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From Grief to Resilience: A Phenomenological Exploration of Women's Reactions and Coping Methods after Perinatal Loss

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Abstract

Objective: Perinatal loss constitutes a significant public health problem worldwide, including miscarriage, stillbirth, and neonatal death. Perinatal loss causes a range of short- and long-term reactions in women. Knowing these reactions and coping methods is essential for appropriate support and treatment. This study aims to examine the complex reactions and coping methods experienced by women after perinatal loss.

Design and Methods: In this study, a qualitative phenomenological approach was used, in which in-depth interviews were conducted with a semi-structured interview form. 10 women who experienced perinatal loss were included in the study using the snowball sampling method.

Results: The findings showed that women who experienced perinatal loss exhibited a variety of complex reactions and that we could group these reactions under five themes. These are emotional reactions, concerns, changes in life, subsequent pregnancy, and blame. We also observed that these women used strategies classified under seven different themes to

cope, which we expressed as relying on religious or spiritual beliefs, positive focus, the healing power of more challenging experiences, thinking about bad scenarios, isolating oneself, avoiding remembering, and concretizing the loss.

Conclusions: This study identified the complex responses and coping strategies of women following perinatal loss. Five themes related to reactions and seven strategies related to coping methods were identified. These findings may guide healthcare professionals to provide better support specific to the individual.

Key Words: perinatal loss, grief, reactions, coping methods

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒It is a study that includes all subgroups of perinatal loss in which participants experience miscarriage, stillbirth, and neonatal death.

⇒ Analysis was led by two researchers (ESB and TU), with contributions through independent coding and review of themes to reach consensus by the rest of the research team, thus ensuring rigour.

⇒ This in-depth examination provides a critical foundation for understanding the complex emotional processes experienced by women after perinatal loss and how they cope.

⇒ A limitation of this study was that only women were sampled in the study which focused on women's experiences.

Introduction

The unintentional loss of pregnancy through miscarriage, stillbirth, and neonatal death is often examined together under the standard definition of perinatal loss.[1] Although there are different definitions, miscarriage is the most common form of perinatal loss, which generally includes losses before the 24th week of pregnancy.[2] Stillbirth includes losses that occur after the 24th week of gestation.[3] The death of a baby within the first 28 days of its life is neonatal death.[4] Interpretation of data on perinatal loss is hampered by globally varying definitions.[5] While miscarriages constitute 10-15% of perinatal losses worldwide, approximately 2.6 million stillbirths and 2.7 million neonatal deaths occur each year.[4] However, the fact that perinatal losses are not systematically recorded even in developed countries suggests that the rates may be even higher.[4,6] For this reason, the experiences of women after perinatal loss may not be fully reflected in the literature. However, perinatal loss can be devastating for women.[7]

Perinatal loss provokes a range of painful reactions to which bereaved women must respond. Short-term reactions include shock, helplessness, frustration, anger, and loneliness; Long-term reactions may include anxiety, depression, and post-traumatic stress disorder.[5,8] Some of these reactions may be exacerbated in subsequent pregnancies following the loss and have significant consequences later in life.[9,10] However, women use coping strategies to reduce, manage, and live with the symptoms of these reactions.[11] These strategies may include positive coping strategies as well as maladaptive coping patterns,[12] highlighting the importance of professional care and support throughout the entire grief process.[13] Adequate clinical care and support provided by trained healthcare professionals can alleviate the psychological effects of reactions to loss and enable the use of positive coping strategies.[13]

Insufficient understanding of post-loss reactions and coping strategies may make professional support given to women inadequate.[11] What is clear from the existing literature is that the care

provided to women experiencing perinatal loss is vital to preventing adverse outcomes and that healthcare professionals may need training to manage the care provided to these women.[13,14] This qualitative examination can provide a rich description of responses to loss and coping methods and a deeper understanding of this complex phenomenon. The findings of this study may provide an evidence base for reference health professionals, particularly in the care of perinatal loss.

Method

This study, which focuses on women's reactions and coping methods after perinatal loss, was designed as a phenomenological study, one of the qualitative research types. Phenomenology allows individuals to describe their lived experiences of a phenomenon or concept in a deep and rich way, thus discovering common meaning.[15,16]. In this context, "reactions after perinatal loss" and "methods of coping with perinatal loss" of women who have experienced perinatal loss refer to research phenomena. The experiences of women who experienced perinatal loss regarding these phenomena were examined in depth through individual interviews. The design and reporting process of the research was based on the Consolidated Criteria for Reporting Qualitative Research (COREQ) criteria,[17] which are used in reporting qualitative studies.

Ethical considerations

Study procedures were approved by the İnönü University's Health Sciences Scientific Research and Publication Ethics Committee (2022/3791).

Pariticipants

Participants of the study were included in the research using the snowball sampling method. The criteria for inclusion in the study are as follows: 1) participants must be over 18 years of age, 2) the pregnancy was planned or desired, 3) at least five months have passed since the last loss, 4) the loss must have occurred after the fifth week of pregnancy or up to one month after birth, and 5) participants volunteered to participate in the study. 10 participants who had experienced perinatal loss and met the inclusion criteria were included in the study. All participants were informed about the purpose of the study and informed consent forms were obtained. There are no strict rules for the number of participants in qualitative research.[18] For in-depth investigations in phenomenological studies, it is recommended that the number of participants be small and not exceed 10.[19]

The characteristics of the participants included in the study are presented in Table 1. Most of the participants are university graduates and employed. Among the participants, 6 participants experienced miscarriage, 2 participants experienced stillbirth, and 2 participants experienced neonatal death.

Table 1

Data collection

Research data were collected through a semi-structured interview form. The semi-structured interview form consists of two parts. The first section contains questions regarding demographic characteristics, and the second section contains questions regarding the purpose of the study. Before the interviews, a pilot application was conducted, interview questions were revised and process management was reviewed. Additionally, the interview questions were kept very limited. Probe and follow-up questions were added flexibly according to the flow of the interviews. The interviews were conducted together by the researcher ESB and TU. One researcher's experience of loss and the other researcher's experience in the field helped to empathize with the participants and enable the participants to express themselves comfortably. The location of the meetings was decided together with the participants. In this context, 3 participants were interviewed at their homes and 7 participants at their workplaces. The interviews lasted an average of 60 minutes. All interviews were audio recorded over

the phone with the consent of the participants. One of the interviews was repeated because there was a technical problem with one participant's audio recording. In addition to the audio recording, researcher notes were also taken. In order to prevent data loss, the audio recordings were transcribed word by word (including the parts where the participants cried or sniffed) with the help of a program on the same day and saved as a digital text file.

Data analysis

In data analysis, the content analysis method was used with an inductive approach. Content analysis is a data analysis technique that aims to systematically present some non-obvious inferences from the messages intended to be conveyed in a clear text in order to show social reality.[20] The process is to bring together similar data within the framework of certain concepts and themes and organize them in a way that the reader can understand. Accordingly, the data was analyzed in four stages: 1. coding the data, 2. determining the themes, 3. organizing the codes and themes, and 4. defining and interpreting the findings.[19] Data analysis was carried out separately by researchers OTÇ and TU. Data analysis procedures were created before the analyses. In this context, the data converted into texts in the first stage were read twice to become familiar with the data. In the second stage, open coding was performed and meaningful parts (codes) suitable for the research purpose were transferred to the Excel table. These codes were placed under themes created by the researchers. While analyzing each participant's data, new codes were coded under previous themes, or new themes were created. In the second stage, axial coding was performed. In this context, the relationships between existing codes and themes were evaluated and some codes were regrouped and revised by creating themes and sub-themes. In the final stage of coding, selective coding was performed by re-reading all data to identify codes appropriate to the themes. Themes and codes were reviewed in intermittent meetings during the coding process. After the coding process, the other researcher evaluated the themes and related codes separately. In a joint meeting, the evaluations of all researchers were reviewed and the themes and codes were decided jointly.

Trustworthiness

Lincoln and Guba (1986) pointed out the importance of four issues for trustworthiness in qualitative research. These are credibility, transferability, reliability, and confirmability.[21] Investigator triangulation, peer review, and participant confirmation were used for reliability. Additionally, the participant selection, data analysis, and reporting process are described in detail. Support was received in all processes from an academician experienced in qualitative research. For participant control, participants may be asked to comment on whether the raw data, themes, categories, and comments are realistic and meaningful.[15] Raw data, themes, codes, and comments were sent to three participants, feedback was received, and participant control was provided.

Results

Theme 1: Reactions after perinatal loss

In this study, based on the opinions of participants who experienced perinatal loss, reactions to perinatal loss were examined in depth and five themes and sub-themes of these themes were created. Themes and sub-themes for reactions after perinatal loss are presented in Figure 1.

Figure 1

Emotional reactions

Women's emotional reactions after perinatal loss were the most intense theme. The most obvious reaction was disappointment. Participants frequently talked about the emotional bond with their babies and their future plans. Another emotional reaction was anger. The anger of the participants was due to lack of being understood or lack of presentation of being understood, especially towards their spouses, the social environment, and the workplace. Along with anger,

participants also expressed their resentment, especially towards their spouses. While talking about this resentment, participants pointed out that they did not receive enough support during the process and that they were not understood by their spouses. Women who experienced loss wanted to be understood and their sadness shared, rather than being comforted with words such as "nothing will happen", "something new will happen", and "don't be sad". Calmness and withdrawal due to intense complex emotions and lack of understanding were also among the emotional reactions of women. Women who stated that they were withdrawn emphasized that they aimed to prevent the people around them from discussing this issue and that they were not understood. Some participants mentioned that when they saw women with children around them, they started blaming themselves and felt a sense of inadequacy, especially towards their spouses. Here are some comments on this theme:

Participant M1 *"I felt like a woman there for the first time. For the first time in my life, I felt so sad. A huge disappointment for an expectant mother."*

Participant M3" *My resentment was towards my husband, who I thought did not understand me and could not be with me as he should have been during that period.*"

Participant M4 "*Frankly, I felt like I was going through that process on my own, of which no one was aware of the emotional state I was in at that moment, and maybe it was partly due to my husband's cold-blooded stance. He doesn't fully understand my feelings, and I don't think he will do.*"

Concerns

Three subthemes emerged under the theme of concerns. The theme of being late in life expresses the feeling of being late in achieving personal goals for some participants who experienced perinatal loss. While participants talked about the feeling of being late, they shared their future plans with their children. Participant M1 expressed his opinion on this issue as follows:

"My dream has always been this. Let me catch up with my child. Let me run with my child, go to the cinema, theater, etc. with my child. I have such a social side. And I always said, "It doesn't matter if it's a girl or a boy. I mean, let me grow up with my child." After experiencing that loss, I said, I would not have it again. It will not happen again, and I will be very late in life. I had a lot of that anxiety."

Another participant, M2, who talked about her concern about being late in life, stated that she heard a lot of things from her elders due to age-related factors, and therefore, had the feeling that she was late to become a mother.

Concerns about living children were the sub-theme frequently mentioned by participants with children. Participants reported intense anxiety about what would happen to their other children or how their children would continue their lives if something happened to them. Participant ND1's views on this subject are as follows:

"*In the process, I began to forget my loss. I cried for a long time for my children at home. Oh my God, don't let anything happen to me. I prayed a lot so that nothing would happen to my children. What would they do if something had happened to me…"*

Another source of concern for women after perinatal loss was their own health. While the participants mostly referred to their psychological distress, a few of the participants talked about the possible negative effects of the medications they took during the bereavement intervention process on their health and subsequent pregnancies.

Changes in life

This theme corresponds to changes in family relationships and perspectives on life, especially healthy living behaviors. The reactions to the sub-theme of change in healthy lifestyle behaviors are quite complex. Some participants developed a number of healthy lifestyle behaviors such as regular doctor check-ups, paying attention to sleep hours, regular nutrition, and exercise. Additionally, one participant stated that she became conscious and sensitive about

her own health and that she also started to help those around her. A few participants had a pessimistic attitude. They mentioned that they did not pay attention to their health as they used to, citing the fact that their attention could not affect the results anyway. *In the context of strengthening family bonds, participants spoke fondly of their spouses who were with them during that period and stated that their interest in their children increased. In addition, the participants spoke highly of the support they received from their close circles such as their mother, brother, and aunt. Participant M3, who could not receive sufficient support from her close circle, stated that she chose loneliness. A few participants stated that their perspective on life changed, they started to enjoy the moment and do what they wanted to do without postponing it. Some opinions regarding this sub-theme are as follows:*

Participant M1 "*I always say that choosing a spouse is very important. In that process, I understood once again. I loved my husband more then...*"

Participant M4 "*Now we have taken it more slowly and a mindset like "it can happen, it will end up like it should" has emerged. Something in particular happened with my eating and drinking habits. There was a transition to an unhealthy order. While I was a careful person, I started to eat a little more unhealthy and irregularly.*"

Subsequent pregnancy

Depending on the impact of the loss, there were reactions reflected in the pregnancy process after the loss. The most frequently mentioned issues were hiding the new pregnancy and worrying about losing again. Participants stated that the reason for this was to prevent their close circle from being upset and to relieve the emotional pressure on them in case of a new loss. A few of the participants shared that they felt hopeless about experiencing loss again. However, due to the anxiety of loss, some participants stated that they constantly felt uneasy and that their frequency of going to the doctor increased. Increased attention to the baby during the new pregnancy was also a prominent sub-theme. Participants stated that they focused more on baby movements during pregnancy and that they sang and talked to their babies. With this interest, some participants shared that they neglected other children and some responsibilities. Finally, turning to spirituality in the new pregnancy was another sub-theme. Some participants mentioned that they read the Quran and pray frequently. Some participant opinions regarding this theme are as follows:

Participant ND1 "If the baby was moving five times a day when the baby should have been moving ten times, I was suspicious of myself. I was going to the doctor immediately. I wonder what happened? It continued like this until the baby was born."

