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Fathers' experiences of perinatal death following miscarriage, stillbirth, and neonatal death: A meta-ethnography

Hope Blocksidge[a,b], Anja Wittkowski[a,b,c], Alexander E. P. Heazell[c,d,e], and Debbie M. Smith[a,c]

[a]School of Health Sciences, The University of Manchester, Manchester, UK; [b]Greater Manchester Mental Health NHS Foundation Trust, Prestwich, UK; [c]Manchester Health Alliance Science Centre, University of Manchester, Manchester, UK; [d]Saint Mary's Hospital, Manchester University NHS Foundation Trust, Manchester, UK; [e]Maternal and Fetal Health Research Centre, University of Manchester, Manchester, UK

ABSTRACT

Following a perinatal death, parents can experience mental health difficulties and social stigma around the loss that can lead to increased feelings of isolation. This meta-synthesis aimed to explore partners' experiences of perinatal death following miscarriage, stillbirth and neonatal death. A search of six electronic databases resulted in the inclusion of 18 studies involving over 300 fathers. Using meta-ethnography five themes: were developed 1) The pain with loss, 2) state of shock, 3) suffering in silence, 4) disconnection from the self and others' and 5) coping. A lack of support available from services or familial support networks led to isolation. Coping strategies fostering open communication often allowed fathers to process the death of their baby, and many spoke positively of their ongoing connection with their baby that died. However, consequences of unhealthy coping mechanisms, including avoidance or blame, resulted in the father's disconnection from the self, others or the world.

Introduction

In the UK, terminology relating to pregnancy loss is defined by the gestation at which it occurs. Miscarriage is the loss of a baby before 24 weeks of pregnancy with early miscarriage within the first 12 weeks and late between 12 and 24 weeks' gestation (National Institute for Health and Care Excellence, 2023). Stillbirth is defined as the death of a baby after 24 weeks' gestation before or during birth (Stillbirth Act, 1992, 2022). Neonatal death is defined as the death of a baby during the first 28 days of life (WHO, 2006). In 2021 there were 2,473 stillbirths and 1,151 neonatal deaths in the UK; as miscarriages are not registered the scale of these losses are unknown (MBRACE-UK, n.d.). Globally, there were 1.9 million stillborn babies in 2021, and 2.3 million babies died within the first 20 days of life in 2022 (UNICEF, 2023, 2024). Definitions of the aforementioned categories of loss vary between countries around the world (Kelly et al., 2021).

To date, the majority of research has focused on mothers' experiences of perinatal death (Ellis et al., 2016). In their review of 27 studies, Jones et al. (2019) explored fathers' experiences of stillbirth and neonatal death and noted that fathers reported fewer intense or enduring psychological outcomes following the experience compared to the mother. Despite this, fathers were more likely to engage in maladaptive or avoidant coping behaviors, such as alcohol consumption. When discussing their role following perinatal death, fathers reported being *the supportive partner* and due to this role, they often felt overlooked by health professionals (Jones et al., 2019). In their scoping review of 12 studies, Mota et al. (2023) further explored paternal experiences of perinatal loss. They noted themes within their analysis including the distress and shock a father undergoes when losing his baby, the role of the partner in a couple-dyad after their loss and how gender differences can occur when adu. These findings concur with reviews aforementioned (Jones et al., 2019; Mota et al., 2023).

In addition to psychological distress, perinatal death can lead to feelings of increasing isolation or misunderstanding for parents by family and friends (Horstman et al., 2023). Fernández-Basanta et al.

CONTACT Hope Blocksidge dr.hope.blocksidge@outlook.com; Debbie Smith debbie.smith-2@manchester.ac.uk School of Health Sciences, The University of Manchester, Manchester, UK.

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(2022) reported how society often encourages male partners to remain strong by encouraging them in a protective role, rather than legitimizing their suffering. This protective response partners may feel pressured to adopt could influence their coping behaviors when living with grief in the post-partum period (Fernández-Basanta et al., 2022). In their review of 13 studies, Fernández-Basanta et al. (2022) found support for the notion that men maintain a protective stance, with men appearing to be strong but often lacking knowledge in how to support themselves or others. The current review aims to understand the impact of loss on identity, the support received by fathers, and specifically, how fathers coped with loss from a clinical psychology perspective. In their systematic review, Williams et al. (2020) explored the experiences of 231 male participants following miscarriage and highlighted gendered coping responses and female precedence. Some fathers described using detachment and deflection, whilst others remained stoic and silent. Silence can be particularly consequential, with Pathak et al. (2017) highlighting that stoicism ideology may lead to help-seeking delays, caregiver strain, and suicide.

