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Perinatal bereavement in grandparents and siblings: A systematic review

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ABSTRACT

Perinatal bereavement is receiving increasing attention from researchers and healthcare professionals. However, the existing literature has largely focused on parents, with limited attention given to the experience of grandparents and siblings. This systematic review synthesizes 20 studies examining their experiences following perinatal loss. The analysis identified four recurring themes: the burden of unacknowledged grief; grief as a relational and intersubjective process; collective and symbolic resources in grief adjustment, and the unmet needs of invisible mourners. Findings indicate that intergenerational family dynamics constrain emotional expression and contribute to the invisibilization of non-parental bereavement, leaving grandparents and siblings with unmet needs for support and recognition. These results support a multigenerational conceptualization of perinatal bereavement and underscore the need for more inclusive clinical and institutional recognition extending beyond parents to include grandparents and siblings as bereaved unique and independent individuals.

Introduction

Since the early 2000s, interest in perinatal bereavement has increased among researchers and healthcare professionals, which reflects a gradual social recognition of this form of grief. Perinatal bereavement is defined as the grief experienced by families following the death of their baby during pregnancy, childbirth, or within the first year of life (Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-L'Île- de-Montréal, 2026). At the global level, it is estimated that, in 2023, approximately 1.9 million stillbirths occurred from 28 weeks of pregnancy onward (UNICEF, 2025), and that, in 2022, around 2.3 million children died during the first month of life (World Health Organization, 2024). These indicators, based on specific gestational thresholds, do not include deaths occurring before 28 weeks of pregnancy, resulting in an underestimation of overall perinatal mortality.

Parents are the primary individuals affected by this loss. Existing literature indicates that parents may experience significant psychological distress following a perinatal loss, including depressive and post-traumatic symptoms as well as anxiety (Badenhorst et al., 2006; Díaz-Pérez et al., 2023). This experience of bereavement unfolds within a broader family system, where grandparents and siblings may also be affected by the loss. The intensity of parental distress may influence family functioning as well as the adaptive processes of other family members (Morris et al., 2016). Research examining the psychological consequences and experiences of grandparents and siblings following perinatal loss remains scarce (Bimman & Graham, 2025; Murphy & Jones, 2014).

Within the family system, grandparents are confronted with a form of bereavement characterized by its dual nature. They simultaneously face their own grief for the deceased grandchild and the suffering of their bereaved adult children, often described as a form of cumulative grief (Gilrane-McGarry & O'Grady, 2011). In contemporary Western societies, grandparents play a significant role in family dynamics by providing emotional and practical support, intergenerational transmission, and the regulation of family relationships (Buchanan & Rotkirch, 2018).

Similarly, siblings are deeply affected by the loss. Losing a brother or sister may constitute a potentially

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traumatic experience, leading to a range of manifestations, including emotional symptoms, behavioral changes and impacts on academic and social functioning (D'Alton et al., 2022). These manifestations may be partly shaped by the child's developmental stage (Revet et al., 2020), the emotional availability of parents, and disruptions in family functioning following the loss (Howard Sharp et al., 2020). These two populations share a common vulnerability, as their bereavement often remains unrecognized. Bimman and Graham (2025) describe grandparents and siblings as "invisible mourners", emphasizing their heightened risk of complicated grief in the context of social expectations, family role constraints, and identity-related challenges.

This invisibility is also evident in scientific literature. Grandparents and siblings remain largely overlooked in the perinatal loss studies. Moreover, no systematic review has examined their lived experiences to this day. In this context, a systematic review is warranted to provide a structured synthesis of a heterogeneous and fragmented literature and to advance knowledge in the field. Beyond this empirical gap, this study provides a new conceptual contribution to the field. Indeed, grandparents and siblings occupy distinct yet interdependent generational positions within the family system and are both likely to experience forms of disenfranchized grief. Examining these populations jointly offers a valuable opportunity to better understand how perinatal bereavement unfolds within family dynamics across generations. This perspective is grounded in the Dual Process Model-Revised (DPM-R; Stroebe & Schut, 2015), which conceptualizes grief as a relational process embedded within the functioning of the family system. Accordingly, this study aims at: (1) exploring the nature of grief experiences among grandparents and siblings following perinatal loss; (2) examining how grief unfolds within the family system and (3) identifying the resources mobilized in grief adjustment. Finally, this study will examine their specific needs and support requirements (4).

Method

We followed the Preferred Reporting Items for Systematic Reviews and Meta- Analyses (PRISMA) guidelines. We registered the protocol on PROSPERO (CRD420251023144) as described in further detail below.

