Article

Women's Lived Experience of Fetal Death: A Descriptive Phenomenological

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Abstract

Pregnancy can be associated with risk factors that may lead to fetal loss, which is a profoundly distressing event impacting the psychological well-being, family dynamics, and overall quality of life of women. The present study aimed to explore women's lived experiences of fetal death. Conducted in 2023, this study employed a descriptive phenomenological approach, utilizing purposeful sampling to interview 12 pregnant women with a history of fetal loss. Data analysis was conducted using the seven-step method of Colaizzi. The study identified five main themes and fifteen sub-themes capturing women's experiences of fetal death. These themes include unfulfilled dreams, transitioning from happiness to grief, varied reactions among individuals, viewing a new healthy baby as a source of renewed hope, and the enduring long-term effects of fetal loss. Fetal death emerges as a deeply painful experience fraught with challenges for affected women. As such, these women require specialized attention from healthcare professionals, particularly midwives, gynecologists, and family specialists.

Keywords

lived experience, neonate, pregnancy loss, bereavement, death

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Introduction

Pregnancy and childbirth, deemed as among the most significant and sensitive experiences for mothers, are physiological and natural events during which families, especially mothers, prepare to welcome newborns. However, in certain instances, pregnancy can be associated with risk factors leading to fetal loss (Abasi & Tafazoli, 2009). This event is profoundly distressing for parents, particularly mothers, and can have profound psychological, social, and physical effects, often becoming a significant source of stress (Bellhouse et al., 2019). Despite the anticipation of a healthy baby, pregnancy does not always result in a successful birth, with fetal deaths posing a significant challenge during this period (Namakin & Sharifzadeh, 2009). The fetal period, spanning from the third month of pregnancy until the end of intrauterine life, may experience fetal death, characterized by the absence of signs of life at birth (Fernández-Sola et al., 2020).

Out of 140 million live births worldwide, approximately 2.5 million babies die. Despite efforts over the past two decades through initiatives like the Millennium Development Goals and the Sustainable Development Goals, infancy remains the most vulnerable period for child mortality. Nearly half of all global deaths occur during infancy, with 98% transpiring in less developed societies. The estimated infant mortality and stillbirth rates are about 5 million (Rosa-Mangeret et al., 2022).

Another report reveals that over 2.6 million babies are stillborn annually worldwide, with nearly half of these deaths occurring during childbirth. Women in low- and middle-income countries face a twentyfold greater risk of stillbirth, yet the impact of this loss on parents, families, and society remains largely unknown and disregarded (Heazell et al., 2016).

Following the loss of a baby, women undergo grief, described as a complex, unique, and enduring event, often exacerbated by societal stigmatization. Provision of adequate bereavement care through healthcare services is crucial in mitigating short-term and long-term negative consequences for women (Fernández-Sola et al., 2020).

Fetal deaths are accompanied by significant negative experiences, challenges, emotions, and consequences for the mother, including despair, anxiety about her health and future, a sense of losing a part of herself, profound sadness, shock, confusion, emptiness, and guilt (Miranda & Zangão, 2020). The loss of the maternal-fetal bond established during pregnancy profoundly affects the mother's emotional state and identity, influencing both her present and future. Research findings indicate a decrease in the quality of life among mothers who experience fetal or infant loss (Patricia Malaza et al., 2023).

Mothers' experiences of fetal death manifest in various ways. Some may feel powerless and isolated, while others experience deep depression, post-traumatic stress disorder, feelings of inadequacy, and low self-esteem. They may also experience anger, fear, or a diminished desire to conceive again, fearing a recurrence of such an experience in subsequent pregnancies (Atkins et al., 2023). Additionally, these experiences can manifest physically, with symptoms like abdominal pain, fatigue, headaches,

fluctuations in weight, and digestive issues. Moreover, the impact of fetal death extends beyond psychological and physical effects, affecting maternal relationships with family, friends, and society, leading to feelings of isolation, impaired communication, emotional detachment, and social withdrawal (Shakeel et al., 2023).

