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Hermeneutics of Surah Maryam 22–26: Integrating Qur'anic Exegesis with Midwifery from a Holistic Perspective

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Abstract. *Maternal and infant mortality rates, alongside the growing trend toward biomedical-oriented midwifery practices, highlight the need for a holistic model of maternal care. The Qur'an, particularly Surah Maryam (19): 22–26, represents the comprehensive experiences of pregnancy, childbirth, and the postpartum period, yet has rarely been studied as a conceptual foundation for Islamic midwifery. This study aims to formulate a conceptual model of Qur'anic-Based Intranatal Care (Qur'anic Midwifery Care) through a hermeneutic analysis of Surah Maryam (19): 22–26. Employing a literature review with Abdullah Saeed's contextual hermeneutics and Ian G. Barbour's integration approach, primary exegetical works were analyzed alongside contemporary midwifery literature. The results indicate that Surah Maryam, verses 22–26, contain principles of maternal care that are holistic in nature. These principles are elaborated in the five main dimensions of Qur'anic Midwifery Care: meeting physical needs, providing psychological support, ensuring proper nutrition, fostering spiritual well-being, and respecting the dignity of the mother as the central figure in the processes of pregnancy, childbirth, and the postpartum period. These five dimensions are strongly aligned with the principles of woman-centered care, respectful maternity care, and evidence-based midwifery. This study contributes by proposing the concept of Qur'anic Midwifery Care as a conceptual model for midwifery services that integrates the values of the Qur'an with modern, evidence-based midwifery practices. This model is expected to serve as the foundation for the development of Islamic maternal care that is more holistic, humanistic, and contextual.*

Keywords: *Maryam, Hermeneutic, Qur'anic Midwifery Care, Obstetric Care, Woman-Centred Care*

INTRODUCTION

The story of Maryam in Surah Maryam (19): 22–26 chronicles a childbirth experience rich in human dimensions, such as pain, social isolation, psychological pressure, and spiritual strength. This series of verses presents a complete picture of a woman in the process of giving birth, including the physical aspects (pain and leaning against a date palm), the psychological aspects (feelings of despair as described in يٰلَيْتَنِيْ مِتُّ قَبْلَ هٰذَا), social (Maryam's isolation from society), as well as spiritual (Gabriel's

comfort in أَلَّا تَحْزَنِيْ). This excerpt reflects the complexity of the childbirth experience, which remains relevant to discussions of modern life.

Previous research has tended to focus on only certain aspects. A study conducted by the Indonesian Ministry of Religious Affairs, for example, emphasized the physiological aspects, such as giving birth while seated and consuming dates as a source of nutrition (Kementerian Agama RI, 2020). Research by Fauzan Paduroman Azis et al. links the story of Maryam (peace be upon her) to midwifery practices, but it remains limited to the aspects of birthing positions and nutrition (Azis, dkk., 2024). Meanwhile, medical and psychological studies have found that reciting the Qur'an helps reduce anxiety in hemodialysis patients and stress in pregnant women (Frih et al., 2017). Research on the "Living Qur'an" also indicates that Surah Maryam is one of the surahs recited during pregnancy as a prayer for protection (Hanif et al., 2024).

However, these previous studies leave a blind spot because they have not integrated the interpretation of QS. Maryam (19): 22–26 into a holistic perspective that encompasses physical, psychological, social, and spiritual dimensions. On the other hand, contemporary midwifery emphasizes holistic midwifery care, which considers not only the biological body but also the mental, social, and spiritual aspects of the pregnant woman (WHO, 2016). Therefore, the integration of Qur'anic exegesis and midwifery is crucial so that the Qur'an may serve as a source of enlightenment for humanity as well as a reference for values in contemporary midwifery practice.

To bridge this gap, this study employs Abdullah Saeed's contextual hermeneutics, which emphasizes three stages of interpretation: text, context, and application (Saeed, 2006, 2014). This approach is combined with Ian G. Barbour's model of religion-science integration, which emphasizes the importance of the integration of religious texts and scientific knowledge (Barbour, 1990). Within this framework, this study aims to formulate a conceptual model of Intranatal Care (INC) relevant to contemporary midwifery practice. In this study, the term "Qur'an-Based Midwifery Care" is used to refer to a conceptual framework for midwifery care grounded in the values of the Qur'an. Meanwhile, intranatal care (INC) constitutes the specific context for the application of this framework—that is, midwifery services provided during the labor and delivery process. Therefore, this study does not treat these two terms as synonyms; rather, it positions "Qur'an-Based Midwifery Care" as a value framework and "intranatal care" as its scope of application. This study also aims to formulate a conceptual model of intranatal care based on Qur'anic values through an analysis of Surah Maryam (19): 22–26. Based on the above discussion, the research questions focus on addressing three research problems: first, the classical and modern interpretations of Surah Maryam (19): 22–26 so that they can

be contextualized within contemporary midwifery theory and practice. Second, the hermeneutic meaning of QS. Maryam (19): 22–26 can be deeply understood in relation to Maryam's childbirth experience. Third, the integration of Qur'anic exegesis with midwifery science can yield a holistic perspective in midwifery care.

This study employs Abdullah Saeed's contextual hermeneutics as its primary approach. Saeed offers an interpretive framework that emphasizes three layers of analysis: text, context, and application. First, the Qur'anic text (Surah Maryam [19]: 22–26) is analyzed linguistically and structurally; second, the historical context—including both the situation of the original audience and the socio-historical conditions at the time of revelation—is critically examined; third, the meaning of the verses is applied to the contemporary context in accordance with the needs and challenges faced by modern society, in this case, contemporary midwifery practices (Saeed, 2006, 2014).

This hermeneutical framework allows this study to go beyond the normative meaning of the verse and provides space for contextualization, making it relevant to Maryam's childbirth experience—which encompasses physical, psychological, social, and spiritual dimensions. Thus, this study not only interprets the text but also uses it as an epistemological foundation for developing the INC (Intranatal Care) conceptual model.

Furthermore, this study is also grounded in the typology of the relationship between religion and science developed by Ian G. Barbour. Barbour identifies four main models: conflict, independence, dialogue, and integration (Barbour, 1990). Of the four models, this study adopts the integration paradigm, which synergistically combines Qur'anic interpretation with the science of midwifery. This integration is significant for fostering a more holistic understanding, in which the Qur'an is not only read as a religious text but also as an ethical and epistemological inspiration for modern midwifery practice.

The interpretation of the passage about Maryam as recorded in the Qur'an in Surah 19:22–26 leaves a gap in terms of a holistic perspective. A point of convergence that fosters dialogue between the Qur'an and modern knowledge—particularly in the field of midwifery—is essential so that the Qur'an can offer enlightenment to humanity. In previous studies, the Qur'an and science have often been interpreted functionally for specific purposes; for example, in the study by Bechir Frih et al., patients undergoing hemodialysis who listened to the recitation of the Qur'an experienced improvements in their physical condition and quality of life, as well as a significant reduction in anxiety (Frih et al., 2017). Similarly, in Rafique's study (Rafique et al., 2019) and Bihter Akin, who found that reciting Surah Maryam can significantly reduce stress levels (Akin et al., 2025).

Furthermore, there is also a "Living Qur'an" study that features Surah Maryam as one of the surahs recited during the pregnancy ceremony (Hanif et al., 2024). Another study highlights the importance of spirituality indicators in midwifery care (Ikhlasiah, dkk., 2022), as well as the portrayal of Maryam as a model of female resilience (Berhanuddin et al., 2021). Among the studies mentioned above, there is one that is closely related to the topic the author will examine: the study by Fauzan Padurohman Azis, which integrates the account of Maryam's childbirth with modern midwifery science (Azis, dkk., 2024). However, that study remains limited in scope because it focuses solely on the perspectives of labor position and nutrition. Thus, this study is distinct in that it offers a holistic hermeneutic analysis of Surah Maryam, verses 22–26, which addresses not only physical aspects (position and nutrition) but also psychological aspects (emotional support), social aspects (Maryam's isolation), and spiritual aspects (strengthening through revelation and prayer).