Participant M6 "I didn't tell anyone until my baby was four months old. Because there are people around me who are waiting for me to become a mother and are very happy. When I get sad, they get sadder..."

Blame

Participants made some accusations regarding the causes of the loss. These accusations included blaming self-blame, blaming the work environment, and blaming the doctor. Some participants who blamed themselves talked about their inability to sustain their pregnancy and their unhealthy diet. Regarding working conditions, participants complained about heavy workload and lack of understanding. Participants who blamed the doctor talked about not paying enough attention during the doctors' checks and not noticing risk symptoms even though they were present. Some opinions regarding this sub-theme are as follows:

"Stress, harsh working conditions, and problems I experienced in my unit, and I was on the night shift. The day I was on the night shift was an intense one, as usual. People don't understand me."

"I blamed myself then. I couldn't manage it. Well, yes, I could not manage to be a mother either. I couldn't take care of my baby. I don't know if I can do it again, ever again. I don't know if I can protect my baby again. You know, it's like it's all my incompetence, my inability to do it."

Theme 2: Coping methods after perinatal loss

One of the important aims of this research was to gain a deep understanding of the ways women who have experienced perinatal loss deal with loss, based on their experiences. Seven themes were created by bringing together the codes related to this theme. These themes are presented in Figure 2.

Figure 2

Relying on religious or spiritual beliefs

This sub-theme was the most commonly reported coping method by participants. The participants who expressed their opinions on this issue interpreted the loss they experienced as a good thing in accordance with their beliefs and stated that the Creator saw it as appropriate and referred to it as having wisdom. According to Islamic belief, every child is innocent and if he dies at a young age, he goes to heaven and wants his parents to be with him. In this context, one participant stated that her baby went to heaven and was waiting for her. Participants generally tried to make the loss they experienced meaningful based on their religious beliefs. On this subject, M2 stated the following:

"In general, I am a faithful person. Both the giver and the receiver are the Creator. The Creator did not find it appropriate. I have said that if the Creator did not give it, there must be some wisdom. I've always said it and I'll say it again."

Additionally, some participants believe that not accepting the loss or questioning it as if rebelling against God will result in greater punishment. One participant believes that this loss is a test for her and thinks that if she is patient, she will be rewarded, and if she is not patient, she will be punished. Participant M5, who has experienced three losses, said the following regarding this sub-theme:

"I had a hard time accepting it at first. I had a hard time, but every time I had a hard time, I was tested with something else. Every time, every time I had a miscarriage, my child was hurt and I said enough is enough. Every time I got upset, something happened to my son."

Positive focus

While some participants stated that they were grateful for the existence of their children and that they at least had a healthy child, one of the participants pointed out that she was alive and in good health. Participant M6 expressed this situation as restructuring and transformation. She stated that this experience made her very conscious and even guided the people around her, and she was happy about it. Regarding this sub-theme, participant M5 stated the following:

"It changed when I fully realized the value of what I had. I saw a few children, they were not healthy, I said 'Thank goodness'. I was very grateful when I saw them. At least my child is healthy, so long as you have one."

The healing power of mare challenging experiences

A participant who experienced an earthquake after the loss emphasized that this difficult experience helped her get rid of the negative emotional state after the loss. While expressing her views, the participant mentioned that there could be worse things in life and said that she actually has valuable things in life, such as a husband who is by her side and a healthy child. Related to this theme, participant M4 stated the following:

"When I experienced the earthquake, I said, yes, there are much more important things in life... We are healthy, my husband and child are healthy, I have a child with me, and we are experiencing an event that would end our lives, even if it is momentary... We can have children again. I am healthy and when I faced this, I got out of that emotional state more quickly."

Thinking about bad scenarios

A few of the participants stated that they accepted the situation and that their pain was alleviated, citing that the child to be born would be unhealthy and that their own health would be in danger if the pregnancy continued.

"I swear, people get used to it. May God protect you from the worst. I always say this assuming

the worst. Every bad has its worse. What if the baby was born disabled or something happened to me..."

Isolating oneself

Two participants stated that they tried to cope with the loss by isolating themselves for different reasons. Participant M5 shared that she was constantly feeling sorry for herself and that no one cared about her and her sadness, so she believed that she had to get rid of this sadness for her own good after internally questioning by withdrawing to her own world. Participant ND2 said that she did not give anyone, including her husband, the opportunity to support her and that she was trying to heal on her own. Additionally, participant ND2 also stated that she felt guilty towards her husband for not being able to give him a healthy child. For this reason, she stated that she felt lonely and wanted to get away from her husband.

Avoiding remembering

Some participants frequently emphasized that they tried to avoid situations that would remind them of the loss. They stated that they gave away the clothes and belongings they bought for the baby, and the more they saw these, the sadder they became, and that's why they tried to get away from the memories. Participant S1 related to this theme stated the following:

"I gave away the clothes and stuff. Actually, I kept it for a while. I hid it first. I kept it for about a year or so. After that, I gave them away. I don't know... I thought I wouldn't see them again. Just in case I see them, I'll be even more upset... Yes, it's just like a new pregnancy, a new preparation. I mean, because they would remind me again and again that I had bought these, I had bought this, etc. Yes. Right now I'm trying not to remember as much as I can. Because I feel bad when I remember them."

Concretizing the loss

Many of the participants did not want to see the baby after the loss. However, a few participants stated that they visited the baby's grave after the funeral, which was good for them and eased their pain.

"I was not there at the time of the burial. I always blame myself for not being able to go. I thought I'd better go and see. I went and saw. I came home and felt relieved. I said, 'Okay. Finished.'."

In addition to the above themes, Participant S2, who gave birth in the 26th week of pregnancy, stated that although 1.5 years have passed since the loss, she still cannot accept the loss and has difficulty coping. This participant saw her baby after birth and stated that the baby reacted to her. She shared that she pumped milk to her intubated baby and saw her baby every day for eight days.

"...She turned her head when she heard my voice. She raised her hands and raised her feet. My first feeling actually started after that... the feeling of motherhood. I realized that I was a mother when I saw her... Then I had Asel (my son). My husband tried to console me by saying, "If she had been born, maybe, Asel wouldn't have existed." However, I have not accepted it yet..."

Discussion

The purpose of this study is to examine women's reactions and coping methods after perinatal loss in-depth. The findings presented that women who experienced perinatal loss exhibited a variety of complex reactions and that we could group these reactions under five themes. We also observed that these women used coping strategies classified under seven different themes. This study has helped us better understand the complexity of the experience after perinatal loss and how women respond to this experience.

Our findings suggest that women may experience intense emotional reactions following perinatal loss. One of the most prominent emotional reactions was disappointment. In addition to losing their child, women's dreams about the baby, role expectations, visions of family life,

and expected milestones are also lost.[22,23] Failure to realize all these expectations with the loss of the baby can cause disappointment. Previous studies reported that mothers who experienced perinatal loss experienced intense hopelessness and disappointment.[22,24] Other emotional responses that were particularly notable were anger and resentment. Women expressed anger at the lack of understanding and support from those around them, especially their social circle, workplace, and their closest relationships, such as their spouses. Rowlands and Lee (2010) reported that family members, society, and healthcare professionals often fail to understand the emotional reactions of women experiencing perinatal loss. This lack of social support and understanding may cause women to feel alone and further increase their pain.[25] For social support to be considered useful, it is important that it meets the expectations of the person receiving the support and comes from a trusted person.[26] When these conditions do not occur, the person may withdraw instead of seeking support from another source.[11] It is more important to be understood and share one's sorrows, especially with the spouse, rather than consoling words. This may be associated with expectations in some cultures for men to take on a supportive role for their partners.[27] Additionally, in many cultures, social context and religion establish that femininity is synonymous with motherhood. Therefore, not being able to have children means that the woman lacks gender identity and some mothers may experience feelings of inadequacy.[11,28]

The concerns experienced by women after perinatal loss may help to better understand the experience and offer support. In our study, in the post-loss period, women spoke of increased concern about their own physical and psychological health. The stress and trauma experienced during this period may cause women to become more susceptible to health problems.[29] Another major concern for women after perinatal loss was their living children. This concern reflects that mothers have great concern about the future of their living children in the post-loss period. This concern is closely related to mothers' desire to protect the well-being and safety of their children.[30] Another important concern was being late for life. The feeling of being late is not only an internal experience of the individual but is also shaped under the influence of social norms. Women often face pressure from the adults around them and society. Cultural norms encourage early reproduction and motherhood and celebrate parenthood.[11,31] Families, friends, and other social circles can convey the message to women that they need to become mothers before they reach a certain age. This pressure may cause women who have experienced perinatal loss to become more intense with the feeling of "I'm too late to become a mother."

Perinatal loss is an experience that also affects lifestyle.[24,32,33] Our findings presented that conscious steps can be taken towards healthy living habits after loss. A meta-ethnographic study emphasizes that after perinatal loss, women abandon risky behaviors, try to adopt a healthier lifestyle and focus on reducing the risk of experiencing a new loss.[24] On the other hand, our findings also presented that perinatal loss may lead to a pessimistic attitude towards lifestyle. The basic belief underlying this situation is that the results will not change no matter what happens. This may further increase the negative effects of perinatal loss on individuals. Focusing on healthy lifestyle behaviors in the post-loss period can support psychological well-being and help people feel better during this difficult process. Therefore, it is important to be aware of such negative attitudes and try to change these attitudes by getting professional support if necessary.[32] Perinatal loss can have profound effects not only on the individual level but also on family relationships.[34] In our study, receiving support after perinatal loss had a

positive impact on family relationships. In particular, it presented that spousal support further strengthens family bonds. Spousal support can help women alleviate the guilt and sadness they feel about birth failure.[35]

The perinatal loss process includes trauma that affects the parents and the whole family,[36,37] and this can cause conflicting emotions in women in subsequent pregnancies.[24,38] Pregnancy after loss can provide feelings of hope and excitement to achieve the desired outcome, while also reviving memories of previous losses and pain for the entire family and relatives.[24] For this reason, women may choose to hide the new pregnancy in order to prevent their close circle from being upset and to relieve the emotional pressure on them.[37] However, this can also be associated with the fear of experiencing loss again.[37,39] Therefore, women may experience constant anxiety due to this fear and may tend to go for more frequent health checks during their pregnancy and focus more on the health of the baby.[40,41] Meredith et al. (2017) stated that concerns arising from previous perinatal losses may re-emerge in subsequent pregnancies and observed that mothers may be more focused and overprotective towards the next unborn child. A previous study also emphasized that mothers also take into account the concerns and needs of their spouses and other family members.[42] These findings help us understand the complexity and emotional impact of pregnancy after perinatal loss.

In our study, we determined that some accusations come to the fore after perinatal loss. In the post-perinatal loss period, women's self-blame may be linked to gender identity and feelings of maternal inadequacy.[11,28] A second theme of blame is accusations directed at the doctor. Healthcare professionals are ideally placed to support women experiencing loss. Anticipating and identifying pregnancy-related risks and meeting women's needs through high-quality care can positively impact women's post-loss experiences.[43] Therefore, healthcare professionals' care for women experiencing perinatal loss should be supported by theory-based models. Another theme of blame is the accusations directed at the work environment. When women attribute the loss they experienced to their working conditions, their job performance may decrease during their return to work in the post-loss period, relationships at work may become complicated, and communication with colleagues may be negatively affected. Some women may even consider changing their jobs. All of this can make the emotional recovery process for women more difficult.[44] Empathy from colleagues and supervisors can positively affect women's emotional state.[44,45]

Our findings suggest that women develop a variety of methods to cope with reactions after perinatal loss. Grief after loss is a universal human response; additionally, social and cultural contexts influence the way grief occurs and the coping strategies used.[46] Since all the women in our study have Islamic beliefs, it is not surprising that the most used method of coping is based on religious or spiritual beliefs. Religious beliefs appear to be a source of guidance for women and provide them with strength and motivation during the emotional healing process after loss. Religion may also have a protective effect on mothers in their search for emotional support and meaning during this difficult process.[47]

In our study, positive focus, the healing power of more challenging experiences, thinking of bad scenarios, and concretizing the loss stand out as adaptive coping strategies. There are women who think that worse things may happen in life after the loss they have experienced, face the fact that they may have an unhealthy child, and focus on their existing healthy children. These approaches may help alleviate the negative effects of the post-loss experience. A person who

becomes aware of the values she has in life after loss understands the value of life more and connects to her values more deeply, and this can positively affect coping after perinatal loss.[48] Another step towards developing positive coping strategies is to share your own experiences with others and offer them the opportunity to provide guidance. In our findings, women who shared their experiences viewed this as an opportunity for personal growth and transformation. Positive social support and sharing the experience of loss through personal interactions may assist in this process.[49]

We also determined that negative coping methods such as isolating oneself and avoiding remembering were used after the perinatal loss. Lack of empathy or insensitive/thoughtless comments from peers, partners, and close family members after the loss may cause a woman to feel isolated. This type of isolation can complicate coping after loss and leave the woman feeling alone. Therefore, the support and understanding provided to the woman after the loss is important.[24] Women who do not receive the necessary support may use avoidance, which is also shown as negative coping in the literature, as a coping method.[11] Van (2012) reported that avoiding situations that remind the trauma of loss may make it difficult to cope and resolve the mourning process. Although avoidance is for the woman's self-protection, it may not be effective, productive, or healthy in the long run.[50]

Limitations

The strongest aspect of this study is that it is a study that includes all subgroups of perinatal loss, with participants experiencing miscarriage, stillbirth, and neonatal death. However, only women were sampled in the study which focused on women's experiences. Considering that men are also affected by perinatal loss in different ways,[51] it may be recommended to conduct further studies examining the experiences of men.