Identifying mothers' experiences of fetal death is crucial for investigating and comprehending the psychological, social, and emotional dimensions of this distressing event. This understanding can inform strategies to support mothers in coping with this critical situation effectively. Key objectives of identifying these experiences include:

1. Understanding Reactions and Emotions: Recognizing the experiences of mothers who have lost fetuses during pregnancy enables a deeper understanding of their emotional responses, such as sadness, depression, anxiety, anger, and fear. This comprehension facilitates the provision of appropriate support strategies for affected mothers.
2. Impact on Relationships: Fetal death can significantly impact maternal relationships with family members, spouses, and others. Awareness and understanding of these experiences can aid in enhancing interpersonal relationships and offering crucial support to mothers during this challenging period.
3. Improving Health Services: Identifying mothers' experiences of fetal death helps in understanding the associated needs and challenges, thereby informing improvements in health services and psychological support for affected mothers.
4. Enhancing Health Education: Examination of mothers' experiences of fetal death contributes to enhancing health education and preventive measures. Insights gleaned from these experiences can guide the development of tailored training programs and improvements in prenatal and fetal care processes.

By conducting research and studies in this domain, effective methods and strategies can be identified to support mothers who have experienced fetal loss, thus enabling the provision of better services (Peracchini et al., 2023).

Research findings in South-Western Nigeria consistently emphasize the profound sadness and significant impact of fetal death on women, underscoring the importance of adequate bereavement care to mitigate short and long-term negative consequences (Kuforiji et al., 2023). Additionally, Kirui and Lister (2021) in Kenya, concluded in their study on "Mothers' Experiences of Fetal Death" that such an event is highly traumatic, described as profoundly painful and heart-wrenching. While some mothers received support—such as counseling, financial assistance, and empathy—from healthcare providers, family, and community members, others faced abandonment, neglect, and blame.

In general, individuals' experiences of a phenomenon hold unique significance, influenced by their personality, life history, and level of familiarity with the particular subject. These experiences are shaped within social contexts through interactions among individuals, rendering them inherently social. Phenomenological research serves as a suitable approach for elucidating these experiences (Neubauer et al., 2019).

Given that women are the cornerstone of society and their well-being directly impacts families and communities, examining women's experiences of fetal death holds paramount importance. Understanding these experiences can foster cultural and social adaptation, facilitate provision of appropriate psycho-social support to manage both short-term and long-term effects of fetal loss, promote awareness, empowerment, and impart coping skills. According to the researcher's experiences, women who had lost their babies and had no unsuccessful pregnancies, when they visited the women's clinic to follow up on their female problems or prepare for the next pregnancy, they were upset and sad about what had happened to them. And they were still suffering because they had not received enough care. This study aims to assist parents, particularly pregnant women, in navigating the challenges associated with fetal deaths.

Methodology

This study employed the descriptive phenomenology method to explore and deeply comprehend the lived experiences of women who endured fetal loss during childbirth. Phenomenology delves into understanding the essence and nature of a phenomenon (Booth, 2016). By leveraging participants' firsthand biological experiences, this approach unveils pure phenomena. Qualitative research, through uncovering individuals' diverse experiences and their significance, provides a comprehensive depiction of phenomena often inaccessible through quantitative methods alone (Grove et al., 2012). Thus, the descriptive phenomenology method was chosen to uncover the lived experiences of women coping with child loss. The study adhered to the guidelines outlined in the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist.

Participants in the study were women who had lost children during childbirth. Sampling was purposeful and aimed for maximum diversity, including women from various social strata, both primiparous and multiparous, of Iranian and Farsi-speaking nationality, who had experienced fetal loss during childbirth. This approach ensured a rich and comprehensive understanding of the phenomenon. Exclusion criteria were limited to a lack of interest in participating in the study.

Given the unpredictable number of participants in qualitative research, sampling continued until data saturation, indicating no emergence of new themes and data repetition (Polit & Beck, 2020). Saturation was achieved after ten interviews; however, to enhance data richness, two additional interviews were conducted.

The aim of this research was to explore the life experiences of women who had suffered the loss of children. To facilitate comprehensive data collection, in-depth and semi-structured interviews were employed due to their flexible nature. These interviews took place individually at the health center's office by appointment.