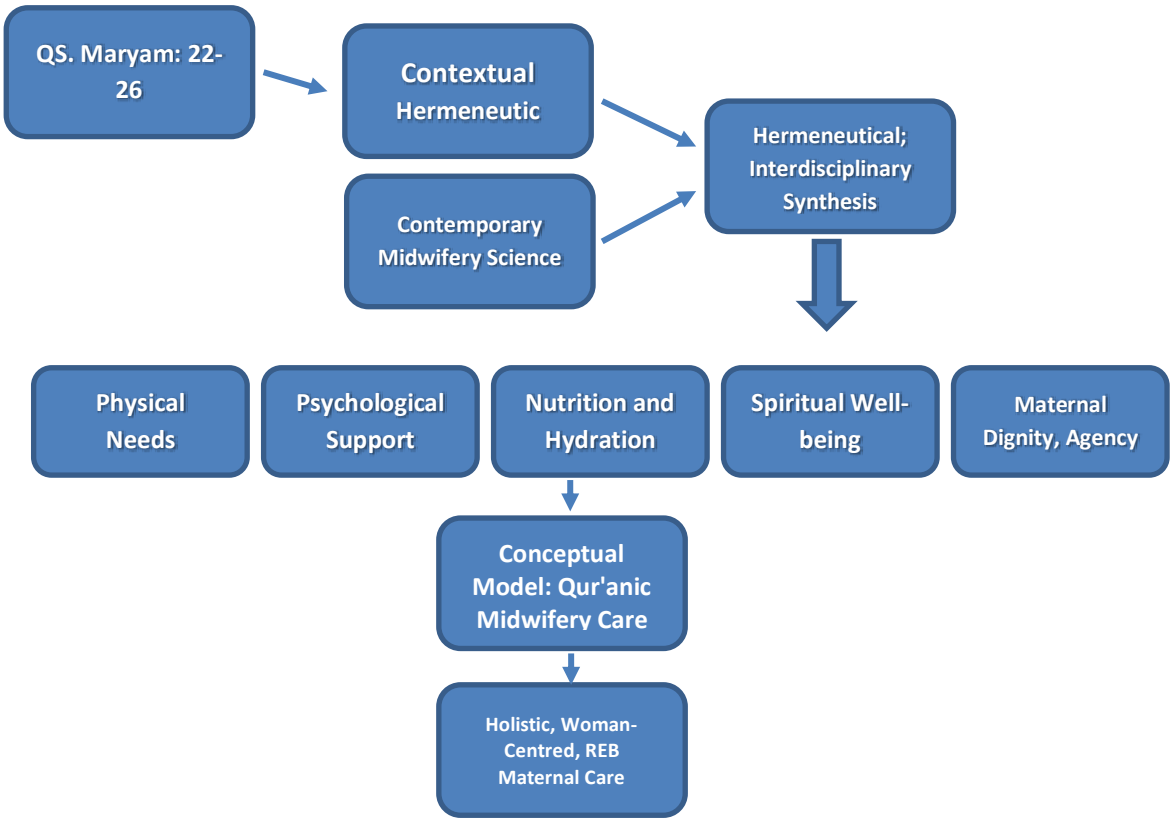


Figure 1. Mapping Concept

METHOD

This study is a qualitative literature review that employs Abdullah Saeed's contextual hermeneutic approach combined with an interdisciplinary midwifery perspective. This method was chosen because it is relevant for comprehensively exploring the meaning of the Qur'anic text (Surah Maryam [19]: 22–26) while linking it to contemporary midwifery practice. The primary data sources for this study are QS. Maryam (19): 22–26 and classical and modern exegeses relevant to the research. The secondary data were drawn from various modern midwifery literature across multiple sources, such as the WHO, journals on pain management, maternal care, spiritual care, and so on. The data collection method will involve a literature review exploring exegetical and midwifery sources. The data analysis method will follow Abdullah Saeed's hermeneutic approach by examining the text, context, and contextual application to contemporary midwifery practice. Thus, the integration of the analysis results is carried out by mapping various aspects, such as pain-related aspects (pain, birthing positions, nutrition), psychological aspects (stress, emotional support), social aspects (Maryam's isolation, stigma), and spiritual aspects (strengthening of faith, prayer, and revelation).

FINDINGS

Analytical synthesis of Surah Maryam (19): 22-26 reveals a comprehensive framework for maternal care. Rather than presenting a mere historical narrative, these verses outline systematic care principles across the pregnancy, labor, and postpartum continuum. Based on the hermeneutic analysis of the text alongside contemporary midwifery evidence, five core dimensions of Qur'anic Midwifery Care were formulated as follows, *1) Meeting Physical Needs.* Derived from verse 22 and verse 25. The exegesis highlight Maryam's seclusion to find a safe environment and her active physical participation in shaking the palm trunk despite labor fatigue. This demonstrates that labor requires active mobility, physical effort, and a comfortable/safe birth space, directly aligning with modern principles of physiological labor and upright birthing positions. *2) Providing Psychological Support.* Grounded in verse 23. The interpretative finding shows that birth brings profound psychological strain, which was met with immediate divine reassurance and comforting words. This highlights the absolute necessity of emotional presence, continuous reassurance, and stress-alleviating communication, mirroring the principles of Respectful Maternity Care (RMC). *3) Ensuring Proper Nutrition and Hydration.* Extracted from verse 25 and verse 26. Exegetical works emphasize the biological role of fresh dates and flowing water in restoring energy and aiding postpartum recovery. This underlines the vital role of immediate maternal nutrition and hydration for physical recovery and lactation support, consistent with evidence-based maternal nutrition guidelines. *4) Fostering Spiritual Well-being.* Rooted in verse 24 and verse 26.

Interpretation indicates that spiritual connection, remembrance, and reliance on God (tawakal) served as Maryam's primary internal anchor. Spiritual strength acts as a crucial coping mechanism, offering peace and resilience during pain and anxiety in labor. *5) Respecting the Mother's Dignity*. Derived from verse 26. Exegesis explains that God protected Maryam's social standing and personal integrity from public stigma and defamation. This underscores woman-centered care, upholding maternal autonomy, privacy, protection from social stigma, and ethical respect during maternal service.

QS. Maryam (19): 22–26 contains the principles of holistic maternal care. Through a hermeneutic synthesis of the verses' meanings, the interpretive context, and developments in contemporary midwifery science, five main dimensions of Qur'anic Midwifery Care have been identified: first, meeting physical needs; second, psychological support; Third, nutritional fulfillment. Fourth, spiritual strengthening; and fifth, respect for the mother's dignity as the central figure in the processes of pregnancy, childbirth, and the postpartum period. These five dimensions demonstrate that the narrative of Maryam's childbirth not only describes the biological process of birth but also presents a model of care that attends to a woman's physical, emotional, and spiritual well-being, as well as her dignity.

DISCUSSION

A Descriptive Reading of Surah Maryam, Verses 22–26

Maryam is often associated with Isa (peace be upon him) and is not viewed as a figure in her own right. However, Islam's most authoritative scripture, the Qur'an, portrays Maryam as a central figure, praises her spiritual standing, and places her within the Qur'anic worldview. Before discussing Maryam's experience of pregnancy and childbirth in the Qur'an (19): 22–26, it is important to first understand how the Qur'an constructs Maryam's identity. As Younus Y. Mirza points out, the Qur'an does not first introduce Maryam as the mother of Prophet Jesus, but as the daughter of the family of Imran who, from the moment of her birth, has been under Allah's care. Maryam's experience of pregnancy and childbirth is not the starting point of the Qur'anic narrative, but rather the culmination of her spiritual journey and her formation as a righteous woman. This perspective is important because it avoids a reading that focuses solely on the miracle of Prophet Jesus's birth, while simultaneously directing attention to Maryam's life experience as a woman who grew up, was educated, was cared for, faced trials, and ultimately became a mother.

In another verse, Mirza points out that the story of Maryam's birth, as found in Surah Al-Imran, verses 35–37, carries profound social significance. When Hana hoped to give birth to a son who could serve at the Temple of Jerusalem, Allah instead bestowed upon her a daughter. In a society

that still values boys more highly, the Qur'an actually affirms the value and nobility of a girl through Allah's acceptance of Maryam, the special name given to her, her mother's prayer for her protection, and her direct upbringing by Prophet Zakariya. According to Mirza, this narrative sequence demonstrates that a person's nobility, from the Qur'an's perspective, is not determined by gender but rather by Allah's acceptance and the quality of one's piety. Therefore, Maryam is understood not only as the mother of Prophet Isa but also as the daughter of the family of 'Imran, whom Allah had prepared from the very beginning to undertake a great mission in the history of prophethood.

In Surah Maryam, this divine communication is reaffirmed through the arrival of an angel who appeared in human form. At first, Maryam was wary and sought protection from Allah out of concern for the stranger who had approached her. However, after the angel explained that he had been sent to deliver the good news of the birth of a holy child, Maryam accepted this explanation with complete faith. Unlike Prophet Zakariya, who asked for a sign regarding the birth of his son, Maryam did not ask for additional proof but instead placed her complete trust in Allah's will, even though, biologically speaking, she had never been touched by a man. According to Mirza, this attitude demonstrates the depth of Maryam's faith and submission, making her one of the most extraordinary female figures in the Qur'anic narrative.

In the account of Maryam's childbirth as described in the Qur'an, There are several points of general interest. First, the Qur'an describes Maryam giving birth alone in a remote place, without any companions, so that all her hopes and assistance depended solely on Allah. Unlike the Gospel, which depicts Maryam accompanied by her family, the Qur'an instead presents this experience of solitude as part of the trial Maryam had to face. As the pain of childbirth reached its peak, Maryam expressed the wish that she had died before experiencing that situation (Quran 19:23). For Mirza, this statement shows that the Quran honestly acknowledges the physical and emotional suffering a mother endures during childbirth.

