practices presented in this article are formally Orthodox/ Ultra-Orthodox traditions, there are many Jews who practice some or all of what is described below, though they do not identify themselves as Orthodox/Ultra-Orthodox.

Selected Jewish Laws Pertaining to Intrapartum and Postpartum Period

Health care professionals who provide family-centered care to the childbearing family recognize the integral role of cultural values, beliefs, and practices. Providing culturally competent care includes cultural knowledge. The religiously observant Jewish woman, and family, in labor, delivery, and postpartum needs to have care that allows her to abide by Jewish laws, customs, and practices that guide everyday life as well as those that pertain to childbearing. These cultural issues include adherence to the laws of immancy issues between husband and wife or niddah (Lewis, 2003; Lutwak et al., 1988); dietary laws or kashrut; and observance of the Sabbath. The following is a comprehensive descriptive guide to practices concerning prayer, communication trends, modesty issues, and labor and birth customs. This guide focuses on selected common laws, customs, and practices and how they are defined within traditionally religious observance.

Laws of Niddah

“Niddah” means “removed or separated” generally in the context of Jewish Marital Laws (Taharat
HaMishPacha). This word has been mistranslated as "unpure," which is incorrect and does not represent the essence of the term. The laws of niddah require the abstinence of physical contact between husband and wife in such cases that the wife has bleeding originating from the uterus (Tendler, 1977). Observant Jewish women who are menstruating or experiencing physiologic uterine bleeding adhere to the laws of niddah. The time frame is set from the point of menstruation until seven days after the bleeding has stopped. In labor, a woman may be considered to be in a state of niddah if the woman has any of the following: appearance of "bloody show," rupture of membranes, or active bleeding from the cervix. There are some religious authorities that deem niddah status for women who have contractions that cause difficulty walking without assistance, or are fully dilated even if no bleeding is noted (Nishmat Women's Online Information Center, 2006; Webster, 1997). In general, the religiously observant couple will refrain from physical contact (see Table 1).

The husband will not customarily view the actual birth, but he may be present in the room where the delivery occurs and stand in a place where he cannot view the birth. The couple may require that the genital area be draped for the delivery. The nurse and midwife caring for laboring patients who observe the laws of niddah can assist by providing all comfort measures that require physical contact. The health care professional with a clear understanding of this religious practice should not misinterpret the nonphysical contact between husband and wife as a relationship issue. On the other hand, knowing this religious practice, the health care professional needs to take cues from the couple as to their degree of adherence and personal choices.

Laws of Dietary Specifications (Kashrut)

The Jewish dietary laws are complex, requiring avoidance of nonkosher foods, proper preparation of meat, not eating milk and meat together, maintaining separate utensils and dishes for meat and milk meals, and a specified waiting time after consumption of meat until dairy may be eaten (Orthodox Union, 2004). In addition, the observant consumer searches for kashrut symbols on packaged food labels to indicate that those foods were prepared according to dietary laws. Presently, kosher meals may be requested in health care institutions in the United States through outside kosher food services (Selekman, 2003). The meals are double sealed to allow for heating in nonkosher heating units. This procedure assures kashrut law maintenance from time of preparation through distribution. The health care professional should allow the patient or family to remove any wrapping. Though the laws of kashrut are set, there are differences in customs and practice. Therefore, the nurse should ask the client for any kashrut preferences during the initial interview. In Israel, the hospital kitchens have only kosher food available with a kashrut supervisor maintaining kosher dietary laws. The hospitals also offer patients meals prepared by outside caterers that are supervised by Ultra-Orthodox kashrut supervisors acceptable to most Ultra-Orthodox sects. Nevertheless, the nurse and midwife should be aware that some members of the Ultra-Orthodox community will not eat these foods and prefer to have food brought to the hospital by family members (Table 1).

