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TIME UNTIL SUBSEQUENT PREGNANCY AFTER INTRAUTERINE FETAL
DEMISE AND EARLY INFANT DEATH BASED ON GRIEVING STRATEGIES

by

GERTRIDE DELHOMME

A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Nursing
in the College of Nursing
and in the Burnett Honors College
at the University of Central Florida
Orlando, Florida

Spring Term, 2023

Thesis Chair: Leslee D'Amato-Kubiet, PhD, APRN

ABSTRACT

The purpose of this research is to evaluate the coping strategies of families and childbearing women after intrauterine fetal demise and early infant death. The secondary purpose is to examine the effect of grieving strategies after intrauterine fetal demise compared to early infant death on time until subsequent pregnancy in women of childbearing age. A literature review exploring parental grief and coping strategies to cope with loss and its effect on the subsequent pregnancy was conducted from various online databases. All reviewed articles in the analysis indicated that coping strategies consist of a diverse number of mechanisms during the bereavement process. Results show that positive mechanism such as talking about the experience of fetal and infant death was beneficial in the grieving journey and showed a positive correlation to a shorter time to subsequent pregnancy. Identification of strategies to improve mental health in women after fetal demise and early infant death are of value to pregnancy counseling following demise and improving time to conception outcomes after emotional trauma caused by perinatal loss. There is great value in understanding the connection between conception after the early death of an infant and intrauterine fetal demise in helping healthcare providers support family planning goals.

DEDICATIONS

For Casandra, my heavenly sister, my heart is heavy knowing your life was short. Although I did not get the chance to meet you, my love for you is continuously growing. For my family, for encouraging me and supporting me in choosing a topic close to home.

ACKNOWLEDGMENTS

Thank you to all who have helped me on this journey in completing this literature review. Thank you to my thesis chair, Dr. Leslee D'Amato-Kubiet. Your continuous support and guidance were instrumental in helping me make this literature possible. Thank you to my committee member, Mrs. Sarah Martinez. Your combined comments and suggestions were invaluable. Thank you.

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INTRODUCTION

Intrauterine fetal demise is defined as fetal death beginning at 20 weeks gestation and lasting through birth. It is the 5th leading cause of death worldwide in women of childbearing age (Maslovich, 2021). Annually, in the United States, approximately 21,000 babies are stillborn. According to the Centers for Disease Control (CDC), 1 in 175 births in the United States resulted in fetal demise (CDC, 2022). On the other hand, early infant death is another tragedy many women experience. Early infant death is defined as the death of an infant before one year of life. According to the CDC, 5.4 in 1,000 live births result in infant mortality yearly (CDC, 2020). Women who experience the tragedy of intrauterine fetal demise or early infant death may find it challenging to consider conceiving again or fear the thought of family planning.

After experiencing the loss of an infant, the time to conception of the next child can vary greatly from woman to woman. Making the conscious decision to get pregnant after a loss can be a difficult choice for many couples, and grief can negatively affect a woman's chance to conceive and carry a child to term. Several factors play a role in conceiving after infant or fetal death. Factors include coping with grief after the death of an infant or fetus, changes in emotional and physiologic status, and family dynamics. Time to conception after a loss can vary amongst women; however, the phenomenon has rarely been evaluated. There is great value in understanding the connection between conception after the early death of an infant and intrauterine fetal demise in helping healthcare providers be supportive of family planning goals. Family planning goals encompass many factors that contribute to how families propose to conceive or prevent pregnancy (Butler & Clayton, 2009). Every family's values and belief systems are different, and family planning can change according to events experienced by each woman after the death of an infant or following a fetal demise.

BACKGROUND

Grief

The death of a loved one or immediate family member is a devastating experience for most people. Grief is a unique but natural emotion that occurs after a loss and is closely associated with losing a loved one or a valued individual. Grief is a broad emotion and is expressed differently from person to person. The death of a family member or child is a subjective experience leading to both positive and negative emotional conduct. Coping with the loss of a loved one is a challenge many people find difficult due to emotional and physical closeness. There is no specific or normal response for grieving after the death of someone considered loved or valued by the individual experiencing the grief. The grieving process is distinctive to the individual experiencing grief and may occur in interchangeable stages during the process.