Conclusion and Recommendations

The findings from this study revealed that women who experienced loss exhibited reactions that can be grouped under five main themes with high emotional intensity and complexity. These themes were determined as emotional reactions, concerns, changes in life, subsequent pregnancy, and blame. Additionally, participants were observed to use strategies grouped under seven different themes to alleviate their pain and cope with this emotional burden: relying on religious or spiritual beliefs, positive focus, the healing power of more challenging experiences, thinking about bad scenarios, isolating oneself, avoiding remembering, and concretizing the loss.

This in-depth examination provides a critical foundation for understanding the complex emotional processes experienced by women after perinatal loss and how they cope. The study provides important implications for healthcare professionals that may help them develop more effective support and treatment approaches to this issue. In particular, understanding the different thematic pathways of coping strategies may be helpful in guiding the design of personalized and goal-oriented interventions.

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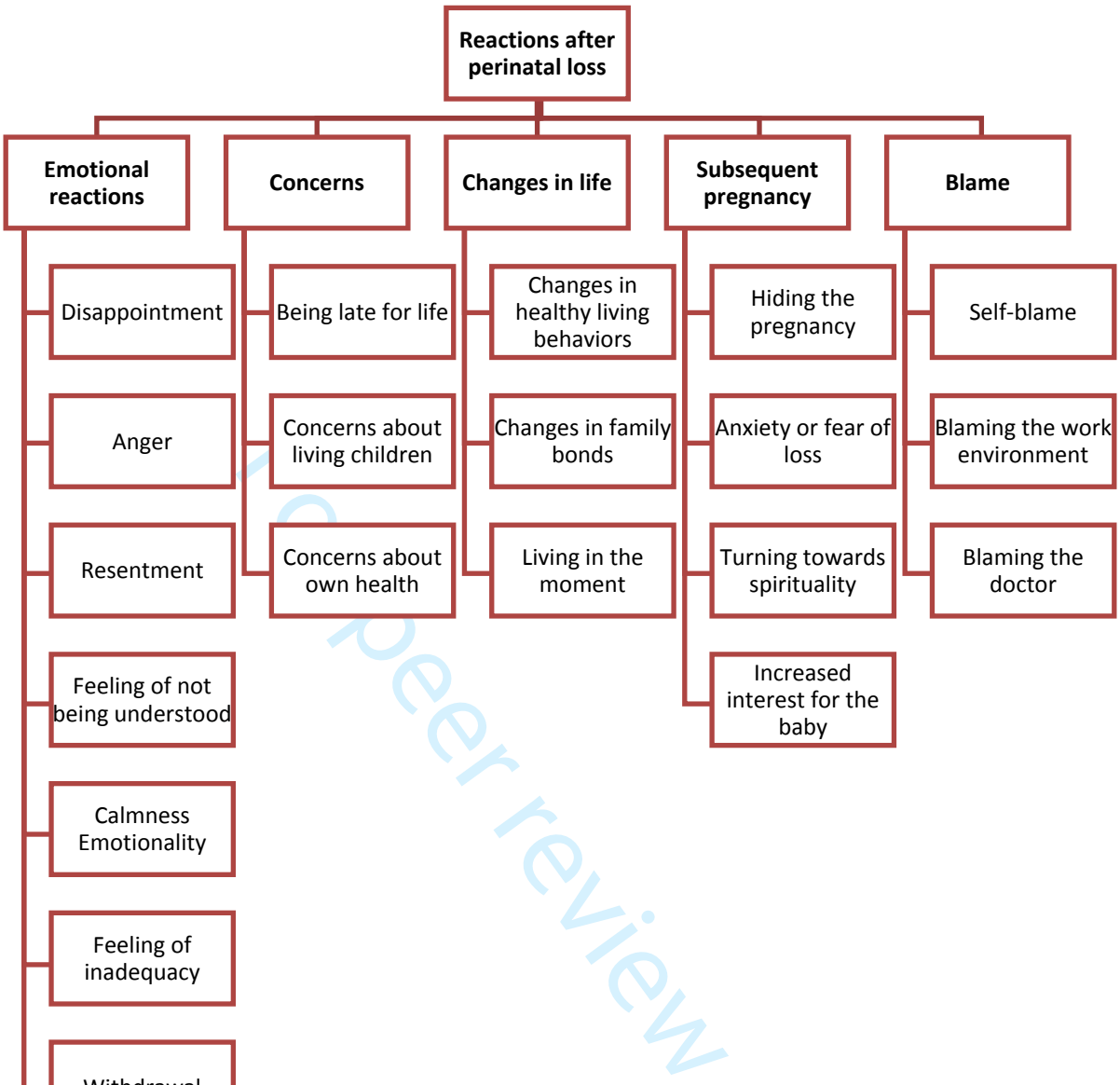

Figure 1. Themes related to reactions after perinatal loss

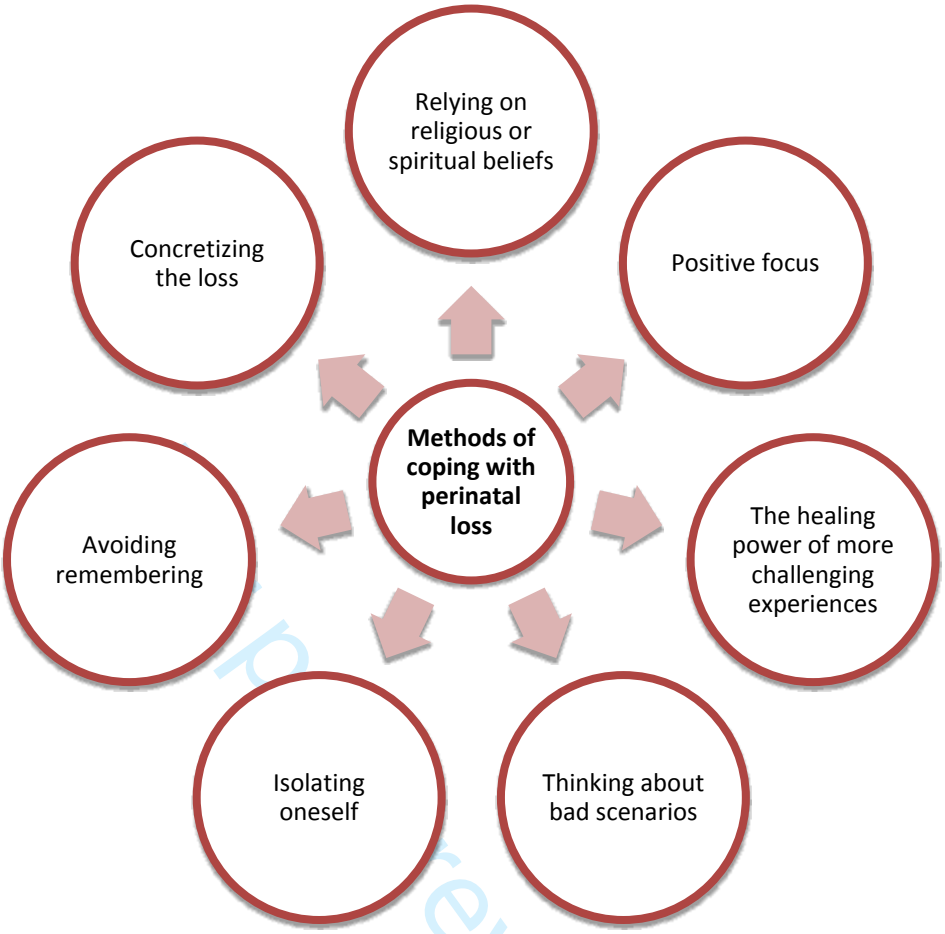

Figure 2. Themes related to coping methods after perinatal loss

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From Grief to Resilience: A Qualitative Study of Women's Reactions and Coping Methods after Perinatal Loss in Türkiye

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From Grief to Resilience: A Qualitative Study of Women's Reactions and Coping Methods after Perinatal Loss in Türkiye

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From Grief to Resilience: A Qualitative Study of Women's Reactions and Coping Methods after Perinatal Loss in Türkiye

Abstract

Objective: Perinatal loss, which includes miscarriage, stillbirth and neonatal death, is a significant public health problem worldwide. Perinatal loss causes a range of short- and long-term reactions in women. Knowing these reactions and coping methods is essential for appropriate support and treatment. This study aims to examine the complex reactions and coping methods experienced by women after perinatal loss.

Design and Methods: In this study, a qualitative descriptive approach was used, in which in-depth interviews were conducted with a semi-structured interview form. 10 women who experienced perinatal loss were included in the study using the snowball sampling method.

Results: The findings showed that women who experienced perinatal loss exhibited a variety of complex reactions and that we could group these reactions under five themes. These are emotional reactions, concerns, changes in life, subsequent pregnancy, and blame. We also observed that these women used strategies classified under seven different themes to cope, which we expressed as relying on religious or spiritual beliefs, positive focus, the healing power of more challenging experiences, reflecting on worse scenarios, isolating oneself, avoiding remembering, and concretizing the loss.

Conclusions: This study found that women experiencing perinatal loss may react differently and develop different strategies to cope with these reactions. These findings may help to assess the emotional and behavioral states of women after perinatal loss. This may guide health professionals to provide better individualized support.

Key Words: perinatal loss, grief, reactions, coping methods

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ It is a study that includes all subgroups of perinatal loss with participants who have not been sufficiently explored (experiencing miscarriage, stillbirth and neonatal death).

⇒ Analysis was led by two researchers (ESB and TU), with contributions through independent coding and review of themes to reach consensus by the rest of the research team, thus ensuring rigour.

⇒ This in-depth examination provides a critical foundation for understanding the complex emotional processes experienced by women after perinatal loss and how they cope.

⇒ For the purpose of the study, only women were included in the sample. More studies can be conducted in which fathers who have experienced loss are included in the sample.

Introduction

The unintentional loss of pregnancy through miscarriage, stillbirth, and neonatal death is often examined together under the standard definition of perinatal loss.[1] Although there are different definitions, miscarriage is the most common form of perinatal loss, which generally includes losses before the 24th week of pregnancy.[2] Stillbirth includes losses that occur after the 24th week of gestation.[3] The death of a baby within the first 28 days of its life is neonatal death.[4] Interpretation of data on perinatal loss is hampered by globally varying definitions.[5] While miscarriages constitute 10-15% of perinatal losses worldwide,[4] approximately 1.9 million stillbirths and 2.3 million neonatal deaths occur each year[6]. However, the fact that perinatal losses are not systematically recorded even in developed countries suggests that the rates may be even higher.[4,7] For this reason, the experiences of women after perinatal loss may not be fully reflected in the literature. However, perinatal loss can be devastating for women.[8]

Perinatal loss provokes a range of painful reactions to which bereaved women must respond. Short-term reactions include shock, helplessness, frustration, anger, and loneliness; Long-term reactions may include anxiety, depression, and post-traumatic stress disorder.[5,9] Some of these reactions may be exacerbated in subsequent pregnancies following the loss and have significant consequences later in life.[10,11] However, women use coping strategies to reduce, manage, and live with the symptoms of these reactions.[13] These strategies may include adaptive coping strategies as well as maladaptive coping patterns,[13] highlighting the importance of professional care and support throughout the entire grief process.[14] Adequate clinical care and support provided by trained healthcare professionals can alleviate the psychological effects of reactions to loss and enable the use of adaptive coping strategies.[14]

Insufficient understanding of post-loss reactions and coping strategies may make professional support given to women inadequate.[12] What is clear from the existing literature is that the care provided to women experiencing perinatal loss is vital to preventing adverse outcomes and that healthcare professionals may need training to manage the care provided to these women.[14,15]

This qualitative examination can provide a rich description of responses to loss and coping methods and a deeper understanding of this complex phenomenon. The findings of this study may provide an evidence base for reference health professionals, particularly in the care of perinatal loss.

Method

This study, which focuses on women's reactions and coping methods after perinatal loss, was designed as a qualitative descriptive study. Qualitative descriptive studies allow exploring the who, what and where of events or experiences and gaining insights from those who provide information about a phenomenon that is not well understood.[16] In this context, "reactions after perinatal loss" and "methods of coping with perinatal loss" of women who have experienced perinatal loss refer to research phenomena. The experiences of women who suffered perinatal loss regarding these phenomena were examined in depth through individual interviews. The design and reporting process of the research was based on the Consolidated Criteria for Reporting Qualitative Research (COREQ) criteria,[17] which are used in reporting qualitative studies.

Ethical considerations

Study procedures were approved by the İnönü University's Health Sciences Scientific Research and Publication Ethics Committee (2022/3791).

Participants

Participants of the study were included in the research using the snowball sampling method. Snowball sampling is one of the most frequently used methods in qualitative research. It also allows reaching a limited number of participants who experience a particular phenomenon.[18] The criteria for inclusion in the study are as follows: 1) participants must be over 18 years of age, 2) the pregnancy was planned or desired, 3) at least five months have passed since the last loss, 4) the loss must have occurred after the fifth week of pregnancy or up to one month after birth, and 5) participants volunteered to participate in the study. 10 participants who had

experienced perinatal loss and met the inclusion criteria were included in the study. All participants were informed written consent were obtained. For in-depth investigations in qualitative descriptive studies, it is recommended that the number of participants be small.[19]

The characteristics of the participants included in the study are presented in Table 1. The age range of the participants was between 27-43. Among the participants, 6 participants experienced miscarriage, 2 participants experienced stillbirth, and 2 participants experienced neonatal death.