The inclusion criteria were as follows: quantitative, qualitative, mixed-methods, cross-sectional, or longitudinal studies published in peer-reviewed journals; studies focusing on the consequences of perinatal bereavement among siblings and/or grandparents as a primary or secondary outcome; and studies reporting psychological consequences assessed through medical records, questionnaires, interviews, or focus groups. Searches were limited to scientific publications in the English or French language, with no date restrictions. We excluded studies addressing induced abortion or focusing on the experience of subsequent children, as these experiences raise distinct conceptual and contextual considerations that fall outside the specific scope of the present review, which focuses on involuntary perinatal loss experienced by family members directly affected by the death. We included studies involving termination of pregnancy for medical reasons (TOPFA), as these situations involve the loss of an expected child within the context of an invested pregnancy. We excluded review articles, books, conference proceedings, brief reports and grey literature from the analysis to ensure methodological consistency and focus on firsthand empirical data.

Between April 2025 and October 2025, EA searched through six electronic databases (PsycINFO, PubMed, Embase, Scopus, Web of Science and Google Scholar). We used a combination of keywords related to siblings' and grandparents' experiences of perinatal bereavement. EA also screened the reference lists of included articles and other publications by the same authors.

EA imported all search results into the Zotero reference manager. The initial search yielded 230 records, of which we removed 95 duplicates, leaving 135 records for title and abstract screening. From here we excluded 90 records, EA sought 45 reports for retrieval, of which two could not be retrieved, resulting in 43 reports assessed for eligibility. EA identified seven additional records through citation searching, of which two met the eligibility criteria. After full-text assessment, we included 20 studies that met the inclusion criteria in the systematic review. This process is summarized in the PRISMA diagram (Figure 1).

We assessed the methodological quality of the included studies using the Crowe Critical Appraisal Tool (Crowe; 2013), which assesses eight domains and provides a total score out of 40, converted into a percentage. Three researchers (EA, ML and LF) independently assessed study quality. EA assessed all studies, while ML ad LF each assessed half, resulting in each study being rated by two raters. We evaluated interrater reliability using the intraclass correlation coefficient (ICC) based on independent pre-consensus ratings, using a two-way-random-effects model with absolute agreement. We calculated ICCs separately for each pair of raters. We resolved all disagreements through discussion until reaching consensus.

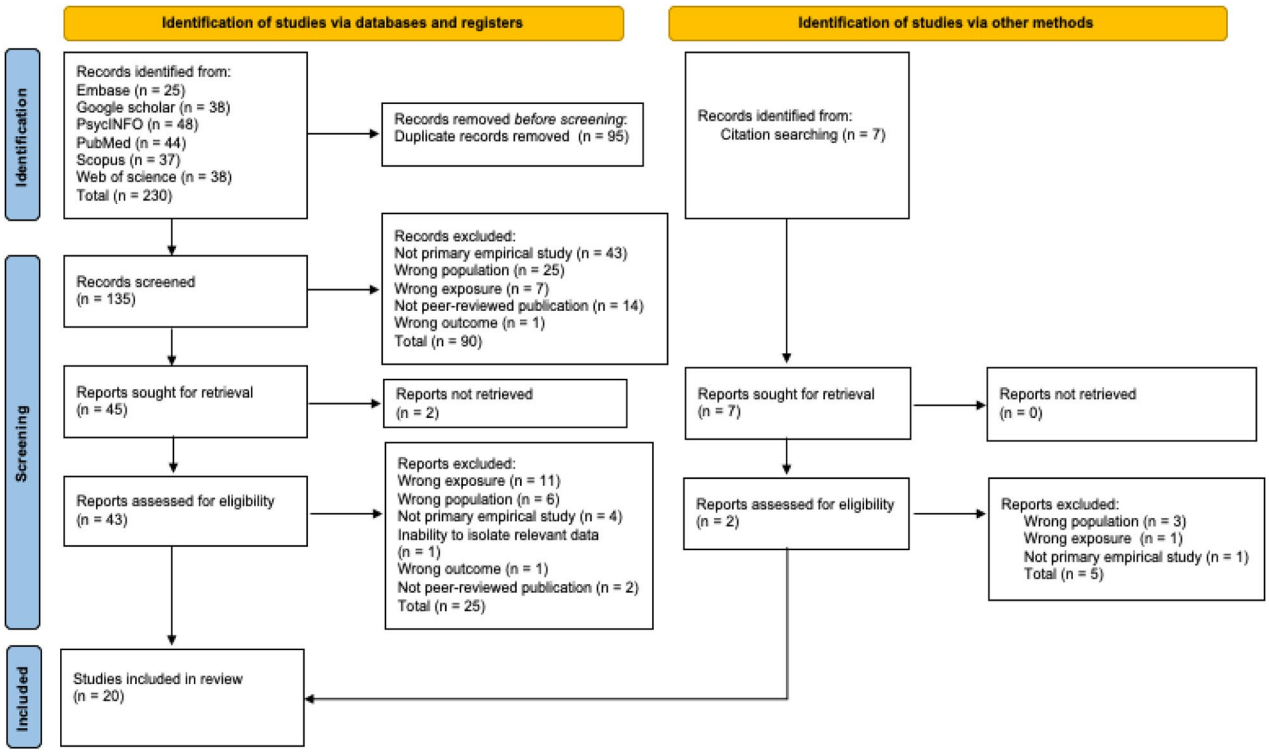

Figure 1. PRISMA Flow Diagram..