Sabbath and Holiday Observance

The concept of a “day” according to traditional Jewish religion begins the night before, at sundown at the time of the evening prayers. The Jewish Sabbath (Shabbat, Shabbos) begins at sundown on Friday evening and concludes approximately an hour after sunset on Saturday night (Lutwak et al., 1988). The Jewish Sabbath has its origins in the Bible when God created the world in 6 days and rested on the 7th (Genesis, 2:2). Jewish women begin the Sabbath by lighting the Sabbath candles. Sabbath observance includes special prayer services in the synagogue, festive meals, time devoted to family, and religious studies (Schwartz, 2004). The Sabbath-observant Jew will refrain from specific actions that are not permitted on the Sabbath, such as writing, going to work, riding in a car, turning on and off or moving electrical appliances, using the telephone, and cooking food (Lewis, 2003; Shema Yisrael Torah Network, n.d.). These prohibitions are based on actions that were considered “creative work”. Just as, according to biblical tradition, God rested from creation on the 7th day, observant Jews rest from creative activities. These activities are determined by what was considered creative activities in relation to the Jewish Tabernacle and subsequently part of the service in the Temple of biblical times. For example, fire was used in the service and, therefore, igniting or manipulating fire or anything deemed by Jewish law authorities to be similar (i.e., electricity) is prohibited. Many Jewish holidays (Table 2) include refraining from certain activities similar to Sabbath observance.

Although health emergencies, according to Jewish law, take precedence over Sabbath and Holiday laws, observant Jews will try to adhere to Sabbath laws as much as the situation allows. Emergency situations may necessitate the patient and family to use the telephone to call an ambulance or health care provider and travel to
## Table 1

### Observant Jewish Customs, Laws, and Practices During Labor, Delivery, and Postpartum

<table>
<thead>
<tr>
<th>Practice</th>
<th>Husband</th>
<th>Wife</th>
<th>Provider's Appropriate Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prayer</strong></td>
<td>Prayer mandatory three times a day (morning, evening, and night prayers)</td>
<td>May choose to pray but not mandatory for a woman in labor</td>
<td>Promote a supportive, nonjudgmental environment</td>
</tr>
<tr>
<td></td>
<td>Morning prayer requires a tallit (prayer shawl) and tefillin (phylacteries); may prefer to say psalms while wife is in labor</td>
<td>May prefer to say psalms</td>
<td>Allow couple to observe religious practices</td>
</tr>
<tr>
<td></td>
<td>Will not speak to others during most forms of prayer unless there is an emergency situation</td>
<td></td>
<td>Allow husband to pray within the designated prayer time frame; husband may leave to attend prayer service</td>
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<tr>
<td></td>
<td>Will pray facing towards Jerusalem</td>
<td></td>
<td>Differentiate between religious practices and relational issues</td>
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<tr>
<td></td>
<td>Will ritually wash hands with a cup of water before bread is eaten</td>
<td></td>
<td>If not urgent, do not converse with person during prayer</td>
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<td></td>
<td>Will say Grace after meals after eating bread</td>
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<tr>
<td></td>
<td>Will ritually wash hands with a cup after using the bathroom</td>
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</tr>
<tr>
<td><strong>Communication</strong></td>
<td>Ultra-Orthodox custom: May prefer not to look or speak directly to a woman who is not his wife; may look at wife when speaking to midwife</td>
<td></td>
<td>Provide cup near sink</td>
</tr>
<tr>
<td></td>
<td>Ultra-Orthodox and religious practice: Will not touch (i.e., shake hands) with women other than wife</td>
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<tr>
<td></td>
<td>May/may not prefer to touch wife or show any type of physical affection while in the presence of others, even when permissible by Jewish law</td>
<td></td>
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</tr>
<tr>
<td><strong>Niddah</strong></td>
<td>No physical contact (including no passing of objects) with wife after any of the following: (a) bloody show (b) rupture of membranes (c) labor progressed to when wife needs to lie down</td>
<td></td>
<td>Do not personalize husband’s modesty custom; look at wife when addressing couple; speak with wife and not directly to husband, yet answer all of husband’s questions and concerns</td>
</tr>
<tr>
<td><strong>Dietary laws</strong></td>
<td>Only eat foods that are accepted by family as kosher</td>
<td></td>
<td>Need alternative assessment of husband—wife relationship because customary verbal and physical cues are not applicable</td>
</tr>
<tr>
<td></td>
<td>Will not eat meat and milk together</td>
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<td></td>
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<tr>
<td></td>
<td>After eating meat meal, will wait 1 to 6 hours until dairy may be eaten (hours vary on custom)</td>
<td></td>
<td>Provide physical and therapeutic interventions (e.g., massage) as needed. Understand husband and wife do not maintain physical contact during this time</td>
</tr>
<tr>
<td></td>
<td>All utensils must be kept kosher</td>
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</tr>
<tr>
<td></td>
<td>Will only eat food or dishes that have only been used for kosher food</td>
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<tr>
<td></td>
<td>Uses separate dishes for meat and milk meals</td>
<td></td>
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<tr>
<td><strong>Modesty issues</strong></td>
<td>Will not view actual birth or wife’s perineal area at this time</td>
<td>Is permitted to view birth and will do so according to personal preference</td>
<td></td>
</tr>
</tbody>
</table>