Table 1

Data collection

Research data were collected through a semi-structured interview form. The semi-structured interview form consists of two parts. The first section contains questions regarding demographic characteristics, and the second section contains questions regarding the purpose of the study (Appendix 1). Before the interviews, a pilot application was conducted, interview questions were revised and process management was reviewed. Additionally, the interview questions were kept very limited. Probe and follow-up questions were added flexibly according to the flow of the interviews. The interviews were conducted together by the researcher ESB and TU. One researcher's experience of loss and the other researcher's experience in the field of midwifery helped to empathize with the participants and enable the participants to express themselves comfortably. The location of the meetings was decided together with the participants. In this context, 3 participants were interviewed at their homes and 7 participants at their workplaces. The interviews lasted an average of 60 minutes. All interviews were electronically audio-recorded with the participants' consent. One of the interviews was repeated because there was a technical problem with one participant's audio recording. In addition to the audio recording, researcher notes were also taken. The re-recorded interview was not different from the original interview. In order to prevent data loss, the audio recordings were transcribed verbatim (including the parts where the participants cried or sniffed) with the help of a program on the same day and saved as a digital text file.

Data analysis

In data analysis, the content analysis method was used with an inductive approach.[20] Content analysis is a method used to analyze data by identifying and interpreting hidden meanings in messages within a text, with the goal of revealing aspects of social reality.[21] The process is to bring together similar data within the framework of certain concepts and themes and organize them in a way that the reader can understand. Accordingly, the data was analyzed in four stages: 1. coding the data, 2. determining the themes, 3. organizing the codes and themes, and 4. defining and interpreting the findings.[21] Data analysis was carried out separately by researchers OTÇ and TU. In this context, the data converted into texts in the first stage were read twice to become familiar with the data. In the second stage, open coding was performed and meaningful parts (codes) suitable for the research purpose were transferred to the Excel table. These codes were placed under themes created by the researchers. While analyzing each participant's data, new codes were coded under previous themes, or new themes were created. In the second stage, axial coding was performed. In this context, the relationships between existing codes and themes were evaluated and some codes were regrouped and revised by creating themes and sub-themes. In the final stage of coding, selective coding was performed by re-reading all data to identify codes appropriate to the themes. Themes and codes were reviewed in intermittent meetings during the coding process. After the coding process, the other researcher evaluated the themes and related codes separately. In a joint meeting, the evaluations of all researchers were reviewed and the themes and codes were decided jointly.

Trustworthiness

Lincoln and Guba (1986) pointed out the importance of four issues for trustworthiness in qualitative research. These are credibility, transferability, reliability, and confirmability.[22] Data triangulation, researcher triangulation, and methodological triangulation can be used for trustworthiness.[23] In this study, researcher triangulation was used. Researcher triangulation involves involving more than one researcher in the data collection and analysis process. In

addition, peer review and member checking were used for reliability. In this context, support was received from an academic experienced in qualitative research for peer review in all processes. For member checking, participants may be asked to comment on whether the raw data, themes, categories and interpretations are realistic and whether they make sense.[24] Before finalizing the research report, the draft report containing the findings was shared with the participants and member checking was ensured. In addition, within the scope of transferability in the research, data analysis and reporting process were described in detail.

Patient and public involvement

Patients and/or the public were not involved in the design, conduct, reporting or dissemination plans of this research.

Findings

Theme 1: Reactions after perinatal loss

In this study, based on the opinions of participants who experienced perinatal loss, reactions to perinatal loss were examined in depth and five themes and sub-themes of these themes were created. Themes and sub-themes for reactions after perinatal loss are presented in Figure 1.

Figure 1

Emotional reactions

Women's emotional reactions after perinatal loss were the most intense theme. The most obvious reaction was disappointment. Participants frequently talked about the emotional bond with their babies and their future plans. Participant M1 expressed her disappointment as follows: *"I felt like a woman there for the first time. For the first time in my life, I felt so sad. A huge disappointment for an expectant mother."*

Another emotional reaction was anger. The anger of the participants was due to lack of being understood or lack of presentation of being understood, especially towards the social environment, and the workplace. Participants expressed resentment instead of anger towards their spouses. While talking about this resentment, participants pointed out that they did not

receive enough support during the process and that they were not understood by their spouses. Women who experienced loss wanted to be understood and their sadness shared, rather than being comforted with words such as "nothing will happen", "something new will happen", and "don't be sad". Calmness and withdrawal due to intense complex emotions and lack of understanding were also among the emotional reactions of women. Women who stated that they were withdrawn emphasized that they aimed to prevent the people around them from discussing this issue and that they were not understood. Some participants mentioned that when they saw women with children around them, they started blaming themselves and felt a sense of inadequacy, especially towards their spouses. Here is a comment on this theme:

Participant M3" *My resentment was towards my husband, who I thought did not understand me and could not be with me as he should have been during that period.*"

As a result, the most intense emotional reactions of women after perinatal loss were disappointment, anger, and resentment, with a strong desire for understanding and sharing their emotions during this challenging process.

Concerns

Three subthemes emerged under the theme of concerns. The theme of being late in life was expressed in two different ways by participants who experienced perinatal loss. Some participants stated that they would be late in making future plans with their lost children, while some participants reported feeling that they were too late to become a mother. Participant M1 expressed his opinion on this issue as follows:

"My dream has always been this. Let me catch up with my child. Let me run with my child, go to the cinema, theater, etc. with my child. I have such a social side. And I always said, "It doesn't matter if it's a girl or a boy. I mean, let me grow up with my child." After experiencing that loss, I said, I would not have it again. It will not happen again, and I will be very late in life. I had a lot of that anxiety."

Concerns about living children were the sub-theme frequently mentioned by participants with children. Participants reported intense anxiety about what would happen to their other children or how their children would continue their lives if something happened to them. Participant ND1's views on this subject are as follows:

"*In the process, I began to forget my loss. I cried for a long time for my children at home. Oh my God, don't let anything happen to me. I prayed a lot so that nothing would happen to my children. What would they do if something had happened to me…"*

Another source of concern for women after perinatal loss was their own health. While the participants mostly referred to their psychological distress, a few of the participants talked about the possible negative effects of the medications they took during the bereavement intervention process on their health and subsequent pregnancies.

Changes in life

This theme corresponds to changes in family relationships and perspectives on life, especially healthy living behaviors. The reactions to the sub-theme of change in healthy lifestyle behaviors are quite complex. Some participants developed a number of healthy lifestyle behaviors such as regular doctor check-ups, paying attention to sleep hours, regular nutrition, and exercise. Additionally, one participant stated that she became conscious and sensitive about her own health and that she also started to help those around her. A few participants had a pessimistic attitude. They mentioned that they did not pay attention to their health as they used to, citing the fact that their attention could not affect the results anyway. Participant M4, who started to eat irregularly, expressed her views as follows: *"Something in particular happened with my eating and drinking habits. There was a transition to an unhealthy order. While I was a careful person, I started to eat a little more unhealthy and irregularly."*

In the context of strengthening family bonds, participants spoke fondly of their spouses who were with them during that period and stated that their interest in their children increased. In addition, the participants spoke highly of the support they received from their close circles such

as their mother, brother, and aunt. Participant M3, who could not receive sufficient support from her close circle, stated that she chose loneliness. A few participants stated that their perspective on life changed, they started to enjoy the moment and do what they wanted to do without postponing it.

Subsequent pregnancy

Depending on the impact of the loss, there were reactions reflected in the pregnancy process after the loss. The most frequently mentioned issues were hiding the new pregnancy and worrying about losing again. Participants stated that the reason for this was to prevent their close circle from being upset and to relieve the emotional pressure on them in case of a new loss. Regarding this, Participant M6 stated the following: *"I didn't tell anyone until my baby was four months old. Because there are people around me who are waiting for me to become a mother and are very happy. When I get sad, they get sadder..."*

However, women who became pregnant again after losing their pregnancy stated that they constantly felt uneasy and that their frequency of going to the doctor increased. Increased attention to the baby during the new pregnancy was also a prominent sub-theme. Participant ND1's views on this subject are as follows: *"If the baby was moving five times a day when the baby should have been moving ten times, I was suspicious of myself. I was going to the doctor immediately. I wonder what happened? It continued like this until the baby was born."*

Participants stated that they focused more on baby movements during pregnancy and that they sang and talked to their babies. With this interest, some participants shared that they neglected other children and some responsibilities. Finally, turning to spirituality in the new pregnancy was another sub-theme. Some participants mentioned that they read the Quran and pray frequently.

Blame

Participants made some accusations regarding the causes of the loss. These accusations included blaming self-blame, blaming the work environment, and blaming the doctor. Some

participants who blamed themselves attributed pregnancy loss to unhealthy eating habits. Some participants attributed their inability to sustain a pregnancy to their own inadequacies. The statement of the M9 participant who blamed herself was as follows: *"I blamed myself then. I couldn't manage it. Well, yes, I could not manage to be a mother either. I couldn't take care of my baby. I don't know if I can do it again, ever again. I don't know if I can protect my baby again. You know, it's like it's all my incompetence, my inability to do it."* Regarding working conditions, participants complained about heavy workload and lack of understanding. Participant M4 expressed her disappointment as follows: *"Stress, harsh working conditions, and problems I experienced in my unit, and I was on the night shift. The day I was on the night shift was an intense one, as usual. People don't understand me."*

Participants who blamed the doctor talked about the doctor not paying enough attention during the doctors' checks and not noticing risk symptoms even though they were present.

Theme 2: Coping methods after perinatal loss

One of the important aims of this research was to gain a deep understanding of the ways women who have experienced perinatal loss deal with loss, based on their experiences. Seven themes were created by bringing together the codes related to this theme. These themes are presented in Figure 2.

Figure 2

Relying on religious or spiritual beliefs

This sub-theme was the most commonly reported coping method by participants. The participants who expressed their opinions on this issue interpreted the loss they experienced as a good thing in accordance with their beliefs and stated that the Creator saw it as appropriate and referred to it as having wisdom. According to Islamic belief, every child is innocent and if he dies at a young age, he goes to heaven and wants his parents to be with him. In this context, one participant stated that her baby went to heaven and was waiting for her. Participants

generally tried to make the loss they experienced meaningful based on their religious beliefs. On this subject, M2 stated the following:

"In general, I am a faithful person. Both the giver and the receiver are the Creator. The Creator did not find it appropriate. I have said that if the Creator did not give it, there must be some wisdom. I've always said it and I'll say it again."

Additionally, some participants believe that not accepting the loss or questioning it as if rebelling against God will result in greater punishment. One participant believes that this loss is a test for her and thinks that if she is patient, she will be rewarded, and if she is not patient, she will be punished. Participant M5, who has experienced three losses, said the following regarding this sub-theme:

"I had a hard time accepting it at first. I had a hard time, but every time I had a hard time, I was tested with something else. Every time, every time I had a miscarriage, my child was hurt and I said enough is enough. Every time I got upset, something happened to my son."

In the context of this theme, women often coped with perinatal loss by relying on their religious or spiritual beliefs, interpreting the loss as part of divine wisdom, and viewing it as a test requiring patience and faith.

Positive focus

While some participants stated that they were grateful for the existence of their children and that they at least had a healthy child, one of the participants pointed out that she was alive and in good health. Participant M6 expressed this situation as restructuring and transformation. She stated that this experience made her very conscious and even guided the people around her, and she was happy about it. Regarding this sub-theme, participant M5 stated the following:

"It changed when I fully realized the value of what I had. I saw a few children, they were not healthy, I said 'Thank goodness'. I was very grateful when I saw them. At least my child is healthy, so long as you have one."

The healing power of more challenging experiences

A participant who experienced an earthquake after the loss emphasized that this difficult experience helped her get rid of the negative emotional state after the loss. While expressing her views, the participant mentioned that there could be worse things in life and said that she actually has valuable things in life, such as a husband who is by her side and a healthy child. Related to this theme, participant M4 stated the following:

"When I experienced the earthquake, I said, yes, there are much more important things in life... We are healthy, my husband and child are healthy, I have a child with me, and we are experiencing an event that would end our lives, even if it is momentary... We can have children again. I am healthy and when I faced this, I got out of that emotional state more quickly."

Reflecting on worse scenarios

A few of the participants stated that they accepted the situation and that their pain was alleviated, citing that the child to be born would be unhealthy and that their own health would be in danger if the pregnancy continued.

"I swear, people get used to it. May God protect you from the worst. I always say this assuming the worst. Every bad has its worse. What if the baby was born disabled or something happened to me..."

Isolating oneself

Two participants stated that they tried to cope with the loss by isolating themselves for different reasons. Participant M5 shared that they constantly saddened themselves, feeling that no one cared about them or their sorrow. As a result, they withdrew into their own world and, after an internal reflection, believed that they needed to overcome this sadness for their own well-being. Participant ND2 said that she did not give anyone, including her husband, the opportunity to support her and that she was trying to heal on her own. Additionally, participant ND2 also stated that she felt guilty towards her husband for not being able to give him a healthy child. For this reason, she stated that she felt lonely and wanted to get away from her husband.

Avoiding remembering

Some participants frequently emphasized that they tried to avoid situations that would remind them of the loss. They stated that they gave away the clothes and belongings they bought for the baby, and the more they saw these, the sadder they became, and that's why they tried to get away from the memories. Participant S1 related to this theme stated the following:

"I gave away the clothes and stuff. Actually, I kept it for a while. I hid it first. I kept it for about a year or so. After that, I gave them away. I don't know... I thought I wouldn't see them again. Just in case I see them, I'll be even more upset... Yes, it's just like a new pregnancy, a new preparation. I mean, because they would remind me again and again that I had bought these, I had bought this, etc. Yes. Right now I'm trying not to remember as much as I can. Because I feel bad when I remember them."

Concretizing the loss

Many of the participants did not want to see the baby after the loss. However, a few participants stated that they visited the baby's grave after the funeral, which was good for them and eased their pain. The statement of Participant S1, who visited the baby's grave after the funeral, was as follows:

"I was not there at the time of the burial. I always blame myself for not being able to go. I thought I'd better go and see. I went and saw. I came home and felt relieved. I said, 'Okay. Finished.'."