Second, her wish to die was not due to a lack of faith. Mirza reviews the debate among exegetes regarding Maryam's statement expressing a desire to die. Some exegetes interpret it as stemming from a sense of shame at facing societal accusations regarding her pregnancy out of wedlock. However, Mirza considers this explanation insufficient, since from the very beginning Maryam had received the news from the angel without showing any anxiety about her reputation. She argues, in fact, that this expression is better understood as a human reaction to the extreme pain of childbirth. This interpretation is reinforced by other verses that emphasize that pregnancy, childbirth, and

breastfeeding are arduous struggles for a mother (QS. Luqman [31]: 14; QS. al-Ahqaf [46]: 15). Thus, Maryam's suffering represents the universal experience of mothers, not a sign of weak faith.

Third, Allah's assistance is holistic. After reaching the lowest point of her suffering, Maryam received Allah's assistance through a soothing voice. Regardless of the debate over whether the voice came from an angel or Prophet Jesus, Mirza emphasizes that what matters most is the message conveyed. Maryam was not left to drown in her suffering but was guided to take action by shaking the trunk of a date palm, then eating, drinking, and calming her heart. According to Mirza, Allah's help here not only met her physical needs for food and drink but also provided psychological comfort through the words "وَقَرِّيْ عَيْنًا".

Fourth, Maryam's dignity was restored by Allah. The final stage of this story shows that Maryam's trials were not over after she gave birth. She still had to face accusations and rejection from the community. Interestingly, Allah actually commanded Maryam to remain silent and not defend herself. The defense of Maryam's honor was carried out directly by Allah through the miracle of Prophet Isa, who spoke from infancy. In his speech, Prophet Jesus not only affirmed his status as a servant of God and a prophet, but also specifically stated that he had been commanded to be dutiful to his mother. According to Mirza, this affirmation shows that the Qur'an not only defends Mary's purity but also elevates the status of a mother as a figure who must be respected and honored (Mirza, 2025).

According to Younus Y. Mirza's interpretation, the story of Maryam in Surah Maryam goes beyond a mere account of her pregnancy and childbirth; rather, it constitutes a complete spiritual journey. The Qur'an portrays Maryam as a woman who experiences biological suffering, psychological struggles, and social alienation, until she ultimately receives help, peace, and the restoration of her dignity directly from Allah. Mirza's interpretation places greater emphasis on the narrative structure and theological message of Surah Maryam as a whole. This study posits that to gain a deeper understanding of how the Qur'an constructs this maternal experience, a more detailed analysis of each verse in Surah Maryam, verses 22–26, is necessary through engagement with various exegetical traditions—classical, modern, and contemporary alike. A descriptive analysis of each verse is essential to identify how exegetes interpret the biological, psychological, spiritual, social, and ethical dimensions contained in Maryam's experience during her pregnancy, childbirth, and interactions with her community. Therefore, the following section will systematically outline the interpretations of Surah Maryam, verses 22–26, based on various exegetical works. Each verse is analyzed descriptively to uncover the spectrum of interpretations that have developed within the Islamic exegetical tradition.

These findings will then serve as the foundation for a hermeneutical analysis using Abdullah Saeed's approach, as well as an integrative dialogue incorporating midwifery perspectives in the following discussion.

In verse 22, (۞ فَحَمَلَتْهُ فَانْتَبَذَتْ بِهٖ مَكَانًا قَصِيًّا ٢٢) *So she (Maryam) conceived him, then withdrew with him to a distant place. Al-Maraghi explains that after the angel Jibril delivered the good news of Isa's birth, Maryam fully accepted Allah's decree.* The process of Jibril breathing the spirit into the fetus is indeed mentioned in the Qur'an. However, al-Maraghi cautions against specifying technical details regarding how and where this breath was breathed into the fetus unless based on truly strong evidence. This stance demonstrates al-Maraghi's caution in approaching exegetical accounts that lack a definitive foundation. According to Ibn Ashur, the letter "fa" in that verse indicates the sequence of events according to custom, meaning that the birth occurred after the pregnancy was complete; it is said to have occurred after the eighth month of her pregnancy (Ashur, 1984). According to Quraish Shihab, the majority of scholars affirm that the birth of Prophet 'Isa (peace be upon him) occurred through the normal process, namely a nine-month pregnancy (Shihab, 2002). The word (فَانْتَبَذَتْ): This means she went into seclusion. Maryam then went into seclusion in a distant place while pregnant with the Prophet Jesus. According to al-Maraghi, the Qur'an deliberately does not specify the duration of Maryam's pregnancy or her age at the time. These details are considered irrelevant to the verse's main message. For Nasr, what is more important than the mechanics of the event is the affirmation that Jesus's birth was the direct will of Allah (Nasr, n.d.). Therefore, Maryam's pregnancy is understood to have proceeded like that of any other woman, in the absence of evidence to the contrary. As for the reason Maryam went into seclusion, it was due to her shame and concern about how society would view her. According to Nasr, the main reason for her seclusion was to avoid slander against herself and Prophet Zakariya, given that Maryam was known as a deeply pious woman, so her pregnancy without a husband would be difficult for society to understand (Nasr, n.d.). As a woman from a holy and honorable family (Baitun Nubuwwah), Maryam realized that her pregnancy without a husband could potentially lead to prejudice and accusations from her people. Therefore, she chose to distance herself from society to avoid slander before Allah Himself revealed the truth about her. The word (قَصِيًّا) means "far from her family, beyond the mountain." (al-Maraghi, 1993). According to Ibn Asyur, this means "far from the place where his people lived." (Ashur, 1984). According to Quraish Shihab, this verse merely suggests that after she became pregnant—presumably once the signs of her pregnancy had become very difficult to conceal—she distanced herself from her family. Many scholars believe that the place she

chose was Bait Lahm, a region south of al-Qudus (Jerusalem) in Palestine, and it was there that the Prophet 'Isa (peace be upon him) was born (Shihab, 2002).

Next, in verse 23, (فَاَجَآءَهَا الْمَخَاضُ اِلٰى جِذْعِ النَّخْلَةِۚ قَالَتْ يٰلَيْتَنِيْ مِتُّ قَبْلَ هٰذَا وَكُنْتُ نَسْيًا مَّنْسِيًّا ٢٣) *The pain of childbirth forced her to lean against the base of a date palm. She (Maryam) said, "Oh, if only I had died before this and become someone who is ignored and forgotten (forever).*" This verse describes the contractions of childbirth. The word "الْمَخَاضُ" refers to the process of childbirth when the fetus moves to exit the womb. The pain of childbirth is described as contractions so intense that they forced Maryam to lean against the trunk of a date palm tree (Ashur, 1984). This interpretation shows that the Qur'an not only recounts the birth of Prophet Jesus (peace be upon him) as a miracle, but also describes the physiological process of childbirth in a realistic manner. The word "نَسْيًا" refers to something insignificant that is usually forgotten, not remembered, and not missed. Meanwhile, "مَّنْسِيًّا" refers to something that does not cross one's mind due to its triviality. The pain of labor and contractions prompted her to lean against the trunk of a date palm tree (Nasr, n.d.; Shihab, 2002) so that her labor would go smoothly, and she hoped that she would give birth before then—to avoid embarrassment in front of others and so that she wouldn't be accused by those who didn't suspect her, or so that the matter would be taken lightly and not attract anyone's attention (al-Maraghi, 1993). In contrast, Sayyid Qutb, in *In the Shade of the Qur'an*, places a stronger emphasis on existential and physical experiences. He describes how Maryam faced two types of trials simultaneously: a mental trial and a physical trial in the form of the intense pain of childbirth (Quthb, 2000). This narrative illustrates how the Qur'an portrays childbirth as a holistic experience—physical, psychological, and spiritual—experienced in solitude and within limitations.

In verse 24, (فَنَادٰىهَا مِنْ تَحْتِهَآ اَلَّا تَحْزَنِيْ قَدْ جَعَلَ رَبُّكِ تَحْتَكِ سَرِيًّا ٢٤) *He (Jibril) called out to him from below, "Do not be sad. Indeed, your Lord has created a stream beneath you."* According to al-Maraghi, Jesus, peace be upon him, called out to him—as reported by Al-Hasan al-Basri and Sa'id bin Jubair—and Allah had granted him the ability to speak when He placed him on his back, to comfort him and ease his loneliness, so that he could witness from the very beginning the condition of the infant that had been revealed to him by Gabriel, peace be upon him (al-Maraghi, 1993). Meanwhile, according to Nasr, the voice calling out to Mary here may belong to Gabriel (peace be upon him) or the Prophet Jesus (peace be upon him). Since the voice called out from beneath her, many consider it more likely that it was Jesus who greeted her after His birth, although some point out that if it was Gabriel calling her, then the phrase "from beneath her" (مِنْ تَحْتِهَآ) could mean "in front of her." Alternatively, "from beneath her" might mean from beneath the trunk of the palm tree (Nasr, n.d.). Ibn Ashur further explains that

Allah provided flowing water and fresh dates to meet Maryam's basic needs after giving birth. Water is understood as a means of quenching her thirst, while fresh dates were provided as food that is more delicious and refreshing than dried dates. Allah's care for Maryam is evident not only in the spiritual realm through comfort, but also in the biological realm through the provision of the nutrition and hydration needed by a mother after childbirth (Ashur, 1984).