(continued)
<table>
<thead>
<tr>
<th>Practice</th>
<th>Husband</th>
<th>Wife</th>
<th>Provider’s Appropriate Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor and birth customs</td>
<td>May prefer to say psalms or special prayers on behalf of wife</td>
<td>Will prefer to keep her hair covered</td>
<td>Provide patient gown that adheres to her modesty practice</td>
</tr>
<tr>
<td></td>
<td>Will or will not cut the umbilical cord</td>
<td>Wears dresses with sleeves covering elbows, not low-cut</td>
<td>For the birth: Allow husband to stand by the top of the bed so he may face mother’s head</td>
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<td></td>
<td></td>
<td>Does not wear pants. May want to cover toes with stockings</td>
<td>Allow husband to recite psalms or special prayers</td>
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<tr>
<td></td>
<td></td>
<td>Is allowed to cut the umbilical cord but will do so according to personal preference</td>
<td>Do not ask father to cut the umbilical cord</td>
</tr>
<tr>
<td>Sabbath</td>
<td>Will wait to announce baby’s name until the male baby is circumcised or the female baby is named in the synagogue</td>
<td>Same practice as husband</td>
<td>Do not ask couple for baby’s name</td>
</tr>
<tr>
<td></td>
<td>Some Ultra-Orthodox prefer not to hold baby if blood on skin at birth has not been wiped from baby's body</td>
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<tr>
<td></td>
<td>Will try and prepare travel arrangements before the Sabbath even with a non-Jewish driver or drive himself while trying to minimize Sabbath violation</td>
<td>Is allowed to hold baby even when blood from birth is present</td>
<td>Ask father if he wants to hold the baby</td>
</tr>
<tr>
<td></td>
<td>Will not turn electrical lights or appliances on or off, activate electronic devices such as doors and elevators, or use call-bell during Sabbath and holidays</td>
<td>Same practice as husband</td>
<td>Provide safe and satisfying birth. Allow family to observe Sabbath as much as possible</td>
</tr>
<tr>
<td></td>
<td>For elevators and automatic doors, may wait for a non-Jew to activate before entering</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Will nor write during the Sabbath</td>
<td>If able, will light Sabbath candles Friday night before sundown</td>
<td>Ask couple which lights they wish to leave on or off. Although couple will not ask, non-Jewish staff should anticipate the needs of the couple and operate items as needed. Determine how nurse will be called upon during Sabbath shift.</td>
</tr>
<tr>
<td></td>
<td>Will say prayers for the Sabbath</td>
<td></td>
<td>Will not sign consents. In the United States, witnessed verbal consent will suffice for medical procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If possible, provide room outside of proximity to oxygen where woman can light Sabbath candles. If woman cannot leave room with oxygen, allow to light electric Sabbath candles or make the blessing on an incandescent light that will remain lit till the end of the Sabbath</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provide list of closest local synagogues</td>
</tr>
<tr>
<td></td>
<td>May prefer to pray in synagogue if</td>
<td>Same practice as husband</td>
<td>Allow prepaid vouchers to be used in cafeteria</td>
</tr>
<tr>
<td></td>
<td>within walking distance</td>
<td>Same as husband</td>
<td>Do not schedule induction of labor on Friday, Saturday, or Jewish holidays unless the mother or baby’s life is in danger</td>
</tr>
<tr>
<td></td>
<td>Will not touch money on the Sabbath</td>
<td>Same as husband</td>
<td>Tear open wrapping to sanitary pads; if woman gives birth before Sabbath, provide her with enough pads and tissues and/or toilet paper before the Sabbath and/or holiday so that she can tear wrappings beforehand</td>
</tr>
<tr>
<td></td>
<td>Will violate Sabbath and holidays only for emergency and absolute need to ensure a safe and satisfying delivery</td>
<td>Same as husband</td>
<td>Some hospitals provide a room for the ceremony (as in all Israeli hospitals)</td>
</tr>
<tr>
<td></td>
<td>Will not tear paper or plastic and so on except to open/prep food</td>
<td>Same as husband</td>
<td>Parents will invite a ritual practitioner (mohel) as opposed to using a health professional</td>
</tr>
</tbody>
</table>