In addition to the above themes, Participant S2, who gave birth in the 26th week of pregnancy, stated that although 1.5 years have passed since the loss, she still cannot accept the loss and has difficulty coping. This participant saw her baby after birth and stated that the baby reacted to her. She shared that she pumped milk to her intubated baby and saw her baby every day for eight days.

"...She turned her head when she heard my voice. She raised her hands and raised her feet. My first feeling actually started after that... the feeling of motherhood. I realized that I was a mother

when I saw her... Then I had Asel (my son). My husband tried to console me by saying, "If she had been born, maybe, Asel wouldn't have existed." However, I have not accepted it yet..."

Discussion

The purpose of this study is to examine women's reactions and coping methods after perinatal loss in-depth. The findings presented that women who experienced perinatal loss exhibited a variety of complex reactions and that we could group these reactions under five themes. We also observed that these women used coping strategies classified under seven different themes. This study has helped us better understand the complexity of the experience after perinatal loss and how women respond to this experience.

Our findings suggest that women may experience intense emotional reactions following perinatal loss. One of the most prominent emotional reactions was disappointment. In addition to losing their child, women's dreams about the baby, role expectations, visions of family life, and expected milestones are also lost.[25,26] Failure to realize all these expectations with the loss of the baby can cause disappointment. Previous studies reported that mothers who experienced perinatal loss experienced intense hopelessness and disappointment.[12,25] Other emotional responses that were particularly notable were anger and resentment. Women expressed anger at the lack of understanding and support from those around them, especially their social circle and workplace. Zhang et al., (2024) reported negative changes in the social conditions of mothers experiencing perinatal loss. However, social support can reduce feelings of isolation and provide emotional support, information and guidance.[27] For social support to be considered useful, it is important that it meets the expectations of the person receiving the support and comes from a trusted person.[28] When these conditions do not occur, the person may withdraw instead of seeking support from another source.[12] Rather than comforting words, understanding and sharing grief are more important. This can be linked to cultural expectations of men taking on a supportive role for their partners.[29] Additionally, in many cultures, social context and religion establish that femininity is synonymous with motherhood.[30] Therefore, not being able

to have children means that the woman lacks gender identity and some mothers may experience feelings of inadequacy.[12]

The concerns experienced by women after perinatal loss may help to better understand the experience and offer support. In our study, in the post-loss period, women spoke of increased concern about their own physical and psychological health. The stress and trauma experienced during this period may cause women to become more susceptible to health problems.[31] Another major concern for women after perinatal loss was their living children. This concern reflects that mothers have great concern about the future of their living children in the post-loss period. This concern is closely related to mothers' desire to protect the well-being and safety of their children.[32] Another important concern was being late for life. The feeling of being late is not only an internal experience of the individual but is also shaped under the influence of social norms. Women often face pressure from the adults around them and society. Cultural norms encourage early reproduction and motherhood and celebrate parenthood.[12,33] Families, friends, and other social circles can convey the message to women that they need to become mothers before they reach a certain age. This pressure may cause women who have experienced perinatal loss to become more intense with the feeling of "I'm too late to become a mother." [34] Perinatal loss is an experience that also affects lifestyle.[35-37] Our findings presented that conscious steps can be taken towards healthy living habits after loss. A meta-ethnographic study emphasizes that after perinatal loss, women abandon risky behaviors, try to adopt a healthier lifestyle and focus on reducing the risk of experiencing a new loss.[37] On the other hand, our findings also presented that perinatal loss may lead to a pessimistic attitude towards lifestyle. The basic belief underlying this situation is that the results will not change no matter what happens. This may further increase the negative effects of perinatal loss on individuals. Focusing on healthy lifestyle behaviors in the post-loss period can support psychological well-being and help people feel better during this difficult process. Therefore, it is important to be aware of such negative attitudes and try to change these attitudes by getting professional support

if necessary.[35] Perinatal loss can have profound effects not only on the individual level but also on family relationships.[38] In our study, receiving support after perinatal loss had a positive impact on family relationships. In particular, it presented that spousal support further strengthens family bonds. Spousal support can help women alleviate the guilt and sadness they feel about birth failure.[39]

The perinatal loss process includes trauma that affects the parents and the whole family,[30,41] and this can cause conflicting emotions in women in subsequent pregnancies.[35,42] Pregnancy after loss can provide feelings of hope and excitement to achieve the desired outcome, while also reviving memories of previous losses and pain for the entire family and relatives.[35] For this reason, women may choose not to disclose the new pregnancy in order to prevent their close circle from being upset and to relieve the emotional pressure on them.[41] Delaying disclosure of a new pregnancy after loss also acts as emotional cushioning.[43] However, this can also be associated with the fear of experiencing loss again.[41, 44] Therefore, women may experience constant anxiety due to this fear and may tend to go for more frequent health checks during their pregnancy and focus more on the health of the baby.[45,46] Meredith et al. (2017) stated that concerns arising from previous perinatal losses may re-emerge in subsequent pregnancies and observed that mothers may be more focused and overprotective towards the next unborn child. A previous study also emphasized that mothers also take into account the concerns and needs of their spouses and other family members.[47] These findings help us understand the complexity and emotional impact of pregnancy after perinatal loss.

In our study, we determined that some accusations come to the fore after perinatal loss as the cause of loss. In the post-perinatal loss period, women's self-blame may be linked to gender identity and feelings of maternal inadequacy.[12]

The second theme of blame is accusations against the doctor. Health professionals are in an ideal position to support women experiencing loss. However, health workers should empathize with women who feel resentment and try to understand women's emotional needs without

taking blame personally.[48] Anticipating and identifying pregnancy-related risks and meeting women's needs through high-quality care can positively impact women's post-loss experiences.[49] Therefore, healthcare professionals' care for women experiencing perinatal loss should be supported by theory-based models. Another theme of blame is the accusations directed at the work environment. In the literature, it is stated that women associating their loss with working conditions can lead to decreased job performance, complicated workplace relationships, and negatively affected communication with colleagues during the post-loss return-to-work process.[50] Some women may even consider changing their jobs. All of this can make the emotional recovery process for women more difficult.[50] Empathy from colleagues and supervisors can positively affect women's emotional state.[50,51]

Our findings suggest that women develop a variety of methods to cope with reactions after perinatal loss. Grief after loss is a universal human response; additionally, social and cultural contexts influence the way grief occurs and the coping strategies used.[52] Since all the women in our study have Islamic beliefs, it is not surprising that the most used method of coping is based on religious or spiritual beliefs. Religious beliefs appear to be a source of guidance for women and provide them with strength and motivation during the emotional healing process after loss. Religion may also have a protective effect on mothers in their search for emotional support and meaning during this difficult process.[53]

In our study, positive focus, the healing power of more challenging experiences, thinking of bad scenarios, and concretizing the loss stand out as adaptive coping strategies. There are women who think that worse things may happen in life after the loss they have experienced, face the fact that they may have an unhealthy child, and focus on their existing healthy children. These approaches may help alleviate the negative effects of the post-loss experience. This may be due to the fact that some of the participants had children living at the time of the loss. A person who becomes aware of the values she has in life after loss understands the value of life more and connects to her values more deeply, and this can positively affect coping after

perinatal loss.[54] Another step towards developing adaptive coping strategies is to share your own experiences with others and offer them the opportunity to provide guidance. Our findings under the theme of positive focus indicate that women who shared their experiences perceived it as an opportunity for personal restructuring and transformation. Sharing the experience of loss through positive social support and personal interactions may help the process of coping with loss.[55]

We also determined that maladaptive coping methods such as isolating oneself and avoiding remembering were used after the perinatal loss. Lack of empathy or insensitive/thoughtless comments from peers, partners, and close family members after the loss may cause a woman to feel isolated. This type of isolation can complicate coping after loss and leave the woman feeling alone. Therefore, the support and understanding provided to the woman after the loss is important.[37] Women who do not receive the necessary support may use avoidance, which is also shown as maladaptive coping in the literature, as a coping method.[12] Van (2012) reported that avoiding situations that remind the trauma of loss may make it difficult to cope and delay the mourning process. Although avoidance is for the woman's self-protection, it may not be effective, productive, or healthy in the long run.[55]

Limitations

The strongest aspect of this study is that it includes all subgroups of perinatal loss with participants who have not been sufficiently explored (experiencing miscarriage, stillbirth and neonatal death). However, only women were sampled in the study which focused on women's experiences. Considering that men are also affected by perinatal loss in different ways,[56] more studies may be conducted in which fathers who have experienced loss are included in the sample.

Conclusion and Recommendations

The findings of this study show that women experiencing loss exhibit reactions with high emotional intensity and that these reactions are grouped under certain themes. It was also

observed that participants developed various strategies to alleviate their pain and cope with this emotional burden.

This in-depth examination provides a critical foundation for understanding the complex emotional processes experienced by women after perinatal loss and how they cope. The study provides important implications for healthcare professionals that may help them develop more effective support and treatment approaches to this issue. Health professionals can offer trust-based counselling to reduce anxiety and provide psychosocial support through open communication, taking an empathic approach to help women express their reactions after perinatal loss. In particular, understanding the different thematic pathways of coping strategies may be helpful in guiding the design of personalized and goal-oriented interventions.

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Table 1. Characteristics of the participant

Number of the participant	Age	Presence of a living child at the time of loss
M1	36	No
M2	43	Yes
M3	33	Yes
M4	33	Yes
M5	35	No
M6	32	No
S1	39	Yes
S2	27	No
ND1	31	Yes
ND2	29	No