To ensure the accuracy of recollections and mitigate potential biases, participants were selected from women who had experienced child loss within the preceding six months. Participant recruitment was done from among women who came for periodic care for the next pregnancy, and also women who had a case in the maternity hospital

and lost the baby during childbirth were contacted by phone. In the initial interview, after it became clear that they had lost their baby during childbirth, they still thought about it and were upset and felt sad and sorry. Following an explanation of the research's purpose, participants provided written consent. They were assured of anonymity in publication, with results presented in a general and anonymous manner to safeguard their identities. Furthermore, participation in the study and discussion of their experiences did not affect their treatment program. Participation was voluntary, and participants could withdraw at any point.

Written consent for recording conversations was obtained from all participants. The duration of interviews ranged from 40 to 50 minutes. Consistent with the research aim, an initial open-ended question was posed to all participants: "Please discuss your experience during the loss of the fetus." Subsequent questions included inquiries into participants' emotional responses upon learning of the loss, thoughts evoked by the news, significant memories associated with the experience, and personal reflections on its meaning. Lastly, participants were invited to share any additional thoughts they deemed pertinent.

The Colaizzi's method, selected for data analysis in alignment with the study's goal of capturing the essence of women's experiences following fetal loss, comprises seven sequential steps: (1) Familiarization with the data, (2) Theme extraction, (3) Identifying common meanings, (4) Organizing themes, (5) Presentation of a comprehensive description of the phenomenon, (6) Identification of a comprehensive structure, and (7) Revision by participants. Twelve women who had lost children participated in the study; each assigned a code based on the sequence of their interviews. Following the Colaizzi's method, data analysis involved analyzing each interview before conducting the subsequent one. Participant statements were carefully reviewed multiple times to fully immerse in their experiences. Key phrases containing profound concepts were extracted, common concepts were identified and coded, thematic definitions were formulated based on conceptual similarities, and a comprehensive description of the phenomenon was presented by amalgamating all insights. Finally, participants were contacted again to validate the extracted findings, ensuring data accuracy (Nxumalo et al., 2023).

To uphold study quality, Lincoln and Guba criteria were employed, assessing conformability, dependability, credibility, and transferability of findings (Lincoln & Guba, 1985). Credibility was reinforced through participant validation of content after each interview, supplemented by external observer review and ongoing communication with participants. Researchers minimized interference with assumptions during data collection and analysis to ensure dependability. Conformability was enhanced through expert supervision and guidance during data analysis and decision-making processes. Transferability of findings to similar contexts and groups was bolstered by including women of varying ages and both primiparous and multiparous pregnancies in the research sample.

Ethical Consideration

The ethical approval was achieved from the Ethics Committee of Zabol University of Medical Sciences (Ethics code: IR.ZBMU.REC.1402.033).

Results

The number of participants was 12, with an average age of 27.1 years. Most of them were employed and educated, and 33.3% of them experienced fetal death in their first pregnancy (see Table 1).

The findings of the research included 278 primary codes, which were categorized into 5 main themes and 17 sub-themes based on the research's objectives and questions. The main themes are unfulfilled dreams, transitioning from happiness to grief, varied reactions, viewing a new healthy baby as a source of renewed hope, and the enduring long-term effects (see Table 2).

Unfulfilled Dreams

Every woman who becomes pregnant, whether it's her first or second pregnancy, harbors dreams for her life and the child that will be born. These aspirations can vary from naming the child to planning for the distant future. However, what the woman often doesn't anticipate is the loss of the fetus, which shatters all her expectations and diminishes her desire to become a mother, replacing it with sadness and regret.

Table 1. Demographics of Participants.

Participants	Age	Job	Education	Current stillbirth rank	History of stillbirth	Number of children
1	22	Housewife	Diploma	3	0	2
2	28	Midwife	Undergraduate	2	1	0
3	26	Nurse	Undergraduate	2	0	1
4	23	Housewife	Diploma	1	0	0
5	24	Teacher	Undergraduate	1	0	0
6	27	Housewife	Primary school	1	0	0
7	20	Tailor	Diploma	3	1	1
8	27	Cloth seller	Associate degree	3	2	0
9	31	Ict engineer	Undergraduate	1	0	0
10	29	Baker	Primary school	5	2	2
11	35	Charwoman	Illiterate	4	1	2
12	33	Accountants	Undergraduate	2	1	0

Table 2. Extracted Sub-themes and Themes.