Given the heterogeneity of the included studies and the predominance of qualitative studies, we conducted a thematic synthesis to produce a systematic and interpretative integration of findings across studies (Thomas and Harden, 2008). This type of analysis is designed for identifying recurrent themes across heterogeneous datasets and producing an interpretative synthesis of meanings rather than an aggregation of quantifiable effects. The analysis followed three stages: 1) line-by-line coding of the findings sections, 2) development of descriptive themes, and 3) generation of analytical themes. EA's line-by-line coding of the finding's sections generated initial codes, grounded in the language and concepts used in the primary studies. EA conducted coding inductively, remaining close to the data to identify discrete units of meanings. Then, EA mapped initial codes onto a coding matrix and iteratively sorted them by conceptual affinity. EA clustered codes sharing a common underlying meaning into candidate descriptive themes, refining thematic boundaries through constant comparison. Where studies yielded divergent findings, we retained them as distinct codes and examined both in relation to study-specific factors. We subsequently abstracted and interrogated descriptive themes in relation to our review's aims to generate higher-order analytical themes, moving beyond description toward a more interpretative understanding of the data. We present an example for each theme in Supplementary Table 1. EA conducting coding and theme development, with emerging elements discussed iteratively with ML and LF to refine interpretations, enhance analytical rigor, and resolve any discrepancies through consensus.

Results

The studies included in this systematic review achieved overall scores ranging from 35% to 85% on the CCAT (see Supplemental Table 2). The ethical matters domains received lower scores (49%) than other domains (65% on average), with several studies reporting limited or no information regarding ethical considerations related to participants, such as informed consent or confidentiality/anonymity, as well as researcher-related ethical aspects, including approval by an ethics committee, declarations of potential conflicts of interest, or funding sources. These findings may reflect the historical context in which some of the included studies were conducted and published, prior to the subsequent strengthening of methodological and ethical standards, when ethical guidelines in qualitative research were less explicitly articulated (Braun & Clarke, 2021). The sampling domains also received lower scores than other domains. Several studies relied on small samples, with a majority of

mothers and grandmothers. This pattern reflects broader recruitment challenges in bereavement research: men tend to be underrepresented due to gender norms discouraging emotional disclosure (Meunier et al., 2025), and children are difficult to recruit as parents are often reluctant to allow them to participate in grief-related research (Park et al., 2022). Among the included studies, De Frain et al. (1992) received the lowest score in this review (35%), likely reflecting the limited ethical and methodological standards prevalent at the time of publication, including the absence of ethical committee approval, undisclosed funding sources, and a non-probabilistic sampling method.

Agreement between Rater 1 and Rater 2 was low to moderate (ICC= 0.40**;** 95% CI [-0.34, 0.82]; p = .12) and agreement between Rater 1 and Rater 3 was high (ICC = 0.96; 95% CI [0.84, 0.99]; $p < 0.001$). We resolved all discrepancies through discussion, reaching consensus on quality ratings.

Supplementary Table 2 provides an overview of the characteristics of the included studies. The studies were conducted between 1984 and 2024 in seven countries: the United States (n = 7), Australia (n = 5), Sweden (n = 3), Ireland (n = 2), Canada (n = 1), England (n = 1) and Spain (n = 1). The majority used qualitative methodological approaches (n = 15). Data came from grandparents (n = 6), siblings (n = 4), both parents and siblings (n = 1); parents about siblings (n = 6), parents about grandparents (n = 1), parents about the whole family (n = 1); or a national insurance company (n = 1). Concerning the nature of the loss, 11 addressed multiple types of perinatal loss without comparatively analyzing the nature of the loss. The remaining studies focused on a specific type of loss, namely stillbirth (n = 3), sudden infant death syndrome (n = 3), neonatal death (n = 2), and termination of pregnancy for medical reasons (n = 1).

The thematic synthesis identified four analytical themes: the burden of unacknowledged grief; grief as a relational and intersubjective process; collective and symbolic resources in grief adjustment and the unmet needs of invisible mourners. All findings from the included studies fell within these four themes.