Elisabeth Kübler-Ross, a psychiatrist, proposed the stages of grief. According to Kübler-Ross, there are five main stages of grief people may experience after the loss of a loved one. The stages are denial, anger, bargaining, depression, and acceptance. Although some people do not follow the same sequence of stages or skip stages, the emotions experienced during the grieving process are similar for each person over a period of time following the loss. Also, the person experiencing grief can spend minutes in each stage or up to weeks or months in one stage. Kübler-Ross emphasizes that the stages of grief are necessary for a healthy healing process. The first stage of the grieving sequence is usually denial. In this stage, the individual can feel numb and meaningless to the world (Kübler-Ross, 2009). The second stage is anger, where people show the pain of their loss through anger (Kübler-Ross, 2009). The third stage is bargaining, where the bereaved person will try to negotiate anything for the loss of their loved one (Kübler-Ross, 2009). The fourth stage is depression, which is a response to their great

loss (Kübler-Ross, 2009). The fifth stage is acceptance, where they have come to terms with their loss (Kübler-Ross, 2009).

The Intensity of Perinatal Grief

Perinatal grief is grief felt after perinatal loss (Sánchez, Carreño & Gómez, 2023). Perinatal loss encompasses miscarriages, stillbirths, and neonatal death (Shannon & Wilkinson, 2020). The intensity of perinatal grief felt differs among various factors. Many factors play a role in the different expressions of perinatal grief exhibited by parents. According to J. O’Leary, there are key factors that explain the degree of grief experienced by women (2004). These key factors are the extent of the attachment to the baby, how much was invested in the pregnancy, and gestational age (O’Leary, 2004).

Another factor is the type of loss experienced, which ties into the gestational age. The loss of a fetus and infant differs, as does the grief felt by the parents. It is found that there is variation in the intensity of grief based on the type of loss. Parents of neonatal loss experienced more intense grief in the subsequent pregnancy than parents who experienced a stillbirth (Hutti, Armstrong, & Myers, 2013). Furthermore, the parents of neonatal loss experienced more intense grief than parents who experienced miscarriages (Hutti, Armstrong, & Myers, 2013). The parents more than likely had the opportunity to create a bond with the baby, even if it was for a short period of time.

Gender Differences in Grieving Couples

Many childbearing couples and families struggle to cope with the death of a fetus or an infant. Their death is usually unexpected and sudden. Additionally, if the loss was an intrauterine fetal demise, there are no memories to share, but the anticipation of the child’s life can intensify the feelings of loss. The death of an infant or fetal demise is emotionally challenging, and the loss is expressed and managed differently between men and women. Parental grief is a concept that varies vastly among couples,

particularly in genders. Although both mother and father may experience psychological issues such as depression and post-traumatic stress disorder (PTSD), there are differences in how they grieve (King, 2021). One of the significant gender differences exists in the couple's bereavement process (Armstrong, 2009). Although people grieve differently, there is a pattern in how fathers grieve compared to their counterparts. A distinct difference is apparent in how men and women manage their emotions. The disparity between genders is exaggerated in couples coping with parental grief.

Gender has a significant influence on how people cope with loss, and there are several distinct differences in how men manage loss compared to women. In couples who have experienced perinatal loss, women tend to go through the grieving process in stages and are more willing to express and discuss the traumatic loss (Schwab, 1996). In contrast, men tend to be less open to discussing or sharing their feelings of grief and internalize negative emotional responses to loss. Most men saw themselves responsible for keeping everything together and helping their spouses through grief (Schwab, 1996). Women found that expressing their emotions and talking through their grief helped them through the traumatic occurrence and enabled them to continue through the stages of acceptance of their loss (Campbell-Jackson & Horsch, 2014).

Family Dynamic

Bereaving over the loss of a fetus and infant does not only involve the parents. It also extends to others, especially if other children are in the family (Bornemisza, Javor, & Erdos, 2022). The family dynamic is another significant factor that is affected by the death of a baby. This perinatal loss affects not only the parents and the children in the family. Although the age of the children impacts their understanding of the circumstances, they will still be affected. Some children may have been looking

forward to being an older sibling; therefore, this loss may be psychologically challenging for them throughout their growth and development.