Table 1 (continued)
<table>
<thead>
<tr>
<th>Name</th>
<th>Time of Year (Stated With Gregorian Calendar Time Frame)</th>
<th>Time Frame</th>
<th>Special Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rosh Hashanah (Jewish New Year)</td>
<td>Fall (September/October)</td>
<td>2 days</td>
<td>Daily blowing of the ram's horn (Sofar) Custom to eat special representative foods for a sweet year</td>
</tr>
<tr>
<td>Tzom Gedaliah</td>
<td>Day after Rosh Hashanah</td>
<td>From sunrise to sunset</td>
<td>Minor fast—refrain from eating and drinking. Pregnant and nursing women not obligated to fast Major fast (no food or fluids) No leather shoes worn No sexual relations No full bathing No deodorant or perfumes First and last days are similar observance to Sabbath except for food preparation Middle (intermediate) days certain Sabbath prohibited activities permitted in keeping with the holiday spirit. Customarily to eat all meals in temporary huts built under the sky Customary to pray while holding the lulav and etrog (palm branch, myrtle, willow branch, and citron) Minor fast—refrain from eating and drinking. Pregnant and nursing women not obligated to fast Festival holiday commemorated each night with lighting of the Chanukah menorah and special foods. No Sabbath restrictions Minor fast—refrain from eating and drinking. Pregnant and nursing women not obligated to fast Festive holiday; reading of the Megillah (Biblical parchment scroll), food baskets exchanged, giving to the poor; festive meal. No Sabbath restrictions Minor fast—designated for first-born males only First and last days are similar observance to Sabbath except for food preparation Middle (intermediate) days certain Sabbath prohibited activities permitted in keeping with the holiday spirit No leavened bread. All foods are specially prepared for Passover use. Need for dishes and utensils that were not used during rest of year Similar observance to Sabbath except for food preparation Minor fast—refrain from eating and drinking. Pregnant and nursing women not obligated to fast Major fast, no eating or drinking; no leather shoes worn, certain mourning activities observed</td>
</tr>
<tr>
<td>Yom Kippur (Day of Atonement)</td>
<td>10 days after Rosh Hashanah</td>
<td>1 day—from sunset night before (25 hours)</td>
<td></td>
</tr>
<tr>
<td>Sukkot (Feast of Tabernacles)</td>
<td>4 days after Yom Kippur</td>
<td>7 days in Israel 8 days outside Israel</td>
<td></td>
</tr>
<tr>
<td>Asarah B’Tevet</td>
<td>Winter (usually in December) December</td>
<td>From sunrise to sundown 8 days</td>
<td></td>
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<tr>
<td>Chanukka</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ta’anit Esther</td>
<td>March</td>
<td>From sunrise to sunset 1 day</td>
<td></td>
</tr>
<tr>
<td>Purim</td>
<td>March</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ta’anit B’chorin Pesach (Passover)</td>
<td>One day before Passover 1 month after Purim</td>
<td>From sunrise to sunset 7 days in Israel 8 days outside Israel</td>
<td></td>
</tr>
<tr>
<td>Shavuot</td>
<td>7 weeks after Passover</td>
<td>1 day in Israel 2 days outside Israel</td>
<td></td>
</tr>
<tr>
<td>Sh’va Asar B’tamuz</td>
<td>July or August</td>
<td>From sunset night before (25 hours)</td>
<td></td>
</tr>
<tr>
<td>Tisha B’Av</td>
<td>3 weeks after Sheva Asar B’tamuz</td>
<td>1 day—from sunset night before (25 hours)</td>
<td></td>
</tr>
</tbody>
</table>