Qualitative studies have the ability to give voice to those often silenced by societal stigma, which is particularly prevalent in parents who have previously experienced perinatal death (Pollock et al., 2020). Regardless of the type of loss and the gestation in which it occurred, every death leads to a process of mourning and adjustment (Kersting & Wagner, 2012), and this review aimed to capture all lived experience of partners following perinatal death. There is also a dearth of qualitative literature on each individual type of loss, which further supports this review including miscarriage, stillbirth and neonatal death. For this reason, this meta-synthesis aimed to explore and understand partners' experiences of perinatal death following miscarriage, stillbirth, and neonatal death. Specifically, the experiences of a) support received by partners, b) the impact of loss on identity and c) of coping following loss were explored.

Methods

Meta-ethnography was chosen for this meta-synthesis to capture partners' experiences of perinatal death and to preserve the integrity of each qualitative study (Noblit and Hare, 1988). Meta-ethnography is both inductive and interpretative as an approach and allows the researcher to re-interpret themes, concepts and metaphors created by primary studies, using a translation synthesis method, in order to create higher level themes, develop new knowledge and produce a line of argument (Sattar et al., 2021). The method has seven steps: 1) getting started, 2) defining search strategy and relevance to the topic, 3) reading studies, 4) determining how the studies are related, 5) translating the studies into one another, 6) synthesizing translations, and 7) expressing the synthesis (see Supplementary Table 1 for table of synthesis).

This review was conducted in line with Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines (Page et al., 2021). The protocol was registered with PROSPERO in April 2023 and marked as complete in April 2024 (Ref: CRD42023416645).

Search strategy

The search terms for this systematic review were defined using the SPIDER tool (Cooke et al., 2012). Six electronic databases were searched: PsycINFO, CINAHL, EMBASE, MEDLINE, ASSIA and BNI (OVID; EBSCO; ProQuest). To aid the search, MeSH terms were used with truncation and were combined with "AND" to generate results (S AND PI AND D AND E AND R) (See Supplementary Table 1 for full list of terms). Filters were used to restrict results to peer reviewed texts or academic journals. There were no exclusions on text language. The lead researcher also hand-searched reference lists of included studies to mitigate against missing relevant studies. With help from the university librarian to narrow down terms, the searches were performed in April 2023. The researcher updated the search in November 2023.

Inclusion and exclusion criteria

Inclusion criteria included published peer-reviewed articles, qualitative or mixed methods studies exploring the partners' experiences of perinatal death and grief, or couples' experiences of perinatal death and grief, in which the non-birth partner's experience could be identified and extracted for analysis. Perinatal death included the UK definitions of miscarriage, stillbirth and neonatal death (ONS, 2023; Stillbirth Act, 1992).

Qualitative studies in which couples were interviewed together or in which themes consisted of both parents' quotes were excluded alongside qualitative studies exploring professionals' experience, reviews, conference abstracts, dissertations, books, essays, editorials, commentaries, and audio accounts. Grey literature was also excluded due to lack of peer review and risk of bias or weak methodology (Adams et al., 2016).

Study selection

Search results were entered into EndNote and duplicates were removed. The lead researcher screened abstracts for eligibility. An inter-rater reliability assessment was conducted with an independent researcher, who reviewed 20% of titles and abstracts (Kitchenham, 2004).

Methodological quality and risk of bias assessment

The Critical Appraisal Skills Programme (CASP, 2022) checklist for qualitative studies was used to provide an indication of methodology quality/risk of bias for each paper. As the 10-item CASP does not offer a summary scoring system (Long et al., 2020), a numerical scoring system was adopted (No = 0, Partially Agree = 0.5, Yes =1) to aid comparison. Quality was categorized as high (>8–10), moderate (6–8) or low (≤5) (see Butler et al. 2020). There is no accepted approach toward excluding studies based on methodological quality (Dixon-Woods et al., 2006), and therefore no studies were excluded from this review.

To ensure reliability of the ratings, an independent reviewer rated 50% of the included papers. Any disagreements were resolved by discussion with both reviewers agreeing on a final rating.

Data extraction and synthesis

Data extraction and synthesis followed the meta-ethnography process described by Noblit and Hare (1988) (see Supplementary Table 2 for full description model of synthesis). The researcher first scoped existing literature to identify an appropriate area of interest and research aims. Eligibility criteria were developed to determine which studies would be included in the synthesis. One text was translated from French to English using an online software (Deepl, n.d.), and was thoroughly checked by two researchers by checking for accuracy and fluency in the English text. Included studies were read and re-read by two researchers independently, in order to reduce the risk of missing relevant concepts (Kitchenham, 2004). Once studies that met inclusion criteria had been finalized, two researchers read each paper and noted key themes independently in order to prevent bias and improve conceptual development (Morse, 2015). Key phrases or themes from the texts were noted by each researcher either in the form of a list or by categorizing quotes into themes using NVivo (QSR International Pty Ltd. Version 12, 2018). Both researchers individually recorded second order constructs in form of original data themes, and these were extracted into a table alongside first order constructs. In order to ensure results reflected all of the data, themes were synthesized in two ways: the researchers compared their data to establish similarities between studies and the current findings; secondly, the researchers contrasted their findings to highlight any differences. The findings of the synthesis process then allowed the researcher to produce a line of argument.