Meanwhile, in verse 25, (وَهُزِّيْٓ اِلَيْكِ بِجِذْعِ النَّخْلَةِ تُسٰقِطْ عَلَيْكِ رُطَبًا جَنِيًّا ۖ ٢٥) *Shake the base of that date palm toward you, and it will surely drop ripe dates for you*. According to al-Maraghi, in one account, the tree was a withered date palm, without a crown or fruit, and it was winter at the time; then Allah bestowed His provision upon it, causing the date palm to grow a crown and branches, and providing it with fresh dates (al-Maraghi, 1993). The miracle of fresh, ripe dates falling from a tree that had withered symbolically reflects the miracle of Yahya's birth to his elderly and formerly barren mother; it also recalls the miracle of the "out-of-season" fresh fruit that Maryam received while she was locked in her secluded prayer room (Nasr, n.d.). From the perspective of the childbirth experience, Hamka's Al-Azhar commentary offers a fairly empathetic portrayal of Maryam's condition. He emphasizes that the pain Maryam experienced was a significant biological reality, which led her to seek a secluded place to go through the birthing process (Hamka, n.d.). This emphasis validates women's physical experiences during childbirth, while also opening up a more humanistic interpretation. However, in some classical interpretations, including that of al-Qurthubi, there is a tendency to interpret Maryam's suffering not merely as physical pain resulting from the birthing process, but also as psychological distress stemming from her anxiety over society's negative views of her pregnancy without a father. The expression (يٰلَيْتَنِيْ مِتُّ قَبْلَ هٰذَا) understood as a reflection of deep social and religious anxiety, in which Maryam fears accusations and slander that could damage her honor (Abu Abdillah Muhammad bin Ahmad bin Abu Bakr bin Farh al-Anshari al-Khazraji al-Andalusi al-Qurthubi, 2006).

According to Ibn Ashur, Allah's command to Maryam to shake the date palm trunk was not merely a physical instruction, but rather part of divine guidance intended to ensure that Maryam continued to make an effort even while in a situation entirely within Allah's control. Maryam's action served as a means to witness firsthand Allah's miracle when the seemingly dry trunk produced fresh dates. This interpretation demonstrates that Allah's assistance does not negate human agency but rather proceeds hand in hand with efforts made to the best of one's ability. On the other hand, Ibn Asyur also emphasizes that the dates provided were not dried dates, but rather رُطَبًا (fresh dates)—which are more delicious and refreshing—so that this gift reflects Allah's concern for Maryam's physical recovery following childbirth. Furthermore, Ibn Ashur interprets the command " فَكُلِيْ وَاشْرَبِيْ

وَقَرِّيْ عَيْنًا" as a series of complementary blessings. The fulfillment of nutritional needs through dates and water cannot be separated from Maryam's psychological recovery, as expressed by the phrase " وَقَرِّيْ عَيْنًا" which in Arab tradition serves as a metaphor for tranquility, happiness, and the assurance of safety. Thus, according to Ibn Asyur, Allah's care for Maryam encompasses biological fulfillment, emotional strengthening, and spiritual affirmation simultaneously (Ashur, 1984). Quraish Shihab added that dates are an excellent food for women who are in the postpartum period or have just given birth, because they are easy to digest, delicious, and high in calories (Shihab, 2002).

As for verse 26, (فَكُلِيْ وَاشْرَبِيْ وَقَرِّيْ عَيْنًا ۚ فَاِمَّا تَرَيِنَّ مِنَ الْبَشَرِ اَحَدًاۙ فَقُوْلِيْٓ اِنِّيْ نَذَرْتُ لِلرَّحْمٰنِ صَوْمًا فَلَنْ اُكَلِّمَ الْيَوْمَ اِنْسِيًّا ۚ ٢٦) *Eat, drink, and be merry. If you see someone, say, "Truly, I have vowed to fast (from speech) for the Most Merciful Lord."* In al-Maraghi's commentary, Allah instructs Maryam to enjoy the fresh dates, drink their juice, and calm her heart, for Allah is All-Powerful to purify her and protect her from the slander of those who have gone astray (al-Maraghi, 1993). The command "فَكُلِيْ" is an invitation to Maryam to nourish her body with fresh dates—which are said to be highly beneficial for women during childbirth—but it can also be interpreted as a command to "nourish her soul" and find comfort in them, since the provision of this miraculous food and drink symbolizes God's love and care for her. Historically, some reports mention that among certain groups of Israelites and Jews during Mary's time, there was a practice of fasting that involved refraining from speaking as well as from eating and drinking (Nasr, n.d.). If you see a person whom you believe to be human, and he asks about your condition, then say—that is, give a signal that means: "I have vowed to the Most Merciful to fast, so I will not speak to any human today." This is because if you speak, the conversation will surely become lengthy and various objections will arise, whereas We intend to silence anyone who suspects you. Making a vow of silence is a form of worship known in the past, including among the people of the Jahiliyyah. Remnants of this practice are still evident today in the form of a moment of silence. Allah, the Exalted, inspired Maryam (peace be upon her) not to speak because Allah intended to silence all those who doubted her purity through the words of the infant she gave birth to (Shihab, 2002).

Ibn Ashur also emphasizes that Islamic law no longer considers silence a form of worship, as the fundamental principle of Islamic law is to promote the common good and protect people from self-inflicted suffering. However, in the context of Maryam's story, this command holds a profound wisdom: to allow Allah alone to defend her honor and purity through the miracle of Prophet Jesus, who spoke from infancy. Ibn Asyur's interpretation shows that Allah's care for Maryam extends beyond her physical and psychological well-being after childbirth; it also encompasses the protection of her social dignity. This perspective broadens our understanding of postpartum care for mothers as

a process focused not only on biological recovery but also on psychological, spiritual, and social recovery (Ashur, 1984).

Maternal Care from the Perspective of Modern Midwifery

After analyzing the meaning of Surah Maryam, verses 22–26, based on the interpretations of exegetes, it becomes clear that this series of verses not only presents a historical account of the birth of Prophet Jesus (peace be upon him), but also documents various aspects related to a woman's biological, psychological, and social experiences from pregnancy through childbirth. The Qur'anic narrative depicts Maryam as a mother experiencing labor contractions, seeking a safe place, receiving psychological support, obtaining nutritional intake, and receiving guidance regarding physical activities to be performed after childbirth. This entire sequence demonstrates that the Qur'an presents a comprehensive portrayal of the maternal experience.

In the context of modern scientific developments, various aspects documented in these verses align with contemporary midwifery principles. Midwifery does not view childbirth merely as a physiological process but also considers psychological, nutritional, and mobility aspects, as well as social support and postpartum recovery. Quran 19:22–26 can be interpreted as a text relevant to various contemporary concepts of maternal health, without intending to treat the Quran as a medical textbook or to impose scientific concordism. The analysis in this section employs a dialogical approach between the Qur'anic text and modern midwifery. However, this interpretation is not intended to force a fit between Qur'anic verses and modern midwifery theory. Rather, this study adopts an integrative perspective, using midwifery as an analytical tool to understand the human dimension depicted in the story of Maryam.

In verse 22, (۞ فَحَمَلَتْهُ فَانْتَبَذَتْ بِهٖ مَكَانًا قَصِيًّا ٢٢) *So she (Maryam) became pregnant with him, and then withdrew with him to a distant place.* From a midwifery perspective, pregnancy can be confirmed through a test for β-human chorionic gonadotropin (β-hCG), a hormone produced by placental tissue approximately 7–10 days after fertilization. In addition to laboratory testing, pregnancy is also recognized through various physiological changes in the mother's body, such as the cessation of menstruation (amenorrhea), nausea and vomiting in the first trimester, increased frequency of urination, fatigue, changes in the breasts, and the onset of fetal movements in the second trimester. These changes are normal biological responses—the body's way of adapting to support the fetus's growth and development during pregnancy. In midwifery practice, gestational age is generally determined based on the first day of the last menstrual period (LMP) and confirmed via ultrasound, particularly early in pregnancy to obtain a more accurate estimate of fetal age and the expected delivery

date (Medforth, Janet, 2017). In the context of the story of Maryam, the science of midwifery helps explain that after the miraculous conception, the pregnancy continued through the same physiological stages as any ordinary pregnancy. The miracle in Maryam's story lies in the fact that conception occurred without male intervention, while the progression of the pregnancy up to the point of childbirth continued in accordance with the biological laws created by Allah.