M: Miscarriage S: Stillbirth ND: Neonatal Death

Figure 1. Themes related to reactions after perinatal loss

Figure 2. Themes related to coping methods after perinatal loss

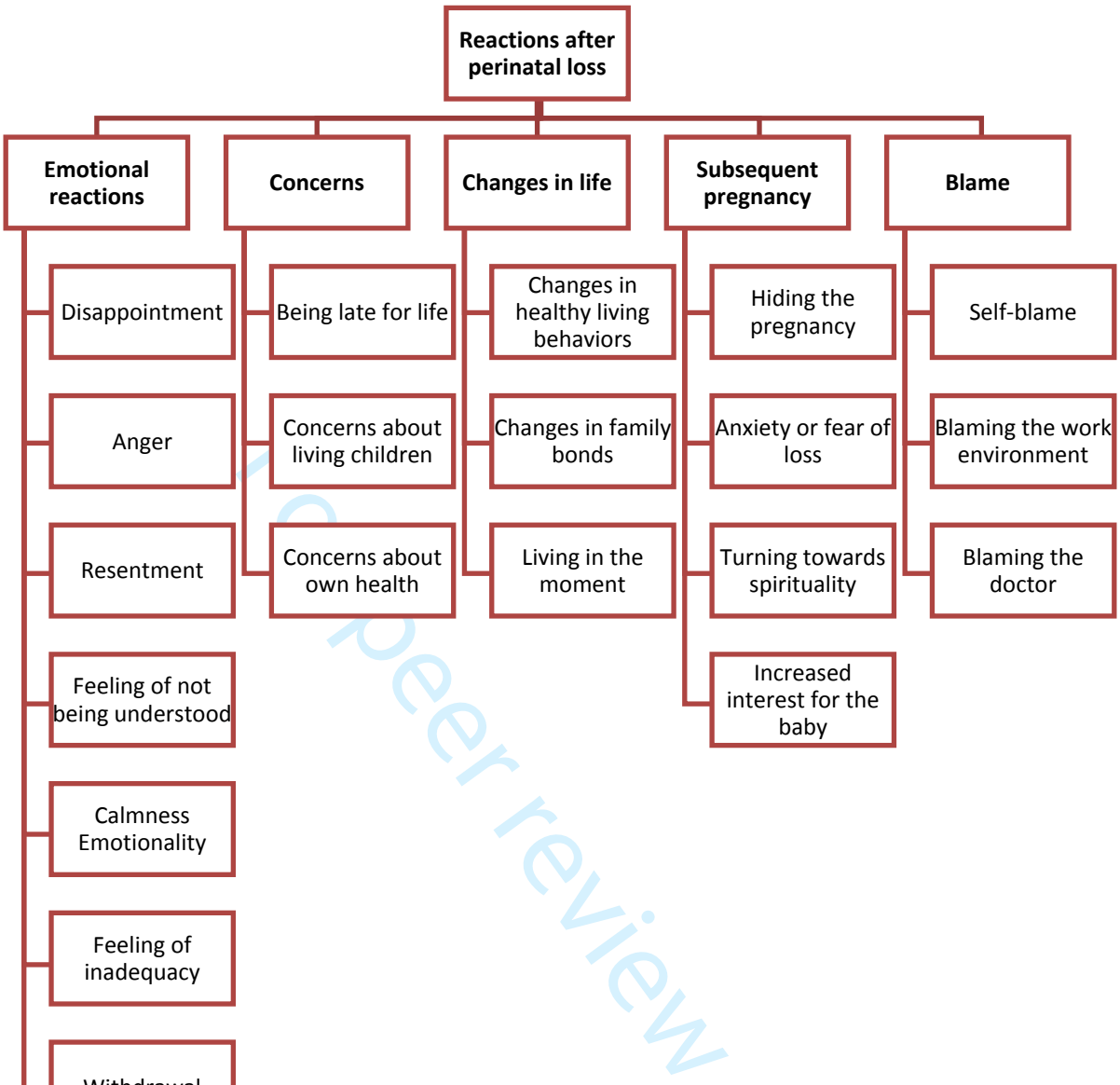

Figure 1. Themes related to reactions after perinatal loss

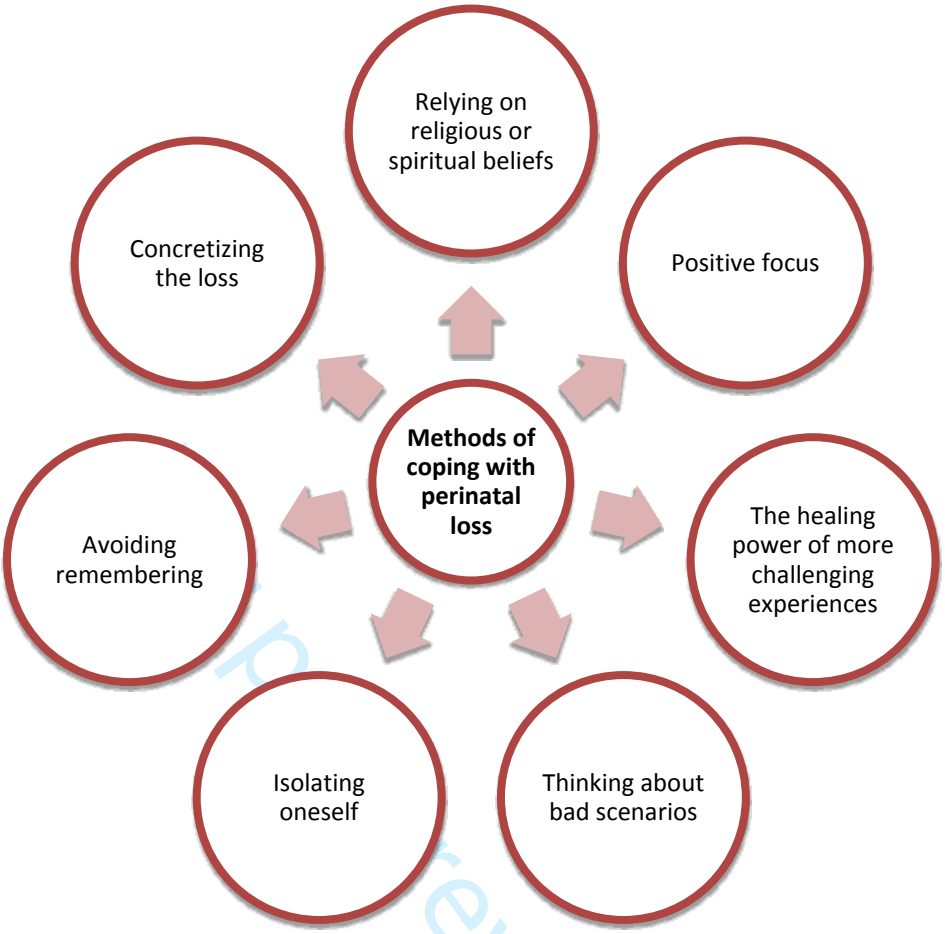

Figure 2. Themes related to coping methods after perinatal loss

Appendix 1. Semi-structured interview questions

Category	Detailed questions
Greetings and introduction	Greetings and introduction Explanation of the purpose of the study and obtaining written consent forms
Section 1 (Demographic characteristics)	
Initiating questions	How old are you? What was your first pregnancy age? Which pregnancy was your loss? Did you have a living child when you experienced the loss?
Section 2 (Questions regarding the purpose of the study)	
Transition questions	Did you want the pregnancy you lost? Did you get help/support from your partner when you needed it during this event? In which week did your pregnancy end? Did you learn the gender of your baby?
Core questions	What do you think caused this loss? What led you to this thought? Why do you think these reasons caused the loss? How did you feel after the loss? If you were to compare this feeling to a feeling you know, what would it be? Did you have a hard time accepting this loss? Did your feelings after the loss reflect on your work, family, or social environment? Does this situation still affect your life? Is there anything you can't forget about this loss? What has changed in your daily life in the short and long term after the loss? What did you do to cope with negative emotions after the loss?
Closing questions	Is there anything else you would like to mention about this loss? Interview ends

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From Grief to Resilience: A Qualitative Study of Women's Reactions and Coping Methods after Perinatal Loss in Türkiye

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From Grief to Resilience: A Qualitative Study of Women's Reactions and Coping Methods after Perinatal Loss in Türkiye

Abstract

Objective: Perinatal loss, which includes miscarriage, stillbirth and neonatal death, is a significant public health problem worldwide. Perinatal loss causes a range of short- and long-term reactions in women. Knowing these reactions and coping methods is essential for appropriate support and treatment. This study aims to examine the complex reactions and coping methods experienced by women after perinatal loss.

Design and Methods: In this study, a qualitative descriptive approach was used, in which in-depth interviews were conducted with the data collected using semistructured interviews. 10 women who experienced perinatal loss were included in the study using the snowball sampling method. Analysis was conducted using an inductive content analysis approach.

Results: The findings showed that women who experienced perinatal loss exhibited a variety of complex reactions and which could be grouped under five themes. These are emotional reactions, concerns, changes in life, subsequent pregnancy, and blame. We also observed that these women used strategies classified under seven different themes to cope, which we expressed as relying on religious or spiritual beliefs, restructuring, the healing power of more challenging experiences, reflecting on worse scenarios, isolating oneself, avoiding remembering, and concretizing the loss.

Conclusions: This study found that women experiencing perinatal loss may react differently and develop different strategies to cope with their loss and reactions. These findings may help to assess the emotional and behavioral states of women after perinatal loss and guide health care professionals to provide more individualised care.

Key Words: perinatal loss, grief, reactions, coping methods

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ It is a study that includes all subgroups of perinatal loss with participants who have experienced miscarriage, stillbirth and neonatal death.

⇒ Analysis was conducted using an inductive content analysis approach, which involved coding, theme identification, and iterative review to ensure consistency.

⇒ This in-depth examination provides a critical foundation for understanding the complex emotional processes experienced by women after perinatal loss and how they cope.

⇒ Only women were included in this study. Further research could consider the perspectives of fathers who have experienced perinatal loss.

⇒ A limitation of this study is that it was conducted in a single country, where cultural factors may have influenced the findings. Future studies could explore cross-cultural differences.

Introduction

The unintentional loss of pregnancy through miscarriage, stillbirth, and neonatal death is often examined together under the standard definition of perinatal loss.[1] Although there are different definitions, miscarriage is the most common form of perinatal loss, which is defined here as losses occurring before the 24th week of pregnancy.[2] Stillbirth includes losses that occur after the 24th week of gestation.[3] The death of a baby within the first 28 days of its life is neonatal death.[4] Interpretation of data on perinatal loss is hampered by globally varying definitions.[5] While miscarriages constitute 10-15% of perinatal losses worldwide,[4] approximately 1.9 million stillbirths and 2.3 million neonatal deaths occur each year[6]. However, the fact that perinatal losses are not systematically recorded even in developed countries suggests that the rates may be even higher.[4,7] For this reason, the experiences of women after perinatal loss may not be fully reflected in the literature. However, perinatal loss can be devastating for women.[8]

Perinatal loss provokes a range of painful reactions to which bereaved women must respond. Short-term reactions include shock, helplessness, frustration, anger, and loneliness; Long-term reactions may include anxiety, depression, and post-traumatic stress disorder.[5,9] Some of these reactions may be exacerbated in subsequent pregnancies following the loss and have significant consequences later in life.[10,11] However, women use coping strategies to reduce, manage, and live with the symptoms of these reactions.[13] These strategies may include adaptive coping strategies as well as maladaptive coping patterns,[13] highlighting the importance of professional care and support throughout the entire grief process.[14] Adequate clinical care and support provided by trained healthcare professionals can alleviate the psychological effects of reactions to loss and enable the use of adaptive coping strategies.[14]

Insufficient understanding of post-loss reactions and coping strategies may make professional support given to women inadequate.[12] What is clear from the existing literature is that the care provided to women experiencing perinatal loss is vital to preventing adverse outcomes and that healthcare professionals may need training to manage the care provided to these women.[14,15]

This qualitative examination can provide a rich description of responses to loss and coping methods among women who have experienced perinatal loss and consequently a deeper understanding of this complex phenomenon. The findings of this study may provide an evidence base for care provision among healthcare professionals.

Method

This study, which focuses on women's reactions and coping methods after perinatal loss, was designed as a qualitative descriptive study. Qualitative descriptive studies allow exploring the who, what and where of events or experiences and gaining insights from those who provide information about a phenomenon that is not well understood.[16] In this context, "reactions after perinatal loss" and "methods of coping with perinatal loss" of women who have experienced perinatal loss refer to research phenomena. The experiences of women who have experienced perinatal loss were examined in depth through individual interviews. The design and reporting process of the research was based on the Consolidated Criteria for Reporting Qualitative Research (COREQ) criteria,[17] which are used in reporting qualitative studies.

Ethical considerations

Study procedures were approved by the İnönü University's Health Sciences Scientific Research and Publication Ethics Committee (2022/3791).

Participants

Participants of the study were included in the research using the snowball sampling method. Snowball sampling is commonly used in qualitative research. It also allows for reaching a specific group of participants.[18] The criteria for inclusion in the study were as follows: 1)

participants must be over 18 years of age, 2) the pregnancy was planned or desired, 3) at least five months have passed since the last loss, 4) the loss must have occurred after the fifth week of pregnancy or up to one month after birth, and 5) participants volunteered to participate in the study. 10 participants who had experienced perinatal loss and met the inclusion criteria were included in the study. Written consent was obtained from each participant prior to data collection. To facilitate the gathering of in-depth and rich data, smaller sample sizes are recommended in qualitative descriptive research.[19]

The characteristics of the participants included in the study are presented in Table 1. The age range of the participants was between 27-43 years. Among the participants, 6 participants experienced miscarriage, 2 participants experienced stillbirth, and 2 participants experienced neonatal death.

Table 1

Data collection

Data was collected using semi structured interviews, with the first section identifying demographic characteristics and the second section focused on exploring the women's experiences of perinatal loss (Appendix 1). Before the interviews, the interview guide was piloted, interview questions were revised and process management was reviewed. The interview questions were kept very limited to provide a structured yet flexible framework that allowed participants to share their experiences freely. This approach ensured that key themes were covered while also leaving room for probe and follow-up questions to explore participants' unique perspectives in greater depth. Probe and follow-up questions were added flexibly according to the flow of the interviews. The interviews were conducted together by the researcher ESB and TU. One researcher's experience of loss and the other researcher's experience in the field of midwifery helped the researchers to empathise with the participants and encouraged disclosure among participants. The location of the meetings was decided together with the participants. In this context, 3 participants were interviewed at their homes

and 7 participants at their workplaces. The interviews lasted an average of 60 minutes. All interviews were electronically audio-recorded with the participants' consent. One of the interviews was repeated because there was a technical problem with one participant's audio recording. In addition to the audio recording, researchers field notes were taken during the interviews. In order to ensure the data reflected what the participants said, the audio recordings were transcribed verbatim, capturing participants' emotions e.g, crying, signs of distress.

Data analysis

In data analysis, the content analysis method was used with an inductive approach.[20] Content analysis is a method used to analyze data by identifying and important to acknowledge however that qualitative descriptive design stay as near to the data as possible.[21-23] The process is to bring together similar data within the framework of certain concepts and themes and organize them in a way that the reader can understand. Accordingly, the data was analyzed in four stages: 1. coding the data, 2. determining the themes, 3. organizing the codes and themes, and 4. defining and interpreting the findings.[21] Data analysis was carried out separately by researchers OTÇ and TU. In this context, the data converted into texts in the first stage were read twice to become familiar with the data. In the second stage, open coding was performed and meaningful parts (codes) suitable for the research purpose were transferred to the Excel table. These codes were placed under themes created by the researchers. While analyzing each participant's data, new codes were coded under previous themes, or new themes were created. In the second stage, axial coding was performed. In this context, the relationships between existing codes and themes were evaluated and some codes were regrouped and revised by creating themes and sub-themes. In the final stage of coding, selective coding was performed by re-reading all data to identify codes appropriate to the themes. Themes and codes were reviewed in intermittent meetings during the coding process. After the coding process, the other researcher evaluated the themes and related codes

separately. In a joint meeting, the evaluations of all researchers were reviewed and the themes and codes were decided jointly.

Trustworthiness

Lincoln and Guba (1986) pointed out the importance of four issues for trustworthiness in qualitative research. These are credibility, transferability, reliability, and confirmability.[24] Data triangulation, researcher triangulation, and methodological triangulation can be used to demonstrate trustworthiness.[25] In this study, researcher triangulation was used. Researcher triangulation involves involving more than one researcher in the data collection and analysis process. In addition, peer review and member checking were used for reliability. In this context, support was received from an academic experienced in qualitative research for peer review in all processes. For member checking, participants were asked to comment on whether the raw data, themes, categories and interpretations are realistic and whether that participant believes these findings are reflective of what they said in interview.[26] Before finalizing the research report, the draft report containing the findings was shared with the participants and member checking was ensured. In addition, within the scope of transferability in the research, data analysis and reporting process were described in detail.

Patient and public involvement

Women who had experienced loss were not involved in the design, conduct, reporting or dissemination plans of this research.

Findings

Theme 1: Reactions after perinatal loss

In this study, based on the opinions of participants who experienced perinatal loss, reactions to perinatal loss were examined in depth and five themes and sub-themes of these themes were identified. Themes and sub-themes for reactions after perinatal loss are presented in Figure 1.