a. Fast information (Nishmat Women’s Online Information Center, 2003): (1) An active laboring woman is exempt from fasting. (2) Pregnant and nursing women are not obligated to fast on minor fasts. (3) Pregnant and nursing women are, in general, obligated to fast on the two major fasts of Yom Kippur and Tisha B’Av if there are no medical contraindications. (4) For Yom Kippur, laboring women and those that have given birth within 3 days after delivery are exempt from fasting, with exemptions easily given for postpartum days 4 to 7. The laws are more lenient with the fast of Tisha B’Av. (5) Women (or a family member) should consult with a rabbinical authority if there is any question as to the ability of the woman to fast. Leniencies are also given if the pregnant woman or fetus will be at risk, the woman had a difficult delivery, baby is ill, or there is difficulty breastfeeding.

the hospital. In nonemergency cases, health care professionals can assist the Sabbath-observant patient and family by performing a cultural assessment pertaining to specific needs that would allow the family to maintain their cultural practices, in this case the Sabbath or holiday (see Table 3). Some examples of issues that may arise during a hospitalization of Sabbath-observant Jewish patients are the following: What lights may they
Table 3
Cultural Assessment for Jewish Clients in Labor, Delivery, and Postpartum

I. Dietary laws
Opening question: Do you have any special dietary requirements? Is so, what?
Clarification questions:
1. Will you eat the kosher food served in the hospital?
   1a. (If yes) The staff will order kosher food for you that will be served with a double wrapping
   1b. (If no) Do you need to order a special kosher meal? Is there anyway that we can assist you?
2. If you are served a meat meal, please let the staff know when you can be served a dairy meal.
3. Is there any additional food that the hospital can provide you with (i.e. uncut fruits and vegetables, soft drinks, snacks)?
4. If you brought your own food, will you need disposable dishes and cutlery, space in the refrigerator, and patient identification stickers?
5. Would you like us to get you a cup so you can ritualistically wash your hands before bread?
6. Let me show you where the available patient nourishment area is. How can we assist you to make the microwave kosher for you to heat up your food?

II. Prayer
Opening question: Is there anything that you or your spouse (or whoever is accompanying you) will need in regard to prayer that is, location of the closest synagogue, prayers are said facing toward Jerusalem (e.g., in the United States, this is east)?
Clarification questions:
1. Will your spouse be attending prayer services during your labor? If so, can you provide his cell phone number in case we need to reach him?
2. If your husband will pray in the labor room, we understand that you should not speak to him unless it is an urgent.
3. Would you prefer that we leave a cup near the sink so that you can ritually wash your hands? We can also leave a basin and cup near your bedside so that you can ritually wash your hands after the birth.

III. Communication
There are Ultra-Orthodox men who do not traditionally speak with women, or look at a woman, who is not a family member. Would your husband prefer that we direct all communication to you?

IV. Niddah (traditional physical separation between husband and wife)
Opening question: Do you and your husband prefer that the staff provide all physical support, such as massages, help to and from the bathroom, or other comfort measures during labor?
Clarification questions:
1. Do you and your husband prefer that he not view the actual birth? Would you both prefer that he stand during the birth?
2. Would you want us to keep you covered in a way that he cannot view the birth?
3. Does your husband prefer to hold the baby after the birth? Would he prefer that we hand him the baby after we have wiped the baby from the birth?