The burden of unacknowledged grief

All studies describe perinatal grief among grandparents and siblings as a multidimensional and enduring experience. The findings highlight emotional repercussions following perinatal bereavement (n = 16). Both grandparents and siblings report the presence of anxiety symptoms (Avelin et al., 2014; Hutton & Bradley, 1994; Jennings et al., 2024; Powell, 1991; Sandler et al., 2013), although their expression varied according to generational position. Among grandparents, anxiety is primarily associated with subsequent pregnancies following the loss (Lockton et al., 2023), potentially reflecting concerns about recurrence and the continuity of the family line. For example, one grandmother reported that "*You don't stop worrying. Now when I hear of anyone being pregnant I just feel scared about what will happen and will I be able to scope*" (Lockton et al., 2023). Among siblings, anxiety is more broadly related to the death of their parents and death-related themes (Avelin et al., 2011; Sandler et al., 2013), suggesting a disruption in emotional security and potentially perceived threats aimed at bonding. Several siblings also described feeling excluded from the family grieving process, caught between their own grief and the perception that their loss was less legitimate than that of their parents, a position that may itself heighten feelings of anxiety and emotional insecurity (Avelin et al., 2014). Parents of siblings also reported that their children experienced separation anxiety when away from them (Powell, 1991). Although rooted in the experience of loss itself, these anxiety responses may be compounded by the marginal position occupied by grandparents and siblings within the grieving family, feeling present in the loss yet not fully recognized as legitimate grievers (Avelin et al., 2014; Lockton et al., 2021a).

In addition, siblings report feelings of sadness, anger, injustice, and guilt (Avelin et al., 2014; Erlandsson et al., 2010; Furlong & Black, 1984; Hutton & Bradley, 1994; Jennings et al., 2024; O'Leary & Gaziano, 2011; Powell, 1991; Sandler et al., 2013), reflecting both the impact of the loss itself and difficulties in making sense of the event within the family context. Grandparents, in contrast, describe shock in response to the unexpected nature of the loss, together with intense and enduring grief that may fluctuate and be reactivated over time (De Frain et al., 1992; Lockton et al., 2020; 2021a; 2023; O'Leary et al., 2017).

Both groups also report feelings of helplessness and isolation (Avelin et al., 2014; Lockton et al., 2020; 2021a; 2021b; 2023; O'Leary et al., 2017), pointing to the limited recognition of their bereavement and the constraints it places on emotional expression and shared meaning-making. This experience is reflected in participants' accounts, with one grandparent stating that "*They were all talking about their grandchild… they said how about you two? My sister said we don't have any grandchildren and I said I have one in heaven*" (O'Leary et al., 2017). Therefore, emotional responses appear to be shaped by both the loss itself

and the relational and social contexts in which grief unfolds.

Five studies also report behavioral manifestations of grief, predominantly among siblings. These include regressive behaviors, social and emotional withdrawal and difficulties in peer relationships, as reported by parents (Avelin et al., 2011; Furlong & Black, 1984; Hutton & Bradley, 1994; O'Leary & Gaziano, 2011; Powell, 1991). These manifestations may reflect externalized expressions of distress in contexts where emotional experiences are difficult to articulate or are insufficiently recognized. In some studies, the behavioral manifestations appear to persist over time, from 1 to 3 years following the loss, suggesting a lasting impact of grief on behavioral functioning (Hutton & Bradley, 1994; Powell, 1991). Notably, Powell (1991) highlighted that children's grief responses were shaped by the extent to which parents were able to communicate about the loss and support emotional expression. This suggests that limited opportunities for communication and shared processing within the family may contribute to both persistence and expression of behavioral disturbances. In this sense, behavioral manifestations may not only indicate the presence of grief but also point to potential constraints in its emotional processing and expression. Overall, these findings suggest that the persistence and complexity of grief among grandparents and siblings cannot be fully understood without considering the role of social recognition, which appears to shape opportunities of emotional expression and support, thereby compounding the burden of grief.

Grief as a relational and intersubjective process

Perinatal bereavement is embedded within a relational and intersubjective process, in which experiences of grief are co-constructed and contribute to the reorganization of the family system. The findings indicate that perinatal bereavement is characterized by reciprocal influences among family members, with individual experiences of grief being closely intertwined and mutually shaping one another (n = 12). Grandparents and siblings thus describe an experience of "double-grief", combining the loss of a younger brother or sister, or a grandchild, with the loss of emotionally available parents as perceived by siblings, and with the suffering of their own child as experienced by grandparents (Avelin et al., 2014; Lockton et al., 2020; 2021a; O'Leary et al., 2017). One grandparent described this dual dimension that "*It's like two lots of grief…you're grieving the loss of a grandchild, and you're also grieving for your daughter and her loss*" (Lockton et al., 2020). The "double-grief" may create a competing hierarchy of emotional priorities, in which individuals deprioritize their own grief in favor of parental suffering.