Reflexivity statement

Smith et al. (2021) acknowledged the role of reflexivity within qualitative research and encouraged researchers to consider their own subjective positioning. All four researchers had personal and/or family experience of perinatal death. Three researchers were also parents to living children. In order to maintain a rigorous research process and to minimize potential for biased interpretations, a reflective diary was utilized by the first author and research team discussions were also used.

Findings

Study characteristics

The search identified 1,583 papers with hand searching identifying a further 381 (see Figure 1). After duplicates were removed, 1,309 papers remained. The titles and abstracts were reviewed, resulting in the exclusion of 1,178. One hundred and thirty-one papers were screened with 50 papers identified for full text review. The eligibility decisions of two researchers were compared, generating a Cohen's kappa statistic. The level of agreement was "substantial" $k = 0.783$ (95% CI [0.388, 1.000]). The use of the kappa statistic is supported in qualitative health research with previous literature highlighting how using inter-rater reliability methods to assess analysis increases methodological transparency (Cole, 2024; McHugh, 2012). Eighteen studies were included in the synthesis (see Table 1). The search was run with the term "partner"; however, only papers with fathers met inclusion criteria. Fathers will thus be the term used from this point onwards. One paper was written in French.

Over 300 participants were represented in the 18 studies with all participants identifying as male and cisgender. Miscarriage was represented in 13 of the 18 studies, stillbirth was represented in eight studies, and neonatal death was represented in four of the eighteen studies. Thematic analysis was the most used approach in six out of the 18 studies.

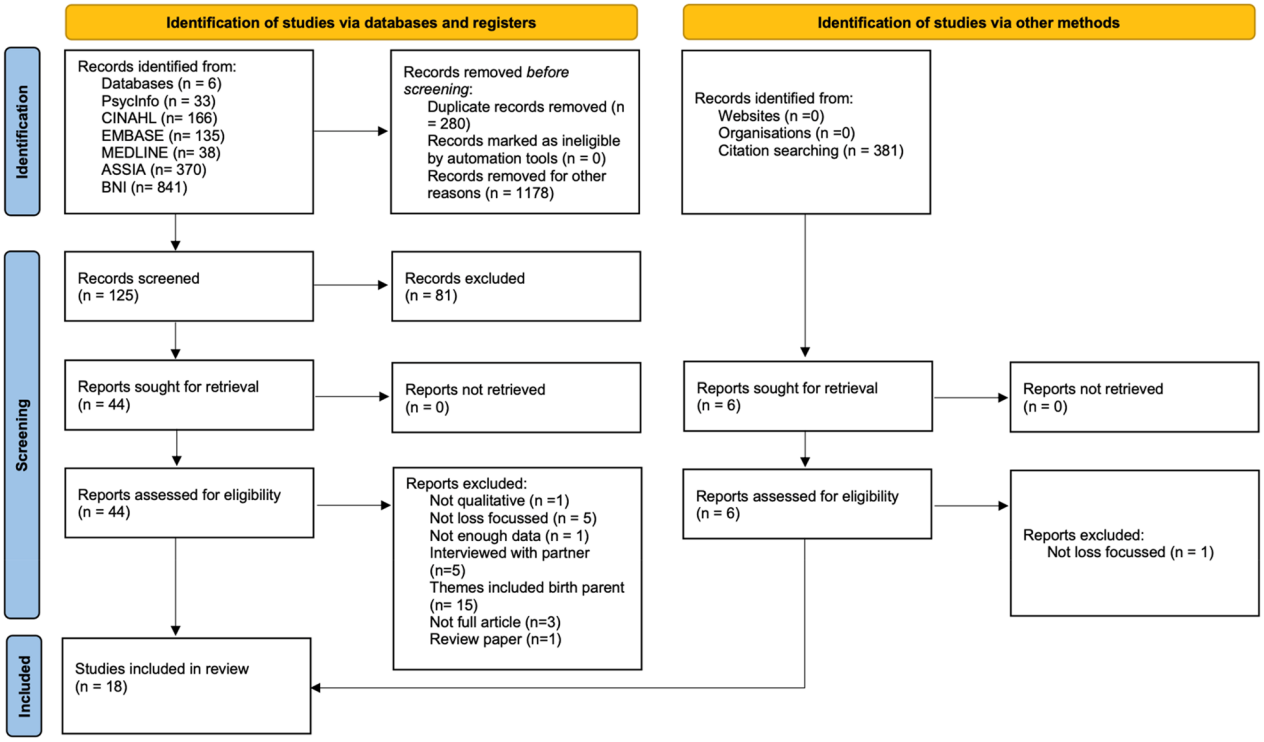

Figure 1. PRISMA flow diagram.