Themes	Sub-themes
Unfulfilled dreams	Unfulfilled expectations, change in family environment, grief and loss
Happiness to grief	Bitter beginning, first bitter experience of life, despair of the future, crying of parents
Occurrence of opposite reactions	Comparison with female relatives, spectrum of depression and happiness, anger
New healthy baby as a new hope	Turning to God, hoping to have a healthy child
Long-term effects	Old grief is always fresh, an unfortunate memory throughout life, lasting sadness and pain

"When a person's fortunes turn dark and life reveals its harsh side, all the expectations of a woman post-pregnancy are dashed." (Participant 5)

"A woman's happiness lies in motherhood, and she eagerly awaits it, but when the fetus dies, the maternal role is the first thing to vanish." (Participant 7)

"Instead of the anticipated joys of childbirth, the sorrow of fetal loss takes their place." (Participant 8)

Happiness to Grief

The birth of a new baby typically brings immense joy, particularly for the mother who eagerly anticipates the arrival of a healthy child. However, contrary to expectations, the loss of the fetus during childbirth shatters this happiness, plunging the family into mourning. Even for mothers who have previously experienced the birth of a healthy child, the loss of a fetus drastically alters life's trajectory. Yet, for those longing for their first experience of motherhood, the loss is even more devastating. Parents' tears replace the anticipated joys, as despair about the future envelops their thoughts.

"I never imagined life would begin like this for us, with the birth of a stillborn. It was incredibly difficult; the world crumbled around me." (Participant 12)

"For us, eager to embark on parenthood for the first time, losing the fetus was a bitter initiation into life." (Participant 4)

"The loss of our child during childbirth has deeply scarred me, and I fear for the future, worrying that I may be defective and unable to bear more children." (Participant 3)

"The moment I was informed of the stillbirth, my world collapsed. Every recollection brings tears that seem unending." (Participant 10)

Divergent Reactions

The inability to deliver a healthy baby leads women to unfavorably compare themselves with relatives who have successfully given birth. This comparison breeds feelings of depression and a facade of happiness, which, though temporary, is maintained to shield their families. These women oscillate between depression and feigned happiness, harboring resentment towards their circumstances and engaging in conflicts with family members over trivial matters due to internal pressures.

> "I'm furious at why this tragedy had to befall me. I compare myself to other women in my family who have had successful pregnancies." (Participant 11)

> "At times, when I dwell too much, I feel devoid of motivation and sink into depression... Sometimes I feign happiness for my children's sake, pondering over their innocence and…" (Participant 2)

> "Overall, I'm irritable with everyone and easily wounded, always primed for confrontation…" (Participant 5)

New Healthy Baby as New Hope

Primiparous women who experience fetal loss in their first pregnancy harbor profound fears about their future ability to conceive a healthy child. They turn to prayer and vow to seek divine intervention for a healthy offspring. While this hopeful outlook eases their anxieties, mothers with children who have faced pregnancy loss are less apprehensive and approach the future with optimism. Regardless of their parity, both groups share a common aspiration for a healthy child, prompting heightened sensitivity and meticulous planning for future pregnancies.

> "Given our ordeal and the stillbirth, I'm consumed by anxiety about conceiving a healthy child in the future... Hence, I've made a vow and prayed for divine intervention." (Participant 3)

> "I believe that our loss didn't result from a problem on our end, so I've devised a plan and am under the care of a gynecologist to ensure comprehensive prenatal care, hopeful for a healthy birth." (Participant 5)

Long-Term Effects

The loss of a fetus leaves indelible marks on parents, lingering in their memories as enduring reminders. This traumatic event resurfaces like an old wound, evolving into a perpetual mourning that weighs heavily on the heart, perpetuating chronic pain within the family. Over time, the memory of fetal loss may fade for families with multiple children, but for those with fewer offspring, the bitter recollection persists.