Within this context, grandparents and siblings frequently report a voluntary restraint in the expression of their grief, describing it as protecting the bereaved parents (Avelin et al., 2014; De Frain et al., 1992; Jonas-Simpson et al., 2015; Lockton et al., 2021b; O'Leary et al., 2011; 2017; O'Leary & Gaziano, 2011). The emotional restraint is reflected in participants' accounts, with one parent stating that "*my adolescent daughter tried to hide her tears so as not to upset me*" (Jonas-Simpson et al., 2015). This dynamic of mutual protection is sometimes shared by parents themselves: studies highlight that some parents avoid expressing their own distress in front of their children, also with a protective intent, which may contribute to the complexity of grief processes within the family (O'Leary et al., 2011; Powell, 1991). Parental reactions are thus described as potentially influencing siblings' emotional and relational responses and adjustments (Furlong & Black, 1984; Jennings et al., 2024; Jonas-Simpson et al., 2015; O'Leary et al., 2017; O'Leary & Gaziano, 2011; Pantke & Slade, 2006). Although these behaviors may aim to preserve family functioning, they may also be associated with an increased sense of isolation and reduced opportunities for communication about the loss. This lack of shared processing may, in turn, contribute to emerging relational tensions and to the invisibility of grief experience within the family.

Furthermore, several studies indicate that perinatal bereavement is accompanied by a reorganization of family roles and relationships, leading to changes in relational dynamics (n = 12). Both grandparents and siblings report role changes, particularly the assumption of increased supportive and protective roles: grandparents toward their bereaved adult child, and siblings toward their parents (Avelin et al., 2014; Jonas-Simpson et al., 2015; Lockton et al., 2021a; 2021b; 2023; O'Leary et al., 2017; O'Leary & Gaziano, 2011). The studies also describe transformations in family relationships, sometimes marked by the emergence of tensions or conflicts. These changes may result either in a strengthening of preexisting relationships or, conversely, in the deterioration of relationships and increased relational distance (Avelin et al., 2014; De Frain et al., 1992; Fernández-Sola et al., 2020; Furlong & Black, 1984; Lockton et al., 2020; 2021a; 2023; O'Leary et al., 2011; 2017). This variability may suggest that perinatal bereavement can act as a catalyst, potentially amplifying preexisting relational dynamics within the family system. Although

few studies explicitly address how families resolve such tensions, the evidence suggests that factors such as communication within the family, recognition of each member's grief, and the capacity to accommodate differing grief experiences may play a role in relational adjustment (Avelin et al., 2011; Jennings et al., 2024; O'Leary et al., 2011; Powell, 1991). Conversely, patterns of emotional avoidance and mutual protection appear to restrict opportunities for shared processing and may be associated with the persistence of relational tensions and as well as a weakening of family bonds (De Frain et al., 1992; Lockton et al., 2020; 2021b; O'Leary et al., 2011). These findings suggest that perinatal bereavement unfolds as a relational and intersubjective process, in which interdependent grief contributes to the reconfiguration of family roles and relationships. The coexistence of protective behaviors, constrained emotional expression, and shifting roles reflects a central tension between supporting others and attending to one's own grief, shaping both individual and relational outcomes within the family system.

Collective and symbolic resources in grief adjustment

These studies highlight that Grandparents and siblings mobilize collective and symbolic resources to navigate perinatal bereavement, including rituals, shared expression of grief, and recourse to community and spirituality. Rituals were central as adaptive resources supporting grief processes (n = 11). Grandparents and siblings emphasize the importance of their involvement in family rituals, particularly during the presentation of the body at the hospital or at funeral ceremonies, and the creation of memories. These practices allow the baby to be given an identity, help to make the loss more tangible, and support the creation and maintenance of a symbolic bond between them and the family. Participants' accounts illustrate this process, as one individual reported that "*I believe it is important, if possible, that the siblings can meet their dead sister or brother even if it is hard… How is it possible to mourn a baby you have not met*" (Avelin et al., 2011). The involvement of grandparents and siblings in these rituals also appears meaningful for bereaved parents in several studies (Avelin et al., 2011; 2014; De Frain et al., 1992; Erlandsson et al., 2010; Jennings et al., 2024; Jonas-Simpson et al., 2015; Lockton et al., 2020; 2021b; 2023; O'Leary et al., 2011; Sandler et al., 2013). Beyond their symbolic function, rituals may also facilitate a shared acknowledgment of the loss, thereby providing a space where grief can be collectively expressed and recognized. In this sense, rituals may help alleviate the experience of "double-grief" by legitimizing both individual and shared emotional responses.

In addition, several studies describe the expression of grief as an essential adaptive resource (n = 9). Grandparents emphasize the importance of being able to express their grief with peers who have experienced similar losses, which helps to reduce feelings of isolation, fosters a sense of mutual understanding, and validates their experience (Lockton et al., 2021a; 2023; O'Leary et al., 2017). Among siblings, the expression of grief is often manifested through questions related to the deceased baby, as well as through non-verbal modes of expression, such as play or drawing among younger children (Avelin et al., 2011; Erlandsson et al., 2010; O'Leary & Gaziano, 2011; Sandler et al., 2013). These forms of expression may provide alternative pathways for emotional processing in contexts where direct verbal communication is limited, thereby partially compensating for the constraints on emotional expression within the family. Some studies report that lack of age-appropriate explanations about death and loss may limit the expression of grief and be associated with more complex grief reactions among siblings (Jennings et al., 2024; O'Leary & Gaziano, 2011; Powell, 1991).