Figure 1

Emotional reactions

Women's emotional reactions after perinatal loss were the most dominant theme. The most obvious reaction was disappointment. Participants frequently talked about the emotional bond with their babies and their future plans. Participant M1 expressed her disappointment as follows: *"I felt like a woman there for the first time. For the first time in my life, I felt so sad. A huge disappointment for an expectant mother."*

Another emotional reaction was anger. Participants were angry because their loss was unacknowledged within society and in their workplace. Some participants also stated that they felt hurt because they felt that their partners had not provided them with sufficient support and understanding. Women who experienced loss wanted to be understood and their sadness shared, rather than being comforted with words such as "nothing will happen", "something new will happen", and "don't be sad". Calmness and withdrawal due to intense complex emotions and lack of understanding were also among the emotional reactions of women. Some participants stated that they started to blame themselves when they saw women with children around them and felt a sense of inadequacy, especially toward their spouses. Here is a comment on this theme:

Participant M3 "*My feelings of hurt were directed toward my spouse, whom I felt did not understand me and was not there for me as they should have been during that period.*"

As a result, the most intense emotional reactions of women after perinatal loss were disappointment, anger, and hurt, with a strong desire for understanding and sharing their emotions during this challenging process.

Concerns

Three subthemes emerged under the theme of concerns. The theme of being late in life was expressed in two different ways by participants who experienced perinatal loss. Some participants stated that they felt it was too late to fulfill the dreams they had for their lost

children, while some participants reported feeling that they were too late to become a mother. Participant M1 expressed her opinion on this issue as follows:

"My dream has always been this. Let me catch up with my child. Let me run with my child, go to the cinema, theater, etc. with my child. I have such a social side. And I always said, "It doesn't matter if it's a girl or a boy. I mean, let me grow up with my child." After experiencing that loss, I said, I would not have it again. It will not happen again, and I will be very late in life. I had a lot of that anxiety."

Concerns about living children were the sub-theme frequently mentioned by participants with children. Participants reported intense anxiety about what would happen to their other children or how their children would continue to live if their own physical health was compromised. Participant ND1's views on this subject are as follows:

"*In the process, I began to forget my loss. I cried for a long time for my children at home. Oh my God, don't let anything happen to me. I prayed a lot so that nothing would happen to my children. What would they do if something had happened to me…"*

Another source of concern for women after perinatal loss was their own health. The participants mostly reported that they were worried about the possible negative effects of the medications administered during the loss intervention process on their health and subsequent pregnancies.

Changes in life

This theme corresponds to changes in family relationships and perspectives on life, especially healthy living behaviors. The reactions to the sub-theme of change in healthy lifestyle behaviors are quite complex. Some participants developed a number of healthy lifestyle behaviors such as regular doctor check-ups, paying attention to sleep hours, regular nutrition, and exercise. Additionally, one participant stated that she became conscious and sensitive about her own health and that she also started to help those around her. A few participants had a pessimistic attitude. They mentioned that they did not pay attention to their health as they

used to, citing the fact that their attention could not affect the results anyway. Participant M4, who started to eat irregularly, expressed her views as follows: *"Something in particular happened with my eating and drinking habits. There was a transition to an unhealthy order. While I was a careful person, I started to eat a little unhealthier and irregularly."*

In the context of strengthening family bonds, participants spoke fondly of their spouses who were with them during that period and stated that their interest in their children increased. In addition, the participants spoke highly of the support they received from their close circles such as their mother, brother, and aunt. Participant M3, who did not receive sufficient support from her close circle, stated that she chose loneliness. A few participants stated that their perspective on life changed, they started to enjoy the moment and do what they wanted to do without postponing it.

Subsequent pregnancy

Depending on the impact of the loss, there were reactions reflected in the pregnancy process after the loss. The most frequently mentioned issues were hiding the new pregnancy and worrying about losing again. Participants stated that the reason for this was to prevent their close circle from being upset and to relieve the emotional pressure on them in case of a new loss. Regarding this, Participant M6 stated the following: *"I didn't tell anyone until my pregnancy reached 4 months. Because there are people around me who are waiting for me to become a mother and are very happy. When I get sad, they get sadder..."*

However, women who became pregnant again after losing their pregnancy stated that they constantly felt uneasy and that their frequency of going to the doctor increased. Increased attention to the baby during the new pregnancy was also a prominent sub-theme. Participant ND1's views on this subject are as follows: *"If the baby was moving five times a day when the baby should have been moving ten times, I was suspicious of myself. I was going to the doctor immediately. I wonder what happened? It continued like this until the baby was born."*

Participants stated that they focused more on baby movements during pregnancy and that they sang and talked to their babies. With this interest, some participants felt that they neglected their other children and other responsibilities. Finally, turning to spirituality in the new pregnancy was another sub-theme. Some participants mentioned that they read the Quran and prayed more often.

Blame

Participants often blamed themselves, their work environment and their doctors for their loss. Some participants who blamed themselves attributed pregnancy loss to unhealthy eating habits. Some participants attributed their inability to sustain a pregnancy due to their own inadequacies. The statement of the M9 participant who blamed herself was as follows: *"I blamed myself then. I couldn't manage it. Well, yes, I could not manage to be a mother either. I couldn't take care of my baby. I don't know if I can do it again, ever again. I don't know if I can protect my baby again. You know, it's like it's all my incompetence, my inability to do it."*

Regarding working conditions, participants complained about heavy workload and lack of understanding. Participant M4 expressed her disappointment as follows: *"I have a job with stressful and difficult working conditions. Even though I was pregnant, I was working the night shift. I continued to work even on the busy days and my coworkers did not understand me."*

Participants who blamed the doctor talked about the doctor not paying enough attention during the doctors' checks and not noticing risk symptoms even though they were present.

Theme 2: Coping methods after perinatal loss

One of the important aims of this research was to gain a deep understanding of the ways women who have experienced perinatal loss deal with loss, based on their experiences. Seven themes were created by bringing together the codes related to this theme. These themes are presented in Figure 2.

Figure 2

Relying on religious or spiritual beliefs

This sub-theme was the most commonly reported coping method by participants. The participants interpreted the loss they experienced as a good thing in accordance with their beliefs and stated that the Creator saw it as appropriate and referred to it as having wisdom. According to Islamic belief, every child is innocent and if he dies at a young age, he goes to heaven and wants his parents to be with him. In this context, one participant stated that her baby went to heaven and was waiting for her. Participants generally tried to make the loss they experienced meaningful based on their religious beliefs. On this subject, M2 stated the following:

"In general, I am a faithful person. Both the giver and the receiver are the Creator. The Creator did not find it appropriate. I have said that if the Creator did not give it, there must be some wisdom. I've always said it and I'll say it again."

Additionally, some participants believe that not accepting the loss or questioning it as if rebelling against God will result in greater punishment. One participant believes that this loss is a test for her and thinks that if she is patient, she will be rewarded, and if she is not patient, she will be punished. Participant M5, who has experienced three losses, said the following regarding this sub-theme:

"I had a hard time accepting it at first. I had a hard time, but every time I had a hard time, I was tested with something else. Every time, every time I had a miscarriage, my child was hurt and I said enough is enough. Every time I got upset, something happened to my son."

In the context of this theme, women often coped with perinatal loss by relying on their religious or spiritual beliefs, interpreting the loss as part of divine wisdom, and viewing it as a test requiring patience and faith.

Restructuring

While some participants stated that they were grateful for the existence of their children and that they at least had a healthy child, one of the participants pointed out that she was alive and

in good health. Participant M6 expressed this situation as restructuring and transformation. She stated that this experience made her very conscious and even guided the people around her, and she was happy about it. Regarding this sub-theme, participant M5 stated the following:

"It changed when I fully realized the value of what I had. I saw a few children, they were not healthy, I said 'Thank goodness'. I was very grateful when I saw them. At least my child is healthy, so long as you have one."

The healing power of more challenging experiences

A participant who experienced an earthquake after the loss emphasized that this difficult experience helped her get rid of the negative emotional state after the loss. While expressing her views, the participant mentioned that there could be worse things in life and said that she actually has valuable things in life, such as a husband who is by her side and a healthy child. Related to this theme, participant M4 stated the following:

"When I experienced the earthquake, I said, yes, there are much more important things in life... We are healthy, my husband and child are healthy, I have a child with me, and we are experiencing an event that would end our lives, even if it is momentary... We can have children again. I am healthy and when I faced this, I got out of that emotional state more quickly."

Reflecting on worse scenarios

A few of the participants stated that they accepted the situation and that their pain was alleviated, citing that the child to be born would be unhealthy and that their own health would be in danger if the pregnancy continued.

"I swear, people get used to it. May God protect you from the worst. I always say this assuming the worst. Every bad has its worse. What if the baby was born disabled or something happened to me..."

Isolating oneself

Two participants stated that they tried to cope with the loss by isolating themselves for different reasons. Participant M5 shared that they constantly saddened themselves, feeling that no one cared about them or their sorrow. As a result, they withdrew into their own world and, after an internal reflection, believed that they needed to overcome this sadness for their own well-being. Participant ND2 said that she did not give anyone, including her husband, the opportunity to support her and that she was trying to heal on her own. Participant ND2 also felt guilty that she had not given her husband a child, consequently she withdrew from him and was lonely. For this reason, she stated that she felt lonely and wanted to get away from her husband.

Avoiding remembering

Some participants frequently emphasized that they tried to avoid situations that would remind them of the loss. They stated that they gave away the clothes and belongings they bought for the baby, and the more they saw these, the sadder they became, and that's why they tried to get away from the memories. Participant S1 related to this theme stated the following:

"I gave away the clothes and stuff. Actually, I kept it for a while. I hid it first. I kept it for about a year or so. After that, I gave them away. I don't know... I thought I wouldn't see them again. Just in case I see them, I'll be even more upset... Yes, it's just like a new pregnancy, a new preparation. I mean, because they would remind me again and again that I had bought these, I had bought this, etc. Yes. Right now I'm trying not to remember as much as I can. Because I feel bad when I remember them."

Concretizing the loss

Many of the participants did not want to see the baby after the loss. However, a few participants stated that they visited the baby's grave after the funeral, which was good for them and eased their pain.

"I was not there at the time of the burial. I always blame myself for not being able to go. I thought I'd better go and see. I went and saw. I came home and felt relieved. I said, 'Okay. Finished.'." (Participant S1)

In addition to the above themes, Participant S2, who gave birth in the 26th week of pregnancy, stated that although 1.5 years have passed since the loss, she still cannot accept the loss and has difficulty coping. This participant saw her baby after birth and stated that the baby reacted to her. She shared that she pumped milk to her intubated baby and saw her baby every day for eight days. The participant's opportunity to care for her baby and make memories seems to have obstructed the grieving process.

"...She turned her head when she heard my voice. She raised her hands and raised her feet. My first feeling actually started after that... the feeling of motherhood. I realized that I was a mother when I saw her... Then I had my son. My husband tried to console me by saying, "If she had been born, maybe, our son wouldn't have existed." However, I have not accepted it yet..."

Discussion

The purpose of this study is to examine women's reactions and coping methods after perinatal loss in-depth. The findings presented that women who experienced perinatal loss exhibited a variety of complex reactions that we could group under five themes. We also observed that these women used coping strategies classified under seven different themes. This study has helped us better understand the complexity of the experience after perinatal loss and how women respond to this experience.

Our findings suggest that women may experience intense emotional reactions following perinatal loss. One of the most prominent emotional reactions was disappointment. In addition to losing their child, women's dreams about the baby, role expectations, visions of family life, and expected milestones are also lost.[27,28] Failure to realize all these expectations with the loss of the baby can cause disappointment. Previous studies reported that mothers who

experienced perinatal loss experienced intense hopelessness and disappointment.[12,27] Other emotional responses that were particularly notable were anger and hurt. Women expressed anger at the lack of understanding and support from those around them, especially their social circle and workplace. Zhang et al., (2024) reported negative changes in the social conditions of mothers experiencing perinatal loss. However, social support can reduce feelings of isolation and provide emotional support, information and guidance.[29] For social support to be considered useful, it is important that it meets the expectations of the person receiving the support and comes from a trusted person.[30] When these conditions do not occur, the person may withdraw instead of seeking support from another source.[12] Rather than comforting words, understanding and sharing grief are more important. This can be linked to cultural expectations of men taking on a supportive role for their partners.[31] Additionally, in many cultures, social context and religion establish that femininity is synonymous with motherhood.[32] Therefore, not being able to have children means that the woman lacks gender identity and some mothers may contribute to the woman feeling less of a woman and feeling inadequate.[12]

The concerns experienced by women after perinatal loss may help to better understand the experience and offer support. In our study, in the post-loss period, women spoke of increased concern about their own physical and psychological health. The stress and trauma experienced during this period may cause women to become more susceptible to health problems.[33] Another major concern for women after perinatal loss was their living children. This concern reflects that mothers have great concern about the future of their living children in the post-loss period. This concern is closely related to mothers' desire to protect the well-being and safety of their children.[34] Another important concern was being late for life. The feeling of being late is not only an internal experience of the individual but is also shaped under the influence of social norms. Women often face pressure from the adults around them and society. Cultural norms encourage early reproduction and motherhood and celebrate

parenthood.[12,35] Families, friends, and other social circles can convey the message to women that they need to become mothers before they reach a certain age. This pressure may cause women who have experienced perinatal loss to become more intense with the feeling of "I'm too late to become a mother." [36]

Perinatal loss is an experience that also affects lifestyle.[37-39] Our findings presented that conscious steps can be taken towards healthy living habits after loss. A meta-ethnographic study emphasizes that after perinatal loss, women abandon risky behaviors, try to adopt a healthier lifestyle and focus on reducing the risk of experiencing a new loss.[39] On the other hand, our findings also presented that perinatal loss may lead to a pessimistic attitude towards lifestyle. The basic belief underlying this situation is that the results will not change no matter what happens. This may further increase the negative effects of perinatal loss on individuals. Focusing on healthy lifestyle behaviors in the post-loss period can support psychological well-being and help people feel better during this difficult process. Therefore, it is important to be aware of such negative attitudes and try to change these attitudes by getting professional support if necessary.[37] Perinatal loss can have profound effects not only on the individual level but also on family relationships.[40] In our study, receiving support after perinatal loss had a positive impact on family relationships. In particular, it presented that spousal support further strengthens family bonds. Spousal support can help women alleviate the guilt and sadness they feel about birth failure.[41]

The perinatal loss process includes trauma that affects the parents and the whole family,[32,41-43] and this can cause conflicting emotions in women in subsequent pregnancies.[37,44] Pregnancy after loss can provide feelings of hope and excitement to achieve the desired outcome, while also reviving memories of previous losses and pain for the entire family and relatives.[37] For this reason, women may choose not to disclose the new pregnancy in order to prevent their close circle from being upset and to relieve the emotional pressure on them.[43] Delaying disclosure of a new pregnancy after loss also acts as emotional cushioning.[45] However, this

can also be associated with the fear of experiencing loss again.[43, 46] Therefore, women may experience constant anxiety due to this fear and may tend to go for more frequent health checks during their pregnancy and focus more on the health of the baby.[47,48] Meredith et al. (2017) stated that concerns arising from previous perinatal losses may re-emerge in subsequent pregnancies and observed that mothers may be more focused and overprotective towards the next unborn child. A previous study also emphasized that mothers also take into account the concerns and needs of their spouses and other family members.[49] These findings help us understand the complexity and emotional impact of pregnancy after perinatal loss.