V. Modesty issues
Opening question: Is there anything that we should know with regard to physical support or dress/attire to make you feel comfortable during your labor, delivery, and postpartum? (e.g., keep hair covered?)
Clarification questions:
1. Are there certain clothes or garments that you prefer to wear during your labor, birth, and postpartum? If yes, please tell us what garments you prefer.
2. Will your husband be present for your labor and delivery? Will he be able to provide you with any comfort measures such as massage? How can we appropriately include your husband in your birth experience?

VI. Labor and birth customs:
1. After the baby is born, do you want a family member to help cut the umbilical cord, or do you prefer that the birth attendant cut the cord?
2. Do you prefer that we not ask you the baby’s name?

VII. Sabbath and holidays
Opening question: Is there anything that we should know about your traditions or preferences concerning the Sabbath and holidays?
Clarification questions:
1. If your birth occurs around the time of the Sabbath or holiday, do you or your husband have any special needs regarding:
   Transportation?
   Husband’s sleeping arrangements?
   Use of electrical appliances including the call-bell, bathroom light (please consider the following additional electrical devices: light in the refrigerator microwave, toaster, ice machine, elevator, electronic lock to the nourishment room, etc.)?
   Are there any lights that you want us to leave on for the entire Sabbath/holiday?
   Lighting of the Sabbath or holiday candles?
   There are some hospitals that provide an area for patients to light candles, if so, tell patient where that area is. If not, is there an area that patient can light electric Sabbath candle?
   Writing or signing consents—can they be done after the Sabbath or holiday?
   Will you need to stay in or nearby the hospital if you are discharged on the Sabbath or holiday?
   With regard to tearing paper, including toilet paper, opening sanitary napkin packages—will you need to do this before the Sabbath or holiday?
   Will your family need prepaid vouchers to the cafeteria?
leave on or off during the Sabbath hours (such as the bathroom light), alternative key option for doors that use electronic devices, arrangement for family members to stay in or near the hospital to avoid travel, kosher food availability that does not necessitate warming. Many hospitals with kosher kitchens keep food warm on the Sabbath by using hotplates (blech, plata; Gorga-Williams, 2003).

Additionally, some U.S. hospitals and all-Israeli hospitals maintain “Sabbath elevators”. These elevators are electrically programmed to automatically step on every hospital floor. This allows the observant patient and family to avoid pressing elevator buttons, as does keeping stairwells accessible for emergency exits, a per hospital policy. If a Sabbath elevator is not available, stairwells will be used. There are observant Jews who will use the stairwells, even when a Sabbath elevator is available (Brody & Jachter, 1991; Gorga-Williams, 2003; Neustadt, 2006).

In Israel, culturally sensitive scientists in conjunction with rabbinical authorities have developed technical solutions to the Sabbath challenge of electronic devices. The technological mechanism used is referred to as grama and is based on indirect control and delayed automation. Religiously observant Israeli health care professionals as well as patients have the opportunity to take advantage of these innovations to minimize Sabbath violation (Brody & Jachter, 1991). Many Israeli hospitals have incorporated these technical solutions for use on the Sabbath and Holidays. Examples of the innovations being used by many Israeli medical institutions are the grama-delayed automation of such devices as telephones, patient call bells, and electric wheelchairs. These devices are equipped to provide use of the device without desecrating the Sabbath laws.

Laws Pertaining to the Parturient (Yoledet) in Labor on the Sabbath

According to Jewish law, those caring for a dangerously ill person or a laboring woman (yoledet), including her husband and/or labor support attendant, are permitted to violate the Sabbath in order to ensure a safe and satisfying delivery (Neustadt, 2006). Care should be taken by the Jewish participants to minimize Sabbath violation when possible. Once way to minimize Sabbath violation would be to ask a non-Jewish person to assist in those activities that require Sabbath violation. For example, arranging for a non-Jewish driver to transport the laboring woman, her husband, and/or labor support attendant to the hospital is preferable. If not possible, a Jewish person is allowed to drive the laboring woman, her husband, and attendant to the hospital. When a Jewish person must drive on the Sabbath, provisions should be taken to minimize Sabbath violation. If an observant Jewish person has transported a seriously ill person or laboring woman to the hospital, assistance by non-Jewish personnel would be helpful at time of arrival to perform nonemergency tasks such as shutting down the car or locking the doors.