Finally, involvement in spiritual communities and associative or voluntary activities also constitute adaptive resources mobilized by some grandparents (n = 4). These spaces offer opportunities for support, sharing, and meaning-making in response to the experience of perinatal bereavement (Avelin et al., 2011; De Frain et al., 1992; Lockton et al., 2021b; 2023). They may provide alternative relational contexts in which people can recognize and process grief outside the family system. Adaptive resources extend beyond individual coping strategies and function as mechanisms that facilitate the recognition, expression, and social sharing of grief. By fostering symbolic acknowledgment, emotional expression, and relational support, they may help mitigate the effects of "double-grief" and the constraints on emotional expression.

The unmet needs of invisible mourners

Grandparents and siblings face largely unmet needs for support and recognition, shaped by their relational and social invisibility as mourners. These needs specifically relate to intergenerational support, access to appropriate support modalities and recognition of

their bereaved status. Several studies address the need for intergenerational support involving grandparents, parents and siblings (n = 8). Intergenerational support refers to the emotional, practical, relational support exchanged between different generations within a family. Grandparents expressed a need to provide sustained support to their bereaved adult child (De Frain et al., 1992; Lockton et al., 2021a; 2021b; 2023). Bereaved parents, in turn, emphasized the importance of receiving this support from their own parents during the grieving process (O'Leary et al., 2011). Parents also report that receiving support for their own grief is a prerequisite for being able to effectively support and accompany siblings confronted with the loss (Avelin et al., 2011; Furlong & Black, 1984; Powell, 1991). This pattern suggests that intergenerational support is rooted in the interdependence of family members' emotional experiences. The intensity of parental grief may limit their capacity to support others, leading to a redistribution of roles within the family, where grandparents provide support and siblings adjust their needs. Support thus appears to circulate in response to shifting emotional demands, reflecting an adaptive reorganization of the family system. However, some findings point to a gap between these support needs and actual help-seeking. Schwartz et al. (2024) found that bereaved siblings were less likely to use mental-health care services than non-bereaved children, potentially because overwhelmed parents may struggle to arrange support for their other children while managing their own grief. This gap raises questions about whether support aimed at parents subsequently reaches siblings, suggesting that some of their needs may remain unmet or unspoken.

In addition, the studies highlight a need for personalized support modalities (n = 3). Grandparents emphasize the lack of formal resources specifically tailored to their situation (Lockton et al., 2021a; 2021b; O'Leary et al., 2017). For example, one grandparent reporting that "*There is nothing, it's very difficult, nobody to talk to…There really isn't much information available to grandparents*" (O'Leary et al., 2017). Group-based support modalities appear particularly relevant, as they allow individuals to feel understood and to legitimize their grieving experience (Lockton et al., 2021b; O'Leary et al., 2017). Grandparents also express a need for information regarding perinatal loss, grief reactions, and ways to support their bereaved adult children (Lockton et al., 2021a; 2021b). Similarly, parents report needing guidance on how to support their grieving children (Avelin et al., 2011). The absence of clearly identified sources of such information may further contribute to uncertainty and difficulties in navigating the grieving process.

Among these studies, grandparents and siblings reported a need for recognition of their bereaved status (n = 5). Participants questioned the legitimacy of their grief, particularly when they did not know the deceased younger sibling or grandchild (Avelin et al., 2014; Lockton et al., 2021b; O'Leary et al., 2011; 2017). In this context, grief may become partially silenced, as individuals may refrain from expressing emotions that are not perceived as socially or relationally validated. This process appears to be associated with feelings of social disaffiliation (Avelin et al., 2014; O'Leary et al., 2011; 2017; O'Leary & Gaziano, 2011), reflecting the relational invisibility, whereby non-parental grief remains insufficiently recognized within both family and social contexts. Overall, these findings suggest that grandparents' and siblings' needs are closely tied to the ways in which their grief is acknowledged, reflecting broader challenges in rendering non-parental grief visible, legitimate, and supported within family and wider social contexts.

Discussion

To our knowledge, our review represents the first systematic synthesis to jointly examine the experiences of grandparents and siblings confronted with perinatal bereavement. We identified 20 studies meeting the inclusion criteria, with methodological quality varying across studies, particularly regarding ethical reporting and sampling strategies. The synthesis of findings highlights perinatal bereavement as a multidimensional, persistent and deeply relational experience for both grandparents and siblings, shaped by intergenerational dynamics. Their grief is intensified by their dual position within the family system, although remaining largely unacknowledged within both family and social contexts. Our review further shows that, despite mobilizing collective and symbolic resources to navigate their loss, grandparents and siblings face largely unmet needs for support and recognition. These findings underscore the intersubjective nature of grief and support a multigenerational understanding of perinatal bereavement.