In our study, we determined that some accusations come to the fore after perinatal loss. In the post-perinatal loss period, women's self-blame may be linked to gender identity and feelings of maternal inadequacy.[12] Another accusation after the loss was against doctors. Health professionals are in an ideal position to support women experiencing loss. However, health workers should empathize with women who feel hurt and try to understand women's emotional needs without taking blame personally.[50] Anticipating and identifying pregnancy-related risks, meeting women's needs through high-quality care, and being aware of the stages of grieving which could include anger and blame can positively impact women's post-loss experiences.[51] Therefore, healthcare professionals' care for women experiencing perinatal loss should be supported by theory-based models. Another accusation was against the working environment. In the literature, it is stated that women associating their loss with working conditions can lead to decreased job performance, complicated workplace relationships, and negatively affected communication with colleagues during the post-loss return-to-work process.[50] Some women may even consider changing their jobs. All of this can make the emotional recovery process for women more difficult.[52] Empathy from colleagues and supervisors can positively affect women's emotional state.[52,53]

Our findings suggest that women develop a variety of methods to cope with reactions after perinatal loss. Grief after loss is a universal human response; additionally, social and cultural

contexts influence the way grief occurs and the coping strategies used.[54] Since all the women in our study have Islamic beliefs, it is not surprising that the most used method of coping is based on religious or spiritual beliefs. Religious beliefs appear to be a source of guidance for women and provide them with strength and motivation during the emotional healing process after loss. Religion may also have a protective effect on mothers in their search for emotional support and meaning during this difficult process.[55]

In our study, restructuring, the healing power of more challenging experiences, thinking of bad scenarios, and concretizing the loss stand out as adaptive coping strategies. Some women believe that worse things may happen in life after their loss, and they come to terms with the possibility of having an unhealthy child, choosing instead to focus on their healthy children. These approaches may help alleviate the negative effects of the post-loss experience. This may be due to the fact that some of the participants had children living at the time of the loss. A person who becomes aware of the values she has in life after loss understands the value of life more and connects to her values more deeply, and this can positively affect coping after perinatal loss.[56] Another step towards developing adaptive coping strategies is to share your own experiences with others and offer them the opportunity to provide guidance.[23] Sharing the experience of loss through positive social support and personal interactions may help the process of coping with loss.[57]

We also determined that maladaptive coping methods such as isolating oneself and avoiding remembering were used after the perinatal loss. Lack of empathy or insensitive/thoughtless comments from peers, partners, and close family members after the loss may cause a woman to feel isolated. This type of isolation can complicate coping after loss and leave the woman feeling alone. Therefore, the support and understanding provided to the woman after the loss is important.[37] Women who do not receive the necessary support may use avoidance, which is also shown as maladaptive coping in the literature, as a coping method.[12] Van (2012) reported that avoiding situations which remind the bereaved of their loss may obstruct the grieving

process. Although avoidance is for the woman's self-protection, it may not be effective, productive, or healthy in the long run.[57]

Limitations

The strongest aspect of this study is that it includes all subgroups of perinatal loss with participants who have experienced miscarriage, stillbirth and neonatal death. However, only women were sampled in the study which focused on women's experiences. Considering that men are also affected by perinatal loss in different ways,[58] more studies may be conducted in which fathers who have experienced loss are included in the sample. A limitation of this study is that it was conducted in a single country, where cultural factors may influence women's reactions and coping strategies after perinatal loss. Future research could explore cross-cultural comparisons to provide a broader perspective on this phenomenon.

Conclusion and Recommendations

The findings of this study show that women experiencing loss exhibit reactions with high emotional intensity. It was also observed that participants developed various strategies to alleviate their pain and cope with this emotional burden.

This in-depth examination provides a critical foundation for understanding the complex emotional processes experienced by women after perinatal loss and how they cope. The study provides important implications for healthcare professionals that may help them develop more effective support and treatment approaches to this issue. Health professionals can offer trust-based counselling to reduce anxiety and provide psychosocial support through open communication, taking an empathic approach to help women express their reactions after perinatal loss. In particular, understanding the different of coping strategies may be helpful in guiding the design of personalized and goal-oriented interventions.

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Table 1. Characteristics of the participant

Number of the participant	Age	Presence of a living child at the time of loss
M1	30s	No
M2	40s	Yes
M3	30s	Yes
M4	30s	Yes
M5	30s	No
M6	30s	No
S1	30s	Yes
S2	20s	No
ND1	30s	Yes
ND2	20s	No

M: Miscarriage S: Stillbirth ND: Neonatal Death

Figure 1. Themes related to reactions after perinatal loss

Figure 2. Themes related to coping methods after perinatal loss

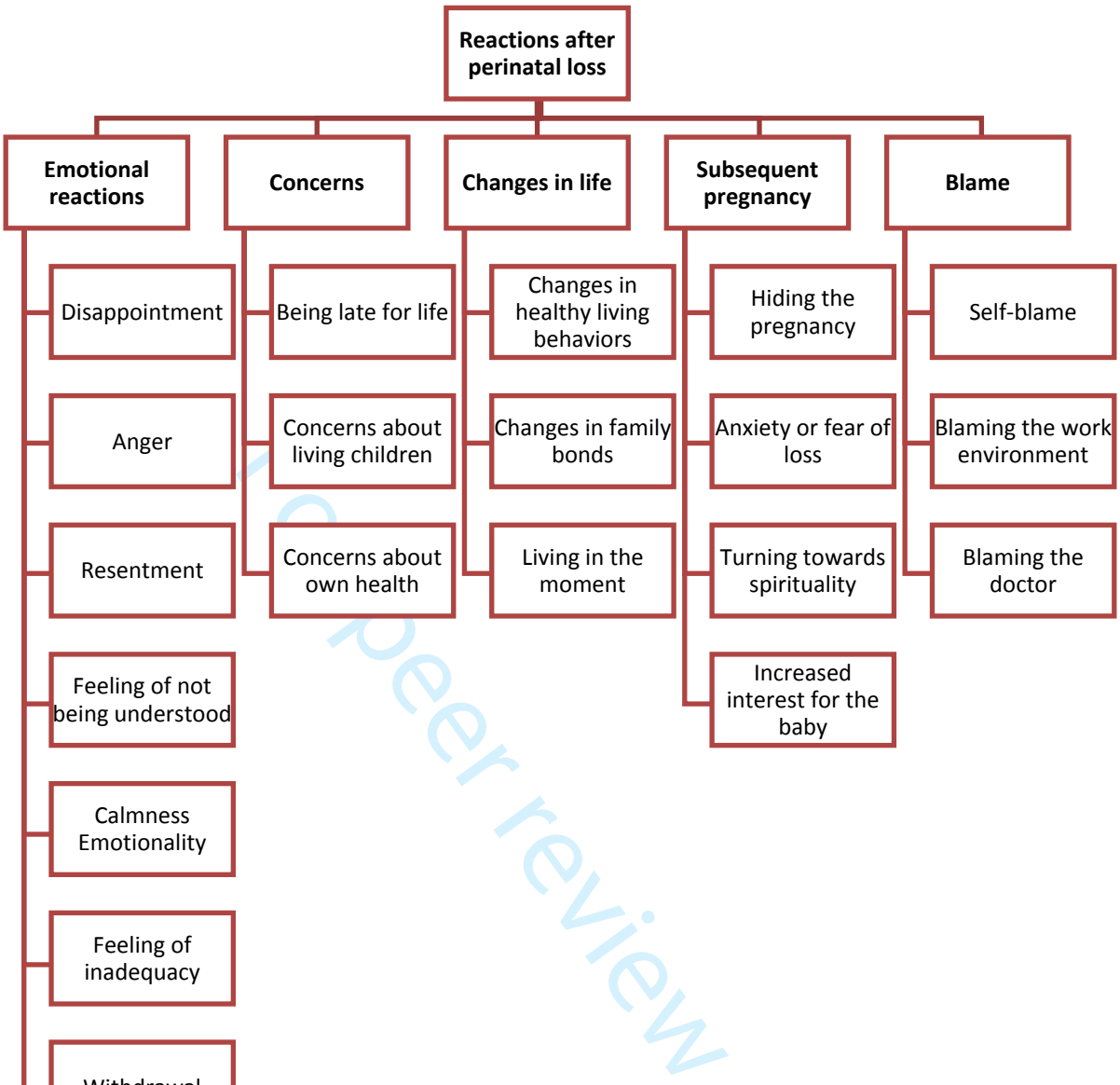

Figure 1. Themes related to reactions after perinatal loss

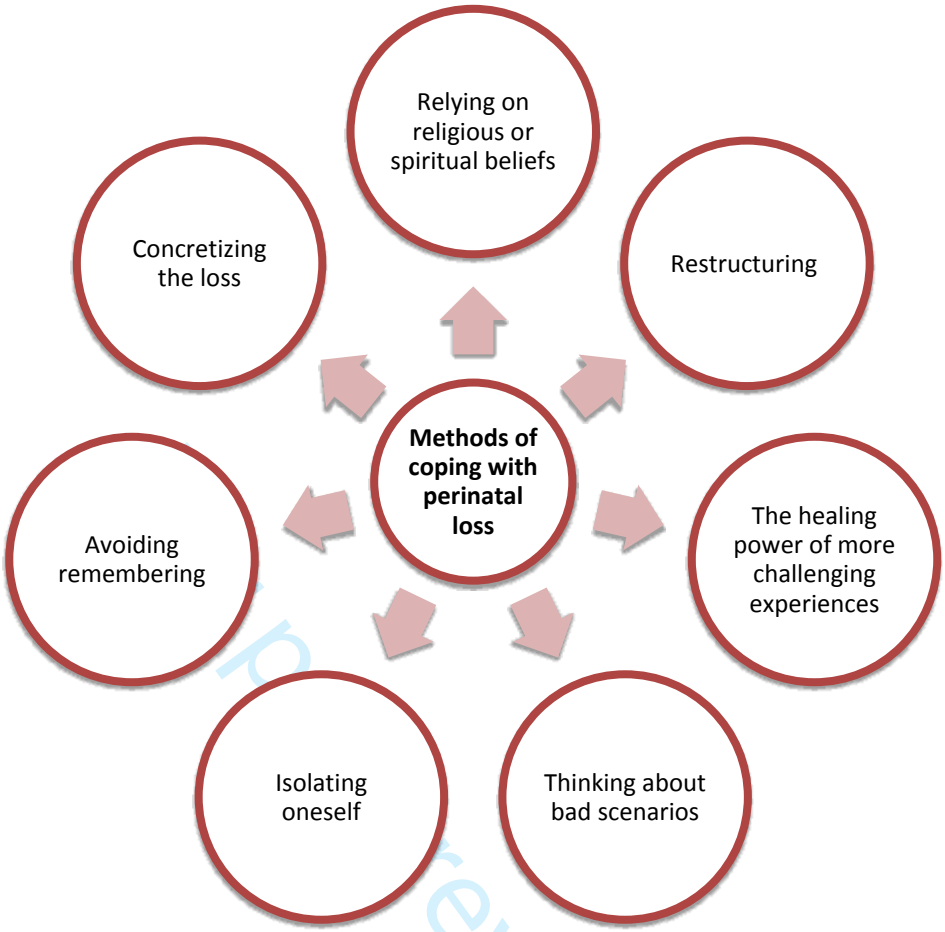

Figure 2. Themes related to coping methods after perinatal loss

Appendix 1. Semi-structured interview questions

Category	Detailed questions
Greetings and introduction	Greetings and introduction Explanation of the purpose of the study and obtaining written consent forms
Section 1 (Demographic characteristics)	
Initiating questions	How old are you? What was your first pregnancy age? Which pregnancy was your loss? Did you have a living child when you experienced the loss?
Section 2 (Questions regarding the purpose of the study)	
Transition questions	Did you want the pregnancy you lost? Did you get help/support from your partner when you needed it during this event? In which week did your pregnancy end? Did you learn the gender of your baby?
Core questions	What do you think caused this loss? What led you to this thought? Why do you think these reasons caused the loss? How did you feel after the loss? If you were to compare this feeling to a feeling you know, what would it be? Did you have a hard time accepting this loss? Did your feelings after the loss reflect on your work, family, or social environment? Does this situation still affect your life? Is there anything you can't forget about this loss? What has changed in your daily life in the short and long term after the loss? What did you do to cope with negative emotions after the loss?
Closing questions	Is there anything else you would like to mention about this loss? Interview ends