Another Sabbath prohibition is carried from public areas to private areas and vice versa. This “carrying” includes carrying by hand, in a pocket or in a bag/suitcase. Sabbath-observant Jews arriving at the hospital on the Sabbath may bring minimal items with them. They may not have, in their possession, a change of clothes, prenatal paperwork, or money. In Israel and in some American cities, there is a halachic (Jewish law) provision that allows for carrying certain items between public and private areas called an eruv. The eruv is a cooperative effort between the Jewish community and the municipality of a given area. The eruv is a symbolic boundary that transforms a public area into a private area (Siemiatycki, 2005). The observant Jewish family traveling for emergency care purposes to a health care facility, on the Sabbath, without the eruv provision may need assistance in carrying necessary items from the car to the hospital.

Religious Practices of Observant Jewish Couples

Examples of religious practices of observant couples during labor, delivery, and postpartum are given in Table 1. In addition, suggested culturally appropriate responses are offered to the health professional. These examples are generalities and individuals may choose to conduct themselves differently than what is presented in Table 1.

Implications for Practice

The nurse and midwife can assist the traditionally religious, observant Jewish couples to maintain their religious laws, customs, and practices. The religious laws, customs, and practices that will be most apparent during labor, delivery, and postpartum will be those that pertain to prayer, communication between husband and wife, dietary laws, the Sabbath, modesty issues, and labor and birth customs. Although permitted to violate tenets of religious practice in health-emergency situations, many religiously observant Jews will attempt to minimize those violations either out of absolute respect for upholding the laws or fear of Divine punishment. The culturally competent women's health care professional
Jewish Laws, Customs, and Practice in Labor, Delivery, and Postpartum Care
Anita Noble, Miriam Rom, Mona Newsome-Wicks, Kay Engelhardt and Anna Woloski-Wruble
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http://tcn.sagepub.com/cgi/content/abstract/20/3/323
is behooved to follow the cues of the religious family, tailoring their health care provision in a manner that allows the family to practice their traditions in their specific designated manner while employing professionalism and creativity in providing quality patient care. The depth to which the practices and customs are presented here are not meant to overwhelm the practitioner that he or she needs to become a Jewish heritage expert. It is meant to offer a beginner’s guide to the issues surrounding the labor, delivery, and postpartum experience for the observant Jewish couple. Most hospitals have access to clergy who are often used to support the professional and patient population. Clinicians can also seek information and religious items from either the "institutional Jewish" clergy or local Jewish community organizations.

Suggestions for a cultural assessment for this population can be found in Table 3. These suggestions include initial questions and clarification questions. This type of dialogue is more accurate than asking the patient to which branch of Judaism they prescribe (i.e., Orthodox, Conservative, Reform, Reconstructionist, Pluralistic, etc.). Even after the practitioner has prepared himself for a culturally competent patient experience, people do make individual choices during the hospitalization experience, or ask their personal Rabbi for specific guidance, and therefore, their practices may be different from the general laws and practices presented here. Asking clarification questions displays great respect to the patient. If, however, the patient and her family do not practice as they originally described, or do not explain their practice, this needs to be respected as an individual choice and verbal questioning maybe be seen as threatening or disrespectful. For example, in the recovery room, an Ultra-Orthodox man hugs his wife after the delivery. The nurse should not comment, "That is so nice, I did not know you were allowed to do that." Most religious-observant people know how to navigate their traditions and needs in the general population framework.

Below are two case studies that present cultural competence challenges to the health professional. The first case is a scenario where, though the practitioners were attempting to be culturally sensitive, because of not performing a cultural assessment, certain cues were overlooked. The second case is one in which the cultural assessment was performed, and therefore the birth experience was more tailored to the needs of the patient and her family.