The findings of this review highlight the existence of a "double-grief" experienced by grandparents and siblings confronted with the perinatal loss. According to Rando (1986), this experience arises from the articulation between the primary loss of the deceased person and secondary losses that contribute to the complexity of the grieving process. Among

grandparents, this "double-grief" manifests through the co-occurrence of the loss of the grandchild and exposure to the psychological suffering of their bereaved adult child. Among siblings, the loss of a brother or sister is frequently followed by secondary losses related to reduced parental emotional availability and enduring changes in the family climate (Davies, 1999), which may compromise the basic security function typically provided by parental figures (Bowlby, 1980). Beyond these dimensions, "double-grief" also involves identity-related disruptions. For grandparents, the loss may undermine their grandparental identity and be accompanied by a sense of failure linked to the perceived inability to protect their adult child. For siblings, the loss may disrupt the development of sibling identity and may lead to feelings of guilt, particularly in response to the loss and parental distress. Sibling identity encompasses the anticipated relational roles associated with being an older brother or sister, such as serving as a protector and an identificatory figure within the family system (McHale et al., 2012). This dynamic may be particularly salient in young children, who tend to understand the world and interpersonal relationships through an egocentric perspective (Piaget, 1925), potentially leading them to perceive themselves as implicated in the occurrence of the loss. This may be further reinforced by the anticipated arrival of a sibling, a relational transition that typically contributes to reshaping egocentric perspectives (Dunn, 1983). In both cases, the need to support bereaved parents may constrain the expression of their own grief, contributing to a tension between relational roles and personal identity.

The synthesis of findings indicates that grandparents and siblings tend to inhibit the expression of their own distress in order to protect bereaved parents. This silencing of grief may be understood as a relational strategy aimed at shielding parents from additional emotional burden while also preserving family balance (Baddeley & Singer, 2010). From a systemic perspective, these dynamics reflect attempts to regulate the family system in the face of crisis, with non-parental members assuming an emotional containment function by modulating or absorbing affects. Similar processes are also observed among bereaved parents, who may adjust the expression of their grief to protect family members (Rosenblatt, 2017), illustrating reciprocal emotional regulation within the family. Several studies suggest that such emotional inhibition may have implications for the grieving process, by limiting effective expression and hindering the elaboration of loss, particularly when these strategies are sustained over time (Lai et al., 2021). From this perspective, silence does not reflect an absence of suffering, but rather a form of emotional regulation oriented toward protecting others and the family system. These findings resonate with the observations of Tognela et al. (2025), who describe processes of reciprocal emotional regulation within supportive interactions, whereby bereaved individuals adjust the expression of their grief in response to perceived reactions from their social environment. This mechanism may be using the DPM-R, which incorporates a family-level coping dimension and conceptualizes grief as a relational process embedded within the family functioning system (Stroebe & Schut, 2015). Within this framework, the silencing of grief can be understood as a restoration- oriented coping strategy aimed at preserving emotional stability and family functioning. However, it may also be hypothesized that such silence reflects an avoidance of loss- oriented stressors, pointing to difficulties in engaging with loss-focused coping processes.

The findings also highlight the intergenerational dimension of perinatal bereavement, which appears to structure the ways in which grief is expressed and regulated within the family. Rosenblatt (2000) emphasized that bereavement unfolds within multigenerational family systems, in which implicit role-related expectations shape how suffering is experienced, expressed, and recognized. Beyond role expectations, norms surrounding grief and styles of emotional regulation may also be transmitted across generations, reflecting broader cultural values related to emotional expression, restraint, dignity, and family solidarity (Kissane & Zaider, 2014). In some cultural contexts, the emphasis on emotional control and group harmony may encourage restraint or silence around grief, whereas others promote more open emotional expression and collective sharing. These norms shape what is considered appropriate grieving and influence how individuals make sense of loss (Klass & Chow, 2021; Neimeyer et al., 2014). Such processes can be shaped by generational positioning. Older generations may tend to prioritize emotional restraint, whereas younger generations may be more inclined toward expression and communication, potentially leading to adjustments or tensions within the family (Phan et al., 2025; Walsh & McGoldrick, 2013). Grief expression emerges from the dynamic interplay between cultural values, intergenerational transmission, and relational contexts, where both silence and expression gain meaning within the family system.