"Being my first pregnancy and with the child being a boy, now having two daughters, I perpetually mourn that moment in my life; it's a constant presence in my thoughts." (Participant 9)

"Life brings many trials and tribulations, but one bitter memory that persists is the loss of our fetus." (Participant 7)

"This unfortunate event continues to burden my heart, a regrettable blow that robbed me of my child's life in the early stages of parenthood." (Participant 6)

Discussion

The aim of this study was to explore the lived experiences of pregnant women following fetal death. Data analysis yielded five main themes, which are examined and interpreted herein: unfulfilled dreams, happiness to grief, divergent reactions, new healthy baby as new hope, and long-term effects.

One significant finding of the study pertained to unfulfilled dreams. Dreams serve as a beacon of hope in people's lives, fueling aspirations for the future. Following marriage, one of the most cherished dreams for many is to conceive a child, envisaging a bright future for their family. However, not all pregnancies culminate in the birth of a healthy baby, leaving individuals grappling with shattered dreams and life-altering changes. Echoing the findings of our study, previous research highlights how the loss of a fetus robs parents of the dreams, fantasies, and plans associated with welcoming a healthy baby into the world, depriving them of the profound joy and love typically associated with childbirth (Miranda & Zangão, 2020). Mothers, in particular, express profound regret, sadness, and unfulfilled wishes following the loss of their baby, experiencing a sudden upheaval in their lives (Redshaw & Henderson, 2018). Furthermore, the death of a fetus triggers shifts in family dynamics, impacting relationships among family members. Studies have shown that within the family unit, the loss of a baby can strain relationships between spouses, mothers, and existing children. The behavior and caregiving practices of older siblings may be affected, ranging from overcompensation to avoidance and neglect. Moreover, the marital relationship may undergo strain, leading to increased conflict and emotional distance between partners (Fernández-Sola et al., 2020). Mourning the loss of a fetus also alters women's roles within the family, as they struggle to come to terms with the reality of their loss and adapt to the absence of their baby. This difficulty in accepting the loss and adjusting to a life without their expected child can profoundly impact their ability to fulfill their familial duties, thus affecting the overall functioning of the family unit (Ávila et al., 2020).

Another significant finding of the study was the transition from happiness to grief. One of the main plans of mothers during pregnancy is planning for the baby and the future, but sometimes things do not go as they want, and instead of happiness, bitterness is replaced in life, and at the very beginning of life, the biggest bad experience happens to them. Parents' crying replaces their laughter. Little by little, the future is faced with

uncertainty in the minds of parents and causes fear of a vague future. In this regard, the results of a study showed that pregnancy does not always have a happy ending, and the desire to become a mother is always unfulfilled, and soon the expected joys turn into mourning (Miranda & Zangão, 2020). The results of another qualitative study showed that pregnancy is an important period in a woman's life and when pregnancy occurs, women start planning for the future. The birth of a baby overshadows life. The thought of a good future for women is exciting, but the end of this exciting journey is not always happy. When the baby is lost, the mother is deeply saddened and the first bitter experience is recorded in the couple's life (Şimşek Çetinkaya & Şimşek, 2023). Women affected by fetal loss are directly affected by the trauma of this loss, and the results of this loss are deeply embedded in the women's memory. The memory of the loss of a baby plays a decisive role in complicating the life of couples after the death of the fetus and can affect future pregnancies as a bitter memory even after years (Ravaldi, 2023).

Another result of the present study was divergent reactions. Losing a baby forces women to compare themselves to other women who have or have had similar experiences. They question why this happened to them and not to others, leading to feelings of anger and blame towards various circumstances for the loss of the baby. Consequently, thoughts about losing a baby can induce depression. In order to maintain their role as mothers, they may express artificial happiness to satisfy family members, masking their true feelings of mourning. Research has shown that the loss of a fetus can lead to increased psychological problems for pregnant women, including depression, anxiety, post-traumatic stress, guilt, shame, anger, and uncertainty about future pregnancies (Doyle et al., 2023). Women's conflicting feelings after the loss of a fetus may include shock, sadness, and fear, leading to long-term feelings of guilt and anger (Meaney et al., 2017). Additionally, emotional disturbances such as longing, sadness, loneliness, guilt, despair, anger, helplessness, and extreme emotional sensitivity have been reported by women after the death of a fetus (Goldstein et al., 2018).