Sibling grief is dealing with the emotions of losing a sibling. It is a normal and painful reaction to losing a sibling. Researchers found that the parents' grieving process significantly impacts how the siblings grieve. For instance, if the parents brush off their feelings and pretend nothing has changed, the children will feel like the loss of the sibling does not matter or that expressing emotions is not okay (Bornemisza, 2022). It is essential for parents to grieve the loss of their child but also involve the other children in the process as part of the family and feel present in the eventual acceptance of the loss. The parents are not the only family members grieving; the children are as well (Warland, O'Leary, & McCutcheon, 2011). The coping mechanism of the families can drastically alter their dynamic, which can impact the couple's family planning goals.

Changes in the mother

The loss of a child can be very traumatic and tragic, especially if unexpected. Couples experiencing these losses will undergo changes as a couple and separately. Mothers experiencing these losses will go through profound emotional and physiological changes. The immediate impact occurs right after the loss, and long-term effects occur later. Immediately after the loss of their loved one, mothers felt many emotions ranging from numbness to shock to sadness. Many mothers appreciated when the health care providers engaged with them in meaningful rituals to help them begin to cope (Cacciatore, 2013). Long-term effects manifest over time if interventions are not introduced to address healthy grieving after the loss of an infant and can lead to chronic mental health issues. Depression, anxiety, substance abuse, and PTSD are some of the few disorders that can develop (Cacciatore, 2013).

Intrauterine fetal demise and early infant death are emotionally taxing experiences influencing the mother's mental and physiologic health. The effects are not only limited to emotional responses. The physiological behavior of the woman's body after the loss of a child or fetus is a significant component affecting the time to subsequent pregnancy based on the recovery of the pelvic organs. Drugs are often given to assist a woman in delivering a fetal demise via the vaginal route or 'natural' birthing process, and the expected infant cry never happens. Natural, vaginal delivery of a fetus places significant stress on the woman's body, whether the infant is born alive or has expired. The physical pain combined with the emotional distress can influence the time to conception of the next child or the decision to abstain from conceiving again (Human et al., 2014)

Grief affects people in many ways, and the loss of an infant or fetus can be so devastating it affects fertility in women. A woman may be fearful about conceiving again because of worry about having the same outcome as the fetal demise or infant death previously experienced. Women are often reluctant to become pregnant again and have reported feeling family members cannot understand their grief and fear of becoming pregnant again. In some instances, women report the desire to become pregnant again immediately after fetal demise (Human et al., 2014). A prolonged grieving time, also known as pathologic grieving, can lead to nightmares, severe depression, and suicidal ideation (Human et al., 2014). Further research is needed concerning the effect of psychological stress on fertility and time to conception in women bereaving intrauterine fetal demise and early infant death.

Unresolved Perinatal Grief

The outcome of not properly grieving can have a negative impact on the subsequent pregnancy if decided. Regardless of the gestational age that the perinatal loss occurred, women who experience perinatal loss are at a greater risk of struggling with psychosocial complications such as depression,

anxiety, PTSD, and even continuing grief during the subsequent pregnancy (Hutti et al., 2015). Furthermore, women who have experienced a stillbirth are more likely to experience anxiety and depression during the subsequent pregnancy (Roseingrave et al., 2022). Working through and successfully healing from their grief is essential in ensuring the well-being of the mother and baby in the subsequent pregnancy if decided.

PROBLEM

Many couples look forward to childbearing and achieving their family planning goals. However, coping with the death of a fetus or infant can drastically alter family planning and future child-bearing initiatives. Coping with the loss of an infant or child is often difficult for many people to overcome, and it is even more challenging for parents when expecting a healthy child or during the first year of an infant's life. Grief is a widely researched topic, and its expression in each person is individualized, especially after the loss of an infant or fetal demise. Exploring coping strategies after intrauterine fetal demise and early infant death and its impact on time to conception and birth of a subsequent child is of value in assisting healthcare providers in supporting women of childbearing age with their family planning goals. Coping strategies after intrauterine fetal demise and early infant death can be evaluated to understand the effect it has on the time to conception of their next child in childbearing families. Grief requires diverse coping mechanisms and plays an integral role in family planning after the loss of an infant.

Although research has been done on women and families grieving an intrauterine fetal demise and early infant death, there is no significant evidence to assess its impact on time until the conception of another child. Exploration of the physiological effects of the stress of experiencing intrauterine fetal demise and early infant death is also beneficial to supporting a positive family environment. The effect of grieving strategies after intrauterine fetal demise compared to early infant death on time until subsequent pregnancy advocates that further research on the topic is needed.