**Case 1**

Mrs. Stein is in labor with her third child on a sunny Saturday morning in a hospital labor and delivery unit. She has been laboring for the past 5 hours with spontaneous rupture of membranes that occurred 2 hours ago. Present in the room with her are her husband, the nurse—midwife, and a labor and delivery nurse. The midwife examines Mrs. Stein and announces that she is fully dilated and needs to gather her strength to eventually begin pushing. The midwife asks Mr. Stein to please help her to move his wife up in the bed so she can be more comfortable. Mr. Stein looks down and does not respond. The midwife repeats her request a little more assertively and receives the same response from Mr. Stein. The labor and delivery nurse seeing Mr. Stein’s lack of response determines that he must be nervous or embarrassed. To defuse the perceived discomfort, she sends Mr. Stein to get a cup of ice from the ice machine in the nourishment room. She reminds him of the code needed to open the electronic lock. Mr. Stein looks down again and does not respond.

**Discussion**

What is happening here? In using the cultural assessment tool in Table 3, the following issues would have been determined. The Steins are observant Jews. As Mrs. Stein has already ruptured membranes, she is considered to be niddah according to Jewish law, which prohibits the physical contact between husband and wife. Out of modesty and because of the nature of the subject, Mr. Stein does not feel comfortable to the request of the midwife. In addition, with the labor occurring on Saturday, the Sabbath, they will attempt to observe the Sabbath laws to the best of their ability especially in nonemergency situations. Both the ice machine and lock on the nourishment door have electronic mechanisms that are not used on the Sabbath by observant Jews. If, during the intake session, these data would have been obtained, other options could have been devised to meet these needs. For example, the midwife could have, originally, asked the nurse to assist her while suggesting that the husband stand close by to provide emotional support. Ice or other nourishment could have been arranged to be stored near the patient’s bed in a thermos, or the staff could have provided for that need.

**Case 2**

Mrs. Hadad was admitted to the postpartum floor after delivering a healthy baby boy at 3:15 in the morning. The couple was exuberant, and the admitting nurse, Jane, guided them to their room and transferred Mrs. Hadad to her bed. The nurse began her admissions intake. Integrated into her intake, during the section of questions about activities of daily living, Jane asked the Hadads some specific questions about their traditions and practices.
"How can I be helpful to you to keep your traditions while you are hospitalized? Is there anything I need to know about you and your baby to tailor our care to your needs?" (See Table 1 for clarification of issues that may arise during the hospitalization of the observant Jewish patient and Table 3 for more details as to questions that can be asked for clarification.) The Hadads shared with the nurse their dietary restrictions and requested a place to store the special kosher food that they eat, provided by their close-knit sect. In addition, they spoke of their concern that everyone from the staff would want to know the baby’s name, and that they would not be naming the baby till the eighth day after the birth during a ceremony called a “brit” (circumcision). The nurse noted these issues and documented them in the patient’s chart under cultural assessment. This came in handy for the various shifts that came in contact with the Hadads in terms of being respectful and providing for their needs.

Discussion. As a result of the foresight of the attending nurse in taking a cultural assessment, she, as well as her colleagues from the other shifts, were made aware of the Hadads’ specific cultural needs and were able to accommodate easily. The Hadads were able to feel both empowered and legitimized by the respect and flexibility of the staff. The staff felt accomplished in that they were able to meet the needs of this specific family.

Conclusion

The traditionally, religious-observant Jewish couple is committed to maintaining their religious laws, customs, and practices as much as possible throughout the labor, delivery, and postpartum periods. They view these practices as part of their value system and connection to God and their community. For observant Jews, these practices frame their year with meaning, richness, and importance and are not viewed as cumbersome. The details of each practice are seen as part and parcel of their commitment and devotion to religious processes. This article presents many of the observant Jewish practices pertaining to labor, delivery, and postpartum. Although one article cannot present an entire knowledge base, it can assist the health care professional to the provision of culturally competent care to the Jewish childbearing woman and family. Providing culturally competent care requires good communication and time management skills, patience, critical thinking, and creativity on the part of the health care professional. In turn, the patient will encounter a more individualized, holistic, and culturally appropriate hospital experience.