The Qur'an describes Maryam as going through her pregnancy until childbirth while in seclusion from society, without the presence of family or a companion. From a midwifery perspective, this situation has the potential to increase the psychological burden on a pregnant woman, as emotional, social, and practical support are crucial factors influencing a mother's health during pregnancy and childbirth. Interestingly, when human support was absent, the Qur'an presents a form of divine support through inner peace, a source of water, nutritious food in the form of dates, and psychological reinforcement provided directly by Allah to Maryam.

Meanwhile, modern midwifery science identifies social support as one of the key components of prenatal care. Antenatal care does not only focus on the physical condition of the mother and fetus but also addresses the emotional, psychological, and social needs of each woman, as well as the values she holds. Therefore, quality midwifery care must respect a woman's dignity, listen to her perspectives, and provide support centered on the mother's needs. Social support is understood as all forms of assistance a woman receives during pregnancy, whether from family, friends, the community, or healthcare providers. This support includes emotional support—such as attention, affection, and a willingness to listen—informational support—in the form of providing necessary information, education, and advice—and practical support—such as financial assistance, support during labor, and help with caring for the baby after birth (Medforth, Janet, 2017).

The word, "فَانْتَبَذَتْ بِهٖ مَكَانًا قَصِيًّا" describes Maryam retreating to a distant place. This situation is actually psychologically risky. This is because a woman in labor should ideally have someone by her side during the birthing process. A support person has been shown to help reduce anxiety, increase a sense of security, and improve the birthing experience. The Qur'an reveals something interesting: even though no human was there to accompany Maryam, Allah Himself provided another form of support (Medforth, Janet, 2017). A calm and reassuring environment does indeed help mothers cope with the early stages of labor without psychological pressure from those around them (Medforth, Janet, 2017). In verse 23, (فَاَجَآءَهَا الْمَخَاضُ اِلٰى جِذْعِ النَّخْلَةِۚ قَالَتْ يٰلَيْتَنِيْ مِتُّ قَبْلَ هٰذَا وَكُنْتُ نَسْيًا مَّنْسِيًّا ٢٣) *The pain of childbirth forced her to lean against the trunk of a date palm. She (Maryam) said, "Oh, if only I had died before this and become someone who is ignored and forgotten (forever)."* Childbirth is the natural process by which the fetus, placenta, and

amniotic membranes are expelled from the uterus through the birth canal. Normal childbirth generally occurs spontaneously between 37 and 42 weeks of gestation, resulting in the birth of a healthy baby without serious complications for the mother. The first stage of labor begins when uterine contractions occur regularly and ends when the cervix is fully dilated. During this stage, two major changes occur: cervical effacement and cervical dilation. Both processes allow the baby to pass through the birth canal. The onset of labor is influenced by pregnancy hormones, particularly oxytocin, prostaglandins, and estrogen, which work together to stimulate uterine contractions while softening the cervix. Although the exact mechanisms are still being studied, experts agree that labor is the result of a complex coordination between the mother's body, the fetus, and hormonal changes.

Uterine contractions occur gradually. At the beginning of labor, contractions are still mild and infrequent, then become stronger, longer, and more frequent. Between contractions, there is a relaxation phase that is important for restoring blood flow to the placenta so that the fetus's oxygen needs are maintained. The first stage of labor is also divided into two phases. The latent phase is when cervical dilation progresses slowly, while the active phase is characterized by faster cervical dilation until it reaches about 10 cm. As the cervix dilates further, the fetal head descends further into the birth canal in preparation for the next stage of labor (Medforth, Janet, 2017). In this verse, Maryam was in such severe pain that she leaned against the trunk of a date palm. The narrative depicts severe labour pain. Her wish that she might die before having to endure that ordeal also reflects the physical and emotional strain that often accompanies childbirth, especially when a mother faces the process alone (Medforth, Janet, 2017).

Sentence, "فَاَجَآءَهَا الْمَخَاضُ اِلٰى جِذْعِ النَّخْلَةِۚ", The Qur'an uses the word "الْمَخَاضُ" which, medically speaking, does indeed refer to the pain of labor contractions. Childbirth requires a great deal of physical exertion, which is directly or indirectly related to "وَهُزِّيْٓ اِلَيْكِ بِجِذْعِ النَّخْلَةِ" *Shake the base of the date palm*. Even though she was in pain, Maryam was still asked to do physical activities to the best of her ability.

As for the expression, "قَالَتْ يٰلَيْتَنِيْ مِتُّ قَبْلَ هٰذَا" This verse illustrates that the peak of physical exhaustion combined with psychological stress following childbirth can be extremely severe, especially when accompanied by social pressure and fear of public judgment. It is important to understand that Maryam's condition in this verse is not postpartum psychosis, but rather a natural emotional response to the extraordinary situation she faced. Allah then immediately provided psychological support through His words, "اَلَّا تَحْزَنِيْ" Surah Maryam, verse 23, mentions the provision of physical necessities

such as water and dates. The story of Maryam shows that attention to a mother's mental health after childbirth is just as important as her physical recovery (Medforth, Janet, 2017).

As labor approaches, every woman will have a different experience. Some feel contractions sooner, while others feel them later. Some remain calm, while others feel weak. These differences are influenced by physical condition, previous childbirth experiences, mental preparedness, and the ability to cope with pain. For this reason, modern midwifery emphasizes that labor support must be individualized, rather than using the same approach for all mothers. Before labor actually begins, several early signs usually appear, such as feeling more tired, frequent urination, lower back pain, a heavy sensation in the pelvis, and mild contractions (Braxton Hicks). These signs indicate that the body is preparing for the birthing process, although active labor may not have started yet.

Active labor is generally marked by three main signs. First, uterine contractions that become stronger, more regular, and more frequent. Second, the discharge of mucus mixed with blood, signaling the beginning of cervical dilation. Third, the rupture of the amniotic sac, which can occur before or during labor. These three signs indicate that the body is entering the birthing process. In the early stages, there is a latent phase, during which contractions are already being felt but the cervix has dilated only slightly. This phase often lasts quite a long time and varies from woman to woman. For this reason, midwives typically recommend that mothers remain in a comfortable environment, receive emotional support, get plenty of rest, and not rush to the delivery room if they have not yet entered the active phase. Only when contractions become more regular and cervical dilation continues to progress does the mother enter the active phase of labor. At this stage, healthcare providers will monitor the mother's and fetus's condition, provide psychological support, and help the mother choose a comfortable position so that the delivery process proceeds physiologically (Medforth, Janet, 2017).

During a normal labor, the baby does not emerge immediately but performs a series of natural movements to adapt to the shape of the mother's pelvis and birth canal. These movements occur gradually and allow the birth process to proceed physiologically. Labor begins with the descent of the fetal head into the pelvis. As uterine contractions grow stronger, the fetal head tilts downward, rotates to follow the shape of the birth canal, and then begins to appear at the opening of the birth canal. After the head is delivered, the baby's shoulders and body follow, adjusting their position so that the entire body can emerge safely. This entire process occurs through the coordinated action of uterine contractions, the mother's pushing efforts, and the fetus's ability to adapt to the birth canal. Therefore,

healthcare providers need to understand this mechanism in order to determine whether a labor is proceeding normally or requires medical assistance.

Furthermore, in this verse, Allah describes Maryam experiencing pain to the point that she leaned against the trunk of a date palm. This indicates that Maryam went through the labor process just like any other mother, even though the pregnancy of Prophet Isa was a miracle. That pain was part of the uterine contractions that helped the baby move through the birth canal. Maryam went through the stages of childbirth just like any other woman, and thus the Qur'an demonstrates respect for both the biological and spiritual realities of motherhood (Medforth, Janet, 2017).

In verse 24, (فَنَادٰىهَا مِنْ تَحْتِهَآ اَلَّا تَحْزَنِيْ قَدْ جَعَلَ رَبُّكِ تَحْتَكِ سَرِيًّا ٢٤) *He (Jibril) called out to him from below, "Do not be sad. Indeed, your Lord has created a stream beneath you."* Postpartum care must address both the mother's physical condition and mental health. Midwives are not only responsible for monitoring the body's recovery process but also for identifying early on any emotional disturbances that require support or referral to a professional. Mothers need good communication, opportunities to share their childbirth experiences, and support from their partners, families, and communities. A calm emotional state is known to help mothers control their breathing, reduce muscle tension, and cope better with contractions. Although the Qur'an does not specify that Maryam used any particular breathing technique, the narrative shows that inner calm is an important part of coping with childbirth (Medforth, Janet, 2017). Various studies show that women who receive continuous support during labor tend to have a better birthing experience. This support is associated with fewer medical interventions, such as labor induction, cesarean sections, the use of birthing aids, and episiotomies. In addition, the use of pain medication is lower, while the likelihood of a spontaneous vaginal birth is higher. Mothers also generally report greater satisfaction with their childbirth experience without increasing risks to either the mother or the baby. The success of labor support is influenced by several forms of assistance. First, informational support—providing clear information about the progression of labor so that the mother understands what is happening to her body. Second, physical support, such as allowing freedom of movement, helping the mother choose a comfortable position, providing food and drinks when possible, and using non-pharmacological methods like massage or a warm bath to reduce pain. Third, emotional support, which involves the presence of a support person who can calm the mother, listen to her concerns, alleviate her fears, and build her confidence during labor. In addition, the principles of modern midwifery also emphasize the importance of empowering mothers—that is, respecting their choices and decisions during the labor process, as well as creating a safe, calm, and comfortable environment that ensures privacy and minimizes unnecessary

disturbances. This approach has been shown to help the physiological process of labor proceed more optimally while enhancing the mother's positive experience during childbirth (Medforth, Janet, 2017).