PURPOSE

The primary purpose of the literature review is to evaluate the coping strategies of families and childbearing women after intrauterine fetal demise and early infant death. Recent studies were done to determine which interventions could potentially help women and their families with their grieving process; however, evidence varies on the actual effectiveness of the coping strategies families used to deal with the loss. The way these families grieve can significantly affect family planning goals.

The secondary purpose of the literature review is to examine the effect of grieving strategies after intrauterine fetal demise compared to early infant death on time until subsequent pregnancy in women of childbearing age. Research focused on the coping strategies women use after intrauterine fetal demise and early infant death and the time to conception of another child is of value to healthcare providers in assisting women in future family planning.

Understanding the impact of coping strategies used in intrauterine fetal demise and early infant death is essential in assisting families in deciding on their future family planning goals. Insight into the impact of loss can better equip healthcare providers to assist women and families through the emotionally difficult time after the loss.

METHODS

This literature review was performed using research articles available from 1996 to 2023 regarding coping strategies after intrauterine fetal demise and early infant death and their relationship to time to conception for subsequent pregnancy in women of childbearing age. Databases used to search for articles include the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Educational Resources Information Center (ERIC), Elton B. Stephens CO (company) (EBSCO) Host, and Medical Literature Analysis and Retrieval System Online (Medline). Searches used a combination of the following terms: intrauterine fetal death*, early infant death*, coping stillbirth*, grief*, coping strategies*, stillbirth*, and parental grief*. Inclusion criteria consisted of 1) published research in English, 2) coping strategies after intrauterine fetal demise and early infant death, and 3) time to conception after loss. Articles that were excluded focused on coping strategies after the loss of a child after the perinatal period.

The data conformed into tables that synthesize the relationship between the coping strategies and time to subsequent pregnancy. Additional information on perinatal loss and conception after the loss of the fetus and infant are tabled based on the obtained data. The data was used to reveal evidence that was used to develop timelines for time to conception after intrauterine fetal demise and early infant death.

RESULTS

Nine studies related to grieving strategies and subsequent pregnancy after perinatal loss were included in this review of literature. All studies were published in the past twenty-six years. All reviewed articles in the analysis indicated that coping strategies consist of a diverse number of mechanisms during the bereavement process. The articles used consisted of various types of studies, including but not limited to interpretive phenomenological analysis, interviews, surveys, and more. The literature reviewed revealed significant themes pertaining to couples conceiving again after perinatal losses. Studies described data trends and outcomes related to the coping strategies used on their grieving journey and the time to subsequent pregnancy after perinatal loss.

Grieving Strategies

The literature reviewed revealed significant themes pertaining to different coping mechanisms used by parents who experienced perinatal loss.

An interpretive meta-ethnography was conducted to examine the coping strategies of parents following a perinatal loss (Fernandez et al., 2020). Twelve studies were assessed to obtain the results. The sample sizes of the studies ranged from 8 to 59 participants. The types of losses and the studies included termination for fetal abnormality, stillbirths, neonatal death, and miscarriages. The coping strategies included searching for the meaning of the loss, talking about the experience, looking to the future, exhibiting avoidance behavior, and connecting with the baby.

Establishing a Bond

A survey was conducted to evaluate the effects events during and after stillbirth have on the mother's psychological state (Arocha & Range, 2021). Sixty-six participants participated in a survey posted online, to which the participants responded anonymously. A stillbirth was the loss these women

experienced that qualified them for the survey. It was found that women who saw their baby after delivery reported less depression compared to those who did not. However, the amount of time spent with the baby was not associated with the level of depression (Arocha & Range, 2021). The funeral practices the mothers made did not make a difference in their level of depression. The study also found that those who reported difficulty conceiving after the stillbirths they experienced reported more depression (Arocha & Range, 2021).

Talking about the Experience

Furthermore, a qualitative, interpretive phenomenological analysis was conducted to examine the experiences couples faced during the subsequent pregnancy after stillbirths (Campbell-Jackson, Bezance & Horsch, 2014). The type of loss examined was stillbirths among seven couples, totaling 14 participants. A coping strategy discussed that all parents did was remember their baby that died. “One mother explained that by helping others in telling the story of her first child, she was creating his? legacy?” (Campbell-Jackson, Bezance & Horsch, 2014).