Beyond the family context, the silencing of grief may also be shaped by broader social norms that

regulate the expression of bereavement. As shown by Breen et al. (2019), grief-related silence is often motivated not only by intrafamilial dynamics but also by relational and social considerations, such as the desire to avoid burdening others or to conform to expectations regarding appropriate emotional expression. In this way, the grief of grandparents and siblings, already restrained within the family system, may remain socially understated and insufficiently acknowledged. These processes contribute to the social invisibility of their bereavement and provide a meaningful lens through which to situate the findings in relation to the concept of disenfranchized grief previously discussed (Doka, 1999). Therefore, family and societal norms may jointly contribute to the silencing of grief expression. This silence may foster the invisibility of suffering and undermine individuals' sense of legitimacy, constrain help-seeking behaviors and opportunities for verbal expression, contributing to a broader lack of recognition of their bereavement. From this perspective, these processes can be understood as part of a circular dynamic, in which social and familial norms regulate the expression of grief while simultaneously limiting its recognition and elaboration. Bringing greater visibility to the subjective experiences of families affected by perinatal bereavement allows for a better understanding of its consequences and associated needs and opens avenues for more appropriate recognition and support.

Clinical and practical implications

Findings from this systematic review highlight the persistent relative invisibility of grandparents and siblings as bereaved individuals in the context of perinatal loss. Implications emerge across research, clinical practice, and health policy.

From a research perspective, the existing literature is predominantly qualitative and based on small samples, limiting estimates of prevalence and the examination of grief trajectories over time. Future studies should prioritize quantitative and longitudinal designs to identify risk and protective factors associated with adjustment to perinatal loss. In addition, the predominance of Western samples weakens the generalizability of findings, underscoring the need for research in more diverse cultural contexts.

From a clinical perspective, professionals involved in perinatal bereavement care should be trained to recognize grandparents and siblings as bereaved individuals. However, such recognition must be considered within the context of family system dynamics. As noted by Bimman and Graham (2025), grief hierarchies serve a social function: parents occupy the apex of this hierarchy, and their needs may take precedence over those of other family members, particularly in the context of the broader social underrecognition of perinatal loss. Accordingly, inclusion of extended family members should be undertaken with due respect for parental preference. Nevertheless, Bimman and Graham (2025) also emphasize the importance of promoting equitable access to support for nonparental grievers, including grandparents and siblings. Targeted interventions, including peer support groups specifically designed for grandparents and siblings, appear particularly relevant for fostering spaces for expression and reducing isolation. Similarly, developing intergenerational support groups that bring together members of different families affected by perinatal loss represents a promising approach. Such settings may provide spaces for expression that are freed from family-based dynamics of protective silence, enabling individuals to share their experiences without fear of burdening others. These approaches may promote mutual recognition of grief across generations and help mitigate the social invisibility characteristic of disenfranchized grief.

Finally, at the policy level, the lack of institutional recognition of grandparents and siblings as bereaved individuals constitutes a major barrier to their inclusion in care. Explicit recognition of these populations within guidelines and policy frameworks related to perinatal bereavement is therefore needed to legitimize their inclusion in existing support systems. More broadly, although perinatal loss is now recognized as a public health issue, this recognition remains incomplete without structured and sustained funding. Such investment should support bereavement services that explicitly include extended family members, while also promoting improvements in institutional practices. In addition, increased funding for research is needed to address current knowledge gaps and to inform the development of empirically grounded interventions.

Strengths and limitations

Our review provides an original contribution to the perinatal bereavement literature by focusing on grandparents and siblings, populations that have been largely overlooked in prior research. By addressing these underrepresented groups, it enhances the visibility of their experiences with grief within the field. The use of thematic analysis allowed for an in-depth understanding of lived experiences and highlights key individual and family level mechanisms involved in perinatal bereavement.

Nonetheless, several limitations should be acknowledged, relating both to the primary studies and to the review methodology. First, the included studies were highly heterogeneous in terms of design, populations as well as the nature of loss, which limits comparability and makes a potential synthesis difficult. In addition, the methodological quality of the studies was variable, partly reflecting the inclusion of studies conducted several decades ago. Given that experiences of grief can be shaped by evolving social norms and contexts, the inclusion of older studies may affect the robustness and contemporary relevance of the findings and calls for cautious interpretation. Second, some limitations concern the review process itself. Restricting inclusion to studies published in English and French may have resulted in the underrepresentation of relevant research from other linguistic contexts. Furthermore, the decision to exclude studies focusing on subsequent children may have limited the comprehensiveness of the findings, as it led to the exclusion of studies encompassing the full range of sibling experiences and should therefore be considered when interpreting the scope of the results.

Conclusion

Our review highlights that perinatal bereavement extends beyond parents and significantly affects grandparents and siblings, whose grief remains largely underrecognized. Their experiences are multidimensional, enduring, and deeply embedded within family dynamics, shaped by intergenerational relationships, role reorganization, and protective silence. This often constrains emotional expression and contributes to the invisibility of their grief. By adopting a multigenerational perspective, our review underscores the need to conceptualize perinatal bereavement as a relational and family-based process. Given the limited and heterogeneous evidence found, further research is needed to better understand grief trajectories and support needs in these populations. Greater recognition of grandparents and siblings as bereaved individuals is essential to inform more inclusive and responsive care practices.

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