Next, in verse 25, (وَهُزِّيْٓ اِلَيْكِ بِجِذْعِ النَّخْلَةِ تُسٰقِطْ عَلَيْكِ رُطَبًا جَنِيًّا ۖ ٢٥) *Shake the base of that date palm toward you, and it will surely drop ripe dates for you*. In this verse, the sentence, "وَهُزِّيْٓ اِلَيْكِ بِجِذْعِ النَّخْلَةِ" *Shake the base of the date palm*…, Then, with "Eat," "Drink," and "Calm your heart" in the following verse, the midwife always gives the mother instructions on what to do during childbirth. In the Qur'an, Allah also asks Maryam to make an effort. Of course, Allah could have caused the dates to fall without Maryam having to move, but Allah commanded, "وَهُزِّيْٓ اِلَيْكِ بِجِذْعِ النَّخْلَةِ" even though Maryam had just given birth. Light physical activity after childbirth is indeed recommended, within the mother's capabilities, to aid in her physiological recovery. From a theological perspective, this command also shows that God's help does not negate the importance of human effort. Miracles occur alongside human effort (Medforth, Janet, 2017).

Modern obstetrics recommends that mothers maintain freedom of movement and choose comfortable positions during labor. Standing, walking, sitting, leaning back, or lying on one's side have been shown to help harness the force of gravity, making the labor process more effective. Research shows that mobility during labor can shorten the duration of labor, reduce the need for medical interventions and pain medication, facilitate the birth process, and improve the baby's condition after birth. Various positions a mother can choose during labor include standing while holding onto something, walking, sitting with her body slightly leaning forward, using a birthing ball, leaning against a pillow, or lying on her left side. The main principle is not to determine a single "correct" position, but to give the mother the freedom to find the most comfortable position based on her physical condition (Medforth, Janet, 2017).

In this verse, Maryam is commanded by Allah to actively move toward the tree. Then there is the sentence, "وَهُزِّيْٓ اِلَيْكِ بِجِذْعِ النَّخْلَةِ", This means that Maryam continued to engage in physical activity to the best of her ability throughout the labor process. This description aligns with modern midwifery principles, which encourage a mother's mobility during labor as part of the natural physiological process. Light mobility helps the body function physiologically, facilitates the labor process, and instills confidence that the mother continues to play an active role in the birth process (Medforth, Janet, 2017).

In this context, methodologically speaking, the command "وَهُزِّيْٓ" is not understood as a clinical medical recommendation that the Qur'an establishes as a medical guideline for childbirth. Rather, the connection between Maryam's physical action and the principle of mobility during

childbirth in contemporary midwifery constitutes a hermeneutic interpretation and contextualization by the researcher. This approach positions the Qur'anic text as a source of ethical and conceptual inspiration that is engaged in a reflective dialogue with evidence-based midwifery, thereby maintaining a clear distinction between the text's original meaning (textual meaning) and its realm of application in modern clinical practice.

Furthermore, modern obstetrics emphasizes that food consumed during pregnancy must not only be nutritious but also free from contamination that could harm either the mother or the fetus. In the story of Maryam, the Qur'an describes how Allah provided food directly in the form of fresh dates, "رُطَبًا جَنِيًّا", and flowing water. The mention of fresh dates highlights the importance of nutritious food that is beneficial for a mother's recovery after childbirth (Medforth, Janet, 2017). Pregnant women are encouraged to stay active while observing safety guidelines. Activities should be performed gradually according to their ability, accompanied by adequate fluid intake, and they should avoid exercises that carry a risk of falling, impact, or causing the body to overheat. If symptoms such as dizziness, shortness of breath, bleeding, strong contractions, or amniotic fluid leakage occur, physical activity must be stopped immediately, and the woman should seek medical attention. Physical activity during pregnancy is not intended to achieve athletic performance, but rather to maintain the mother's health, prepare the body for childbirth, and support the recovery process after delivery (Medforth, Janet, 2017).

In verse 26, (فَكُلِيْ وَاشْرَبِيْ وَقَرِّيْ عَيْنًا ۚفَاِمَّا تَرَيِنَّ مِنَ الْبَشَرِ اَحَدًاۙ فَقُوْلِيْٓ اِنِّيْ نَذَرْتُ لِلرَّحْمٰنِ صَوْمًا فَلَنْ اُكَلِّمَ الْيَوْمَ اِنْسِيًّا ۚ ٢٦) *Eat, drink, and be merry. If you see someone, say, "Truly, I have vowed to fast (from speaking) for the Most Merciful Lord. Therefore, I will not speak to anyone today."* This verse illustrates how Allah provided Maryam with the support she needed. She was comforted, given a source of water to stay hydrated, provided with dates as a source of energy, instructed to shake the date palm tree, and told to calm her heart. All of these forms of assistance are consistent with modern obstetric principles, which emphasize the importance of emotional support, adequate fluids and nutrition, light mobilization, and a comfortable environment during the birthing process (Medforth, Janet, 2017). Good nutrition is one of the key factors in maintaining the health of the mother and fetus during pregnancy. A balanced diet helps meet energy needs and supports fetal growth, so mothers do not need to "eat for two," but simply consume nutritious foods according to their body's needs. Therefore, from the beginning of pregnancy, healthcare providers are encouraged to educate expectant mothers about healthy eating habits, including increasing their intake of fruits, vegetables, fish, and other nutritious foods. Certain nutrients play a particularly important role during pregnancy. Folic acid is especially needed during the

first trimester to help prevent neural tube defects in the fetus. Calcium plays a role in the development of the fetus's bones and teeth while also maintaining the mother's bone health. Iron is needed for the formation of red blood cells and as a reserve to address blood loss during childbirth. Iron absorption is enhanced when iron is consumed alongside vitamin C (Medforth, Janet, 2017).

In addition, zinc plays a role in cell growth and division, while essential fatty acids are crucial for the development of the fetal brain and nervous system. Vitamin D aids in calcium absorption and bone formation; vitamin B12 supports blood cell formation and nerve function; and vitamin C helps maintain the immune system while aiding in iron absorption. Under certain conditions, pregnant women may also require vitamin supplements as recommended by healthcare professionals. In line with verses 25–26, the recovery of a mother's physical condition after childbirth is an important part of the care process emphasized in the Qur'an (Medforth, Janet, 2017).

Postpartum care is the support provided to mothers after childbirth to ensure a smooth recovery process, both physically and psychologically. This care not only focuses on the health of the mother and baby but also addresses the mother's emotional well-being, family support, and the information she needs during the postpartum period. Postpartum care services emphasize several key principles. First, the mother is treated with respect, empathy, and dignity. Second, healthcare providers offer clear information so that the mother is able to care for herself and her baby. Third, the mother's physical and psychological condition is monitored regularly to detect any issues that may arise after childbirth. Additionally, the presence of a supportive family and environment is considered crucial, as it can help accelerate the mother's recovery process. When considered in light of the story of Maryam in Surah Maryam 22–26, these principles appear to have strong relevance. After giving birth alone in a remote place, Allah did not leave Maryam to face her postpartum period without assistance. Allah provided her with peace through revelation, supplied her with dates as food, provided water as a source of recovery, and guided Maryam on the steps she should take after giving birth (Medforth, Janet, 2017).

After giving birth, the mother's health must be closely monitored to ensure a smooth recovery. Monitoring should focus not only on her physical condition but also on signs that may indicate complications. For example, body temperature, skin color, and any unusual odors can be early indicators of infection and require immediate attention. In addition, mothers are advised to maintain a nutritionally balanced diet and ensure adequate fluid intake—at least about two liters daily. Adequate nutrition and fluid intake not only help speed up the body's recovery but also support breast milk production and restore digestive function after childbirth. Modern midwifery findings indicate that

the period immediately following childbirth is a critical phase for the mother's physical and psychological recovery. Meeting nutritional and fluid needs, ensuring emotional comfort, and providing adequate rest are key components of postpartum care. This principle aligns with the narrative in Surah Maryam, verse 26. Before Maryam faced social pressure from her people, Allah first met her basic recovery needs through food (dates), drink, and peace of mind (Medforth, Janet, 2017). Sentence, "فَكُلِيْ وَاشْرَبِيْ وَقَرِّيْ عَيْنًا" This is consistent with modern obstetric principles, which state that mothers need energy, fluids, and psychological comfort during the labor process. The success of childbirth is influenced not only by biological factors but also by the mother's emotional state. This underscores the importance of social support. Although Maryam was physically alone, God provided her with direct spiritual support in the form of a soothing voice, water, dates, guidance, and protection after childbirth (Medforth, Janet, 2017).