A qualitative study examined Spanish European women's coping strategies after pregnancy loss (Fernandez et al., 2021). The study consisted of 16 participants with a mean age of 35. The type of loss assessed in the study was miscarriages and stillbirths. Twelve participants lost their pregnancy during the first trimester, 3 of the participant's losses occurred during the second trimester, and 1 of the participant's pregnancies was during their third trimester (Fernandez et al., 2021). The two major themes discussed in this article were talking about their experiences and avoiding talking about their experiences. Talking about their experiences provided them with benefits that helped them with their grief (Fernandez et al., 2021).

Avoidant

A retrospectively matched study examined the experience of intrauterine death compared to neonatal death and its long-term effects (Schaap et al., 1997). The types of loss examined were intrauterine and neonatal deaths among 47 couples. The participants were divided into two groups. The first group consisted of 34 couples that experienced intrauterine death. The second group consisted of 13 couples that experienced neonatal death within the first week after birth. However, only ten couples from the first group and nine couples from the second group were interviewed. The interview occurred three to nine years after the death of their baby. Six parents in the IUD group and three in the ND group showed avoidance behaviors like disposing of all the mementos and evading people or places to avert painful memories (Schaap et al., 1997). Furthermore, avoidant coping was associated with an adaptive response in the grieving process (Fernandez et al., 2021).

Time To Subsequent Pregnancy

The literature reviewed revealed significant themes pertaining to time to subsequent pregnancy after perinatal loss.

A systematic review and meta-synthesis of qualitative research to examine parents' experiences and decisions on becoming pregnant following perinatal loss or fetal loss were conducted by Dyer et al. (2019). 15 studies were examined in this research. The sample sizes of the articles ranged from 4 to 122 participants. The type of loss examined in this study were fetal and perinatal deaths, which occurred across various gestations. Eight studies reported data about whether the parents wish to try to conceive again after the death of their baby (Dyer et al., 2019). "Absolutely immediately.... Whilst we were waiting to be induced, we were talking about next time" (Dyer et al., 2019). Five studies reported that, for some parents, a subsequent pregnancy was considered essential for their recovery, eased feelings of

perinatal grief, and gave hope for the future (Dyer et al., 2019). In six studies, parents felt that the timing of a subsequent pregnancy should be based on personal reasons and individual experience (Dyer et al., 2019).

A cross-sectional study to evaluate marriage and cohabitation outcomes for couples who experience perinatal loss compared to live births (Gold, Sen, & Hayward, 2010). The type of loss examined in the study was miscarriages and stillbirths at any gestational age. The study consisted of 7,770 pregnancies, of which 6,409 ended in live births, 1,225 in miscarriages, and 136 in stillbirths. Most effects on marriages after miscarriages were seen in the first two or three years; the effects after stillbirths continued for almost a decade after the loss (Gold, Sen, & Hayward, 2010).

A qualitative, interpretive phenomenological analysis explored how couples decide on a subsequent pregnancy after a stillbirth (Murphy et al., 2021). The type of loss was stillbirths, and the gestation age ranged from 19 weeks to 36 weeks. The participants consisted of eight couples, which totaled 16 participants. Couples whose babies died due to a congenital anomaly often delayed conception until postmortem and laboratory test results were obtained (Murphy et al., 2021). Women were more likely to want to achieve a pregnancy based on their own desires rather than waiting for medical permission compared to men who wanted medical permission (Murphy et al., 2021).

In the retrospectively matched study that examined the experience of intrauterine death compared to neonatal death and its long-term effects, two couples in the intrauterine death group did not feel up to the subsequent pregnancy three years after their loss (Schaap et al., 1997). Two couples in the neonatal death group did not have other children because they were advised against another pregnancy (Schaap et al., 1997). Half the mothers wanted to become pregnant again as soon as possible. Nine women got pregnant within one year (Schaap et al., 1997).

A web-based survey examined the care in pregnancies after a stillbirth (Wojcieszek et al., 2018). 4,182 people responded to the survey, but only 2,716 met the requirements of having a subsequent pregnancy. It found that the majority (66%) of parents conceived their subsequent pregnancy within one year following stillbirths.