Furthermore, the pain, depression, and suffering experienced by parents when facing the loss of a fetus can disrupt their lives not only physically and psychologically but also behaviorally. This can lead to neglect of other children and belongings, hindering their ability to maintain their daily lives (Martínez-Serrano et al., 2019).

Another result of the study is the birth of a new, healthy baby. After the death of their baby, the hope of giving birth to a healthy child in subsequent pregnancies becomes the sole source of happiness that keeps mothers hopeful for the future. This hope can alleviate the mother's pain and grief. To achieve this goal, mothers may become more cautious and turn to religious beliefs, praying for the birth of a healthy child. For those whose first pregnancy experienced complications, and for women who have had a healthy child but lost a subsequent pregnancy, there is renewed hope for a healthy child in subsequent pregnancies. Religious beliefs can help individuals cope with various challenges in life, allowing them to accept adversity with the guidance of a higher power. In summary, difficult situations such as the loss of a baby can prompt individuals to reflect on their values and spirituality, providing an opportunity to find meaning in life and develop resilience in the face of adversity (Alawiyah & Lindayani, 2021).

In this regard, the results of a study show that the hope of having healthy children in subsequent pregnancies is one of the factors that reduce mothers' bereavement and decrease their negative psychological reactions such as depression (Bailey et al., 2019). The loss of a fetus can lead to mourning for the mother, but the hope and expectation of happiness in the future with the birth of a healthy baby can alleviate this mourning (Watson et al., 2019). Changing the mindset towards having a healthy child in future pregnancies can profoundly impact grieving mothers' lives and even prevent prolonged grief (Hawkes et al., 2023). Additionally, the results of a study demonstrate that getting pregnant again through appeals to God and spirituality can assist women who have experienced fetal death in overcoming their grief (Abbott et al., 2023).

Another significant finding of the study is the long-term effects experienced by women following the death of a fetus. This traumatic event leaves lasting psychological impacts, akin to old wounds that persistently resurface in their lives. The bond between a mother and her child is profound, making the loss of a baby one of the most difficult challenges a parent can endure. Growing evidence underscores the profound psychological and physical toll of fetal loss on parents, with mourning enduring in women's minds and exerting long-lasting effects (Keeble et al., 2018).

In alignment with these findings, research emphasizes the importance of adequate care and support for bereaved parents to mitigate symptoms of bereavement, post-traumatic stress disorder (PTSD), depression, and anxiety, thus averting long-term repercussions (Kuforiji et al., 2024). Stressful events such as the loss of a baby engender deep mourning, which women must navigate alongside subsequent childbirths, underscoring the enduring impact of fetal loss (McNamara et al., 2018).

Furthermore, the results of a study showed that stressful events such as the loss of a baby lead to deep mourning, which women have to balance with subsequent births (McNamara et al., 2017). Devastating experiences occur for mothers when they lose a baby, which can be described as a permanent wound for mothers that recurs from time to time, leading to mourning and the occurrence of grief (Meyer et al., 2018).

Limitations

One of the limitations of the study was the lack of cooperation from some women with audio recording. To address this issue, recordings were transcribed onto paper. Another limitation was the reluctance of some wives to allow the participation of women in the study. Consequently, these cases were excluded, and efforts were made to conduct interviews only with those who consented.

Conclusion

The results of this study indicate that women perceive the loss of a fetus as a deeply painful experience. Mothers who have experienced fetal loss during pregnancy endure hardships and difficult days during this period. These women require special attention from medical personnel, particularly midwives and gynecologists. Additionally, the

need for women to receive adequate emotional support from their families and relatives after such a loss is crucial. Primiparous women faced more challenges than multiparous women in coping with fetal loss. Supportive interventions should be tailored to meet the needs of mothers and address the specific issues they encounter after experiencing fetal loss. Therefore, based on the study findings, it is imperative for the healthcare team and the family to provide support to women, prevent their grief from becoming chronic, and implement psychological and psychotherapeutic interventions.

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