Based on the above discussion, it is clear that the processes of pregnancy, childbirth, and the postpartum period constitute a complex physiological sequence involving biological, psychological, and social changes. Various modern midwifery recommendations indicate that the success of these processes is significantly influenced by the fulfillment of nutritional needs, physical mobility, emotional support, pain management techniques, and postpartum care. All of these aspects serve as an important scientific foundation for reinterpreting the story of Maryam in Surah Maryam, verses 22–26, in a more contextual manner, thereby enabling a more balanced dialogue between the Qur'anic text and the science of midwifery in the subsequent analysis.

Hermeneutics of Surah Maryam 22–26: The Conceptual Foundation of Qur'anic Midwifery Care

The previous descriptive exegesis shows that Surah Maryam, verses 22–26, not only contains a historical account of the birth of Prophet Jesus (peace be upon him), but also presents a set of values related to maternal care during pregnancy, childbirth, and the postpartum period. Meanwhile, an analysis of modern midwifery literature reveals that the various measures experienced by Maryam—ranging from recommendations to stay active, ensure adequate nutrition, and receive psychological support, to postpartum recovery—are consistent with the principles of evidence-based midwifery care. The next stage of this research is no longer to describe the meaning of the verses or compare them with midwifery science, but rather to conduct a hermeneutic synthesis to reconstruct the universal values contained in Quranic Surah Maryam 22–26 into a conceptual framework called Quranic Midwifery Care. This concept is understood as a model of maternal care grounded in the values of the Qur'an and developed through a dialogue between the revealed text, the body of

exegetical literature, and developments in contemporary midwifery science. Based on this synthesis, "Quranic Midwifery Care" is built upon five main dimensions: 1) meeting physical needs, 2) providing psychological support, 3) ensuring proper nutrition, 4) fostering spiritual well-being, and 5) respecting the dignity of the mother as the central figure in the processes of pregnancy, childbirth, and the postpartum period.

Developments in contemporary Islamic midwifery studies also show a trend toward holistic maternity care. A conceptual review of postpartum care from an Islamic perspective emphasizes that maternal care is not only oriented toward physical recovery but also encompasses psychological and spiritual well-being, family support, and midwifery practices that are sensitive to religious values and centered on women (woman-centered care). (Marmi dan Rina Nuraeni, 2026). This framework demonstrates that the integration of Islamic values and evidence-based midwifery practices is essential in maternity care for Muslim women. The concept of Qur'anic Midwifery Care, formulated through a hermeneutic interpretation of Surah Maryam 22–26, offers a more fundamental foundation, as it not only integrates Islamic values into midwifery practice but also directly derives principles of maternity care from the Qur'anic narrative itself.

First, regarding the fulfillment of physical needs, the WHO recommends that women with low-risk pregnancies remain mobile and choose an upright position during labor. Although the quality of available evidence is considered low, the WHO still issues a strong recommendation because mobility and an upright position have been shown to provide clinical benefits, particularly in reducing the rate of cesarean sections. Furthermore, the WHO emphasizes that women should not be required to lie down during labor but should be given the freedom to choose the position that is most comfortable for them. Mobility is viewed as a simple, safe, cost-effective, and woman-centered care intervention that supports a positive childbirth experience (World Health Organization, 2018).

This principle is in line with Surah Maryam, verse 25, which commands Maryam, "وَهُزِّيٓ" This command indicates that women in labor are not portrayed as passive figures, but rather continue to engage in physical activity to the best of their ability. This verse can be understood as a reference to the importance of mobility during labor, which in modern midwifery is also recommended by the WHO as part of efforts to support physiological childbirth and give mothers the freedom to choose the most comfortable position.

The philosophy of midwifery care, according to the International Confederation of Midwives (ICM), positions midwives as companions who support the physiological processes of pregnancy, childbirth, and the postpartum period, rather than as parties who take over these processes. This

principle aligns with Quranic Surah Maryam, verse 25, where Maryam is instructed to shake the date palm before receiving Allah's assistance. This command demonstrates that the labor process continues to respect the mother's physical efforts and her body's natural mechanisms. Thus, meeting physical needs in Quranic Midwifery Care is understood as an effort to support the progression of physiological labor through mobility, nutritional support, and an environment that fosters the natural process of childbirth (International Confederation of Midwives, 2025).

Second, psychological support. Respectful Maternity Care (RMC) is a midwifery care approach that treats mothers as individuals who deserve to be treated humanely, with dignity, and respect throughout pregnancy, childbirth, and the postpartum period. This approach is realized through effective communication, an empathetic attitude, respect for the mother's rights and choices, and the provision of emotional support during the labor process. Conversely, disrespectful or abusive treatment can lower the quality of care, reduce the mother's sense of safety, and negatively impact her childbirth experience. Respectful midwifery care aims not only to avoid mistreatment but also to foster a relationship of mutual respect between healthcare providers and mothers. The implementation of RMC has been shown to contribute to improved quality of care, maternal and infant safety, maternal satisfaction, and public trust in healthcare facilities.

Meanwhile, in the verse "فَنَادٰىهَا مِنْ تَحْتِهَآ اَلَّا تَحْزَنِيْ", implies psychological support, understood not only as an effort to reduce a mother's anxiety, but also as a form of respect for a woman's dignity, emotions, and subjective experiences during pregnancy and childbirth. This principle aligns with the RMC concept, which emphasizes empathetic communication, respect for a mother's rights, and the creation of a safe, supportive, and woman-centered care environment (Ministry of Public Health Afghanistan, 2017).

The WHO emphasizes that the success of childbirth care is measured not only by the safety of the mother and baby, but also by the creation of a positive childbirth experience for the mother. In addition to meeting clinical needs, midwifery care must address the mother's psychological and emotional needs so that she feels safe, comfortable, valued, and supported throughout the childbirth process. The WHO also notes that both excessive and insufficient medical interventions can diminish the quality of the childbirth experience. Therefore, mothers need to be involved in decision-making, receive care free from disrespectful treatment, and be supported by healthcare providers who are friendly, competent, and respectful of the cultural values and personal expectations of each woman. A positive childbirth experience not only results in a healthy baby but also provides a sense of security and satisfaction for the mother during the birth process (World Health Organization, n.d.).

According to Denis Walsh, the primary role of a midwife is not merely to perform various medical procedures, but to be present to support women throughout the birthing process. This approach is known as the principle of "being with women," which involves accompanying the mother with empathy, patience, and trust in her body's natural ability to give birth. In this paradigm, the quality of care is not always determined by the number of interventions performed, but rather by the midwife's ability to provide a sense of safety, emotional support, and a calming presence. Walsh criticizes childbirth practices that are overly focused on procedures, time targets, and excessive medical interventions. According to her, childbirth is a physiological process that is unique to every woman and therefore requires individualized support, not merely the completion of clinical tasks. Midwives are expected to have the ability to "be present" with the mother, even when no medical intervention is necessary. Support that is full of compassion, patience, and respect for the natural process of childbirth is, in fact, the core of high-quality midwifery care (Walsh, 2007).

Third, nutritional adequacy. UNICEF emphasizes that adequate nutrition is a fundamental requirement for women's health, particularly before pregnancy and during breastfeeding. A mother's nutritional status not only determines her own health but also directly affects the growth, development, and survival of the fetus and infant. Therefore, maternal health services must ensure that mothers have access to nutritious, safe, and affordable food, as well as high-quality nutrition services throughout the reproductive cycle. During pregnancy, energy and nutrient requirements increase to support the mother's physiological changes and fetal growth. Consequently, pregnant women need a diet rich in energy, protein, vitamins, and minerals—particularly iron, folic acid, and calcium.

In addition to ensuring access to nutritious food, UNICEF also emphasizes the importance of nutrition counseling, monitoring weight gain, micronutrient supplementation, and anemia prevention as integral components of high-quality antenatal care. UNICEF explains that nutritional counseling during pregnancy has been shown to optimize maternal weight gain, reduce the risk of anemia, preterm birth, and low birth weight, and improve the health of both mother and baby. The WHO recommends that all pregnant women receive education on healthy eating, adherence to micronutrient supplementation, hygiene practices, and preparation for breastfeeding as part of antenatal care.

In the context of anemia prevention, UNICEF has adopted the WHO's recommendation that all pregnant women take daily iron and folic acid supplements (30–60 mg of elemental iron). Regular screening for anemia during pregnancy is also recommended so that iron deficiency can be detected

and treated early. UNICEF also highlights that the use of Multiple Micronutrient Supplements (MMS) provides broader benefits compared to iron-folic acid supplementation alone, as it reduces the risk of low birth weight, small-for-gestational-age infants, preterm birth, and fetal death (United Nations Children's Fund, 2021).