DISCUSSION

The studies and literature examined in this work provide insight into the aftermath of perinatal loss and the progress leading up to subsequent pregnancy if decided. Additional data related to the coping strategies resulting in a better outcome in women's psychological health and time to subsequent pregnancy was synthesized from the results of the reviewed literature. The research findings revealed the potential outcome of coping strategies in managing grief after perinatal losses and the time until subsequent pregnancy. Although the reviewed literature did not examine the effect coping strategies had on time to subsequent pregnancy after intrauterine fetal demise and early infant death, it did provide insight into the effects coping strategies had on the mental well-being of mothers after perinatal loss. The reviewed literature showed that using positive coping strategies positively affects the couple's mental state.

The time to subsequent pregnancy after perinatal loss is based upon different factors. The ability to conceive again is a significant challenge many childbearing women face after such a loss. Furthermore, the mental well-being of mothers after perinatal loss is another major factor that plays a role in conceiving. Many women struggle with their mental health and must deal with psychosocial complications such as depression, anxiety, and PTSD. The grieving strategies discussed in this literature can be used to aid their well-being.

Grieving Strategies on Subsequent Pregnancy

This review of literature results provides insight into grieving strategies and time to subsequent pregnancy after perinatal loss. However, the results were inconclusive in providing insights into the effects grieving mechanisms have on the time until subsequent pregnancy after perinatal loss. While positive grieving strategies can be beneficial in coping with grief after perinatal loss, there is a lack of

substantial data on information about the effect grieving mechanisms have on time to subsequent pregnancy after perinatal loss. Studies are needed to evaluate further factors surrounding time to subsequent pregnancies after intrauterine fetal demise and early infant death.

LIMITATIONS

In this literature review, several limitations were noted. The preliminary search exposed findings related to the keywords; perinatal loss, coping strategies, subsequent pregnancy, fetal death, and miscarriages; thus, it presented irrelevant research articles for the purpose of this review. Therefore, a narrower search was established using the key terms; subsequent pregnancy* AND coping strategies* AND perinatal loss*. This finding supports and indicates the need for further research into the effects coping strategies have on subsequent pregnancy after perinatal loss. Many of the articles included in this review of literature discussed either coping strategies after perinatal loss or subsequent pregnancy after perinatal loss and did not combine these factors.

IMPLICATIONS FOR NURSING

Coping strategies used after perinatal loss can range from avoidance behavior to discussing the experience. Even though different studies assess different coping strategies, the studies reviewed share a common theme; perinatal loss drastically affects the mental well-being of parents. In future studies, it would be advantageous to explore the effects coping strategies have on subsequent pregnancy after perinatal loss. Although not discussed in depth in this literature review, the physiological effects perinatal loss has on women must be considered for future research. Healthcare professionals and childbearing women would benefit from understanding stress from grief on fertility after perinatal loss. As part of the health care team, nurses play a significant role in helping couples through perinatal loss.

APPENDIX A: TABLE

TABLE 1: TABLE OF EVIDENCE

Title Author(s) Year	Study Design and Purpose	Participants	Type of Loss	Key Findings
Arocha & Range, (2021)	Survey To evaluate the effect events during and after stillbirth has on the psychological state of mothers.	n= 66 participants The average age was 29	The type of loss was a stillbirth. They were between 16-44 weeks during the time of stillbirth. n=5 reported before 20 weeks but self-identified as stillbirth, so they were included.	Key Findings: Women who saw their baby after delivery reported less depression compared to those who did not. However, the amount of time spent with the baby was not associated with the level of depression. Those who reported difficulty getting pregnant after the stillbirth (39, 59.1%) reported significantly more depression.
Campbell-Jackson et al., (2014)	Qualitative, interpretive phenomenological analysis To examine the experiences couples, face during the subsequent pregnancy after stillbirths	n= 14 participants (7 couples)	Type of loss is stillbirth	Key Findings: Remembering the lost child, all parents described wanting to remember their deceased baby. One mother explained that by helping others in telling the story of her first child, she was creating his legacy.
Dyer et al., (2019)	Systematic review and meta-	n= 15 studies were included	Fetal or perinatal deaths occurred	Key Findings: Eight studies reported data about whether the parents wish to try to conceive