In verse 26, "فَكُلِيْ وَاشْرَبِيْ وَقَرِّيْ عَيْنًا" Explicitly, the process of a mother's recovery must be approached holistically. Water meets hydration needs, dates provide a source of energy and nutrients, while the instruction to soothe the heart demonstrates concern for the mother's psychological well-being. The Qur'an presents a model of care that does not separate a mother's physical and emotional needs after childbirth. Dates are not merely a symbol of a Sunnah food, but represent the principle that a new mother must receive adequate nutrition as part of the recovery process. This aligns with UNICEF's recommendations, which prioritize access to nutritious food as a key component of maternal care. In fact, even before addressing Maryam's social role as the mother of Prophet Jesus (peace be upon him), the Qur'an first ensures that her basic physical needs are met.

Fourth, spiritual support. Modern midwifery emphasizes the importance of a holistic approach that considers not only the mother's physical condition but also her psychological, spiritual, and social well-being. Spiritual experiences during pregnancy and childbirth are viewed as a vital component that can enhance the quality of maternal care. Spiritual counseling has been shown to help reduce stress and anxiety levels in pregnant women, making it an effective, safe, and non-invasive complementary intervention to support mental health during pregnancy. In addition, the use of religious beliefs as a mechanism for coping with stress (spiritual coping) also contributes positively to maternal reproductive health and well-being. Therefore, childbirth becomes a spiritual experience that can strengthen a woman's readiness to embrace motherhood (Trisiani et al., 2024).

This principle finds its relevance in the narrative of Surah Maryam, verses 22–26. After Maryam experienced severe labor pains to the point of expressing her despair through her words, "يٰلَيْتَنِيْ مِتُّ قَبْلَ هٰذَا وَكُنْتُ نَسْيًا مَّنْسِيًّا" God not only provides for his physical needs, but also offers spiritual strength through His Word, "اَلَّا تَحْزَنِيْ". These words were a form of spiritual support that brought her comfort, instilled hope, and guided Maryam so that she could face the process of childbirth and the social challenges that followed with complete trust in Allah. Afterward, Allah commanded Maryam to eat, drink, and calm her heart (فَكُلِيْ وَاشْرَبِيْ وَقَرِّيْ عَيْنًا) indicates that physical, psychological, and spiritual recovery occur in an integrated manner. Thus, verses 22–26 present a paradigm of maternity care that is oriented toward the clinical success of childbirth while also addressing the mother's spiritual needs as part of a holistic approach to care.

Fifth, respect for the dignity of the mother as the primary subject in the processes of pregnancy, childbirth, and the postpartum period. The International Federation of Gynecology and Obstetrics (FIGO) emphasizes that quality maternity care must be built upon an ethical framework that respects dignity, autonomy, justice, privacy, and women's right to participate in informed decision-making. Midwifery care must not be oriented solely toward clinical safety but must also ensure that every woman is treated as a person of dignity, free from discrimination, violence, and degrading treatment, through a partnership between healthcare providers, the mother, the baby, and the family. This principle aligns strongly with the narrative in Surah Maryam, verses 22–26. In this verse, Maryam is portrayed as the primary subject who is cared for in her entirety; Allah provides for her physical, psychological, nutritional, and spiritual needs while also safeguarding her social honor before instructing her to return to society. Respect for women's dignity is not only an ethical principle in modern midwifery but also a Qur'anic value that forms the foundation of Qur'anic Midwifery Care (International Federation of Gynecology and Obstetrics, n.d.).

No.	QS. Maryam (19): 22-26	Core Values	Principles of Modern Midwifery	Dimensions of Qur'anic Midwifery Care
1.	Verses 22 and 25 ۞ فَحَمَلَتْهُ فَانْتَبَذَتْ بِهٖ مَكَانًا قَصِيًّا ﴿٢٢﴾ 22. *So she (Maryam) became pregnant with him, and then withdrew with him to a distant place.* وَهُزِّيْٓ اِلَيْكِ بِجِذْعِ النَّخْلَةِ… ﴿٢٥﴾ 25. *Shake the base of that date palm toward you...*	Maternal Autonomy and Physical Effort (Ikhtiar). Encouraging the mother's physical activity, continuous movement, and the body's physiological adaptation during the labor process.	Mobilization and Positions During Physiological Labor. WHO/ICM recommendations regarding freedom of movement (mobilization) to facilitate labor and reduce medical interventions.	Physical Needs
2.	Verse 24 فَنَادٰىهَا مِنْ تَحْتِهَآ اَلَّا تَحْزَنِيْ ﴿٢٤﴾… 24. *He (Jibril) called out to him from below, "Do not be sad...."*	Emotional Strengthening and Peace of Mind (empathy). Providing a sense of security, alleviating anxiety, and offering ongoing support and guidance.	Ongoing Emotional Support and Respectful Maternity Care (RMC). The principles of being with women, empathetic communication, and ensuring the mother's psychological well-being.	Psychological Support

3.	Verses 25 and 26 …تُسٰقِطْ عَلَيْكِ رُطَبًا جَنِيًّا ﴿٢٥﴾ 25…*surely that (tree) will drop ripe dates for you.* فَكُلِيْ وَاشْرَبِيْ وَقَرِّيْ عَيْنًا…﴿٢٦﴾ *26. "Eat, drink, and be merry..."*	Nutrition and Hydration (Essential Intake). The importance of rapid energy recovery and rehydration after childbirth.	Nutritional Adequacy and Hydration for Pregnant and Laboring Women. UNICEF/WHO recommendations regarding energy intake, micronutrients, and postpartum hydration for recovery and breast milk production.	Nutritional Fulfillment
4.	Verses 24 and 26 …قَدْ جَعَلَ رَبُّكِ تَحْتَكِ سَرِيًّا ﴿٢٤﴾ 24…*Truly, your Lord has created rivers beneath you.* …اِنِّيْ نَذَرْتُ لِلرَّحْمٰنِ صَوْمًا… ﴿٢٦﴾ 26…*"Truly, I have vowed to fast (from speaking)…"*	Spirituality and Surrender (Zikir and Tawakal). Building a spiritual connection with Allah SWT and inner peace through surrender.	Spiritual Coping and Holistic Midwifery Care. Integrating spiritual coping strategies to reduce stress levels, labor pain, and maternal anxiety.	Spiritual Well-being
5.	… وَقَرِّيْ عَيْنًا … ﴿٢٦﴾ 26… Rejoice… … فَلَنْ اُكَلِّمَ الْيَوْمَ اِنْسِيًّا ﴿٢٦﴾ 26… *"Therefore, I won't speak to anyone today."*	Respect for Dignity and Protection of Honor (Hifz al-'Irdh). Protection of privacy, restoration of social standing, and dignified treatment for mothers.	Protection of Privacy, Autonomy, and Woman-Centered Care. The FIGO/WHO guidelines that guarantee women's reproductive rights, privacy, autonomy, and freedom from intimidation and social stigma.	Respect for Mother's Dignity

Table. 1 The Conceptual Foundation of Qur'anic Midwifery Care

CONCLUSION

Based on an analysis of Surah Maryam, verses 22–26, it can be understood that the narrative of Maryam's childbirth is not merely a historical account, but rather contains universal principles regarding support for mothers during pregnancy, childbirth, and the postpartum period. Through a hermeneutical approach, these verses demonstrate that Allah not only granted Maryam a miracle but also provided comprehensive support, encompassing the fulfillment of physical needs, psychological support, nutritional needs, spiritual strengthening, and respect for Maryam's dignity as the central figure in the birthing process. These values can then be elaborated upon through a dialogical

engagement with developments in modern midwifery science, giving rise to the concept of Qur'anic Midwifery Care.

The concept of Qur'anic Midwifery Care is a model of maternal care that integrates the values of the Qur'an with evidence-based midwifery practices. This model is built upon five main dimensions: meeting physical needs through mobility, comfort, and care for the mother's body; providing psychological support through empathetic care, a sense of security, and respectful communication; nutritional support that promotes the mother's physical strength and fetal growth; spiritual strengthening through prayer, remembrance of God (zikir), trust in God (tawakkal), and closeness to Allah; and respect for the mother's dignity through women-centered care that upholds her rights, choices, and autonomy.

Thus, a hermeneutic analysis of Surah Maryam, verses 22–26, leads to the understanding that the Qur'an presents a holistic paradigm of maternal care. Pregnancy, childbirth, and the postpartum period are viewed not only as biological events but also as physical, psychological, spiritual, social, and human experiences that require comprehensive support. This paradigm demonstrates that Qur'anic values are highly relevant to contemporary midwifery developments and can serve as a conceptual foundation for the development of a humanistic, dignified, and evidence-based model of Islamic midwifery care.

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