	<p>synthesis of qualitative research</p> <p>To explore parents' experiences and decisions about becoming pregnant following perinatal loss or fetal loss</p>	<p>Sample size of the articles ranged from 4 to 122 participants.</p>	<p>across a range of gestations.</p>	<p>again after the death of their baby. "Absolutely immediately.... Whilst we were waiting to be induced, we were talking about next time."</p> <p>Five studies reported that, for some parents, a subsequent pregnancy was considered essential for their recovery, eased feelings of perinatal grief, and gave hope for the future.</p> <p>In six studies, parents felt that the timing of a subsequent pregnancy should be based on personal reasons and individual experience.</p>
Gold et al., (2010)	<p>Cross-sectional study</p> <p>To evaluate marriage and cohabitation outcomes for couple who experienced perinatal loss and live births</p>	<p>n= 7,770 eligible pregnancies</p> <p>6,409 ended in live births, 1,225 in miscarriages, and 136 in stillbirths</p>	<p>Type of loss is miscarriages and stillbirths at any gestation age</p>	<p>Key Findings: Most of the effects after miscarriages occurred between 1.5 and 3 years after the loss.</p>
Fernández-Basanta et al., (2020)	<p>Interpretive meta-ethnography</p> <p>To examine coping experiences of parents</p>	<p>n= 12 studies were assessed</p> <p>Sample sized of the studies ranged from 8-59 participants</p>	<p>Types of losses in the studies includes termination for fetal abnormality, stillbirth, neonatal, death and miscarriages</p>	<p>Key Findings: The coping strategies these losses include searching for the meaning of the loss, talking about the experience, looking to the future, avoidance, and connecting with the baby. All of these provided benefits depending on the needs of the participants.</p>

	following perinatal loss			
Fernández-Basanta et al., (2021)	Qualitative study To examine coping strategies used by Spanish European women after pregnancy loss	n= 16 participants Average age of 35 Most were university graduates, married, employed, and with living children.	Types of losses include miscarriages and stillbirth. n=12 loss occurred during the first trimester n= 3 loss occurred during second trimester n=1 loss occurred during third trimester	Key Finding: The coping strategy these women used were talking about their experiences and avoiding talking about their experiences. Talking about their experiences provided them benefits that help them with their grief. Avoidant coping was associated with an adaptive response in the grieving process.
Lamb E. H. (2002).	Literature review To examine the impact perinatal loss has on the subsequent pregnancy	n= 20 research articles	Type of loss is perinatal loss which includes miscarriages, ectopic pregnancies, stillbirth, and neonatal death	Key Findings: Coping mechanisms such as guarded emotions and individual coping mechanisms such as avoidance behaviors (avoiding foods, caffeine, exercise, alcohol, and additional information) or, on the other hand, seeking-out behaviors.
Murphy et al., (2021)	Qualitative, interpretive phenomenological analysis To examine how couples decide a subsequent pregnancy	n= 16 participants (eight couples) Their age ranged from 30-40 years	Type of loss was stillbirth. Age of gestation during stillbirth ranged from 19 weeks to 36 weeks	Key Finding: Couples whose babies died due to a congenital anomaly often delayed conception until post-mortem and laboratory test results were obtained. Women were more likely to want to achieve a pregnancy based on their own desires rather than waiting for medical

				permission compared to men who wanted medical permission.
Schaap et al., (1997)	Retrospectively matched study To examine the experience of a deliberate intrauterine death compared to a neonatal death and their long-term effects	n= 19 couples	Type of loss discussed was intrauterine death and neonatal death.	Key Findings: Six parents who experienced Intrauterine Death and three parents who experienced neonatal death showed avoidance behavior. Two couples of the IUD group did not feel up to a next pregnancy yet (3 years after date). Two couples of the ND group did not have other children, because they were advised against another pregnancy. Half of all the mothers wanted to become pregnant again as soon as possible: 'there was such a gap, it had to be filled'. Nine women got pregnant within 1 year.
Wojcieszek et al., (2018)	Web- based survey To examine the care in pregnancies after a stillbirth	n= 2716 parents	Type of loss is stillbirth.	Key Findings: The majority (66%) of parents conceived their subsequent pregnancy within 1 year following stillbirth. The most common outcome of subsequent pregnancies was a live birth (67%), followed by miscarriage (16%).

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