Methodological quality of included studies

Methodological quality of included studies was assessed as high (n = 11). Six studies were assessed as moderately high with one study of low quality (Puddifoot & Johnson, 1997; See Table 2). Only six studies included reflexivity statements or considered the relationship between research and participant. Ten studies adequately reflected ethical considerations whilst four did not demonstrate consideration toward ethics. The remaining four studies were rated as "can't tell" as to whether ethical considerations had been taken into account. The level of agreement between the two raters was "substantial" k = 0.91 (95% CI [0.859, 0.968]).

Synthesis

Through the process of reading, determining how they were related and translating studies into one another, consistent with the process meta-ethnography (Noblit & Hare, 1988), we identified five themes. 1) *Pain with loss*, 2) *state of shock*, 3) *suffering in silence*, 4) *disconnection from the self and others* and 5) *coping*. Each theme and relevant sub-themes are presented below with quotes from included papers to give context (see Figure 2 for conceptual model). The line of argument or central theme evident across the papers was that the journey for fathers after perinatal death had been complex and non-linear, meaning that their grieving process did not follow a predefined path with "stages."

Theme 1: Pain with loss

Intense and enduring pain was experienced by some fathers as a result of experiencing perinatal death. This feeling appeared multifaceted with grief intertwined with physical and emotional pain. Fathers often described the birth as the onset of this pain. Three subthemes characterized this theme.

Subtheme 1.1: Physical and emotional pain

When first informed of the pregnancy loss some fathers described visceral distress with descriptions of physical sensations or pain. Often this visceral pain was experienced during the experience of birth or meeting their child for the first time in the hospital.

> It is hard to explain… It's like having your guts ripped out.(Puddifoot & Johnson, 1997, p. 840).

During the immediate postpartum period, fathers described emotional pain associated with the loss. Some of these fathers described depressive symptoms such as lack of motivation or catatonia and some described an element of suicidality intertwined within their low mood.

Table 1. Study characteristics of the 18 included studies.

	Study, year, country	Title	Aims	Sample size and sociodemographic information	Type of baby loss	Data collection	Methodology and analysis	Main themes
1	Azeez et al. (2022) Australia	Overwhelming and unjust: A qualitative study of fathers' experiences of grief following neonatal death	To explore fathers' bereavement experiences following neonatal death through the following research questions: (1) what are fathers' experiences of neonatal death, and (2) how do fathers experience grief following neonatal death?	Fathers (n = 10) Age (years): 31–42 (m = 35.3) Ethnicity: White (n = 10) Number of living children: 0–4 (m = 1.8). Pregnant during interview (n = 2) Time since loss: 1–12 years (m = 3.9 years) Relationship status: not reported	Neonatal death (n = 11) Age: 30 minutes – 27 days (m = 10.37)	Interviews	Thematic analysis (Braun & Clarke, 2006)	1. A complicated grief experience: neonatal death is highly emotional. 2. Grief is multidimensional. 3. Sense of injustice
2	Bach Hughes and Page-Lieberman (1989) USA	Fathers experiencing a perinatal loss	To explore the totality of the bereavement of fathers who had experienced a perinatal loss	Fathers (n = 51) Age (years): 25–56 (m = 33) Ethnicity: White (n = 49) Number of living children: 0–2 (m = 0.8) Time since loss: not reported Relationship status: married (n = 51)	Miscarriage, stillbirth and neonatal death (n = not stated)	Interviews and questionnaire	Content analysis (Krippendorf, 1980)	1. Pregnancy health 2. Centrality 3. Death event 4. Death preventable 5. Shock feelings 6. Sadness, loss 7. Anger 8. Family's involvement 9. Men-women differences. 10. OB physician relationships 11. Nurse relationships 12. Effect on marital dyad 13. Guilt 14. Job performance
3	Bonnette and Broom (2012) Australia	On grief, fathering and the male role in men's accounts of stillbirth	To explore how fathers engage with their unborn and stillborn child as fathers and the perceived legitimacy of male grief	Fathers (n = 12) Age (years): 28–54. (m = not reported) Ethnicity not reported Number of living children: 0–2+ (m = 1.58) Time since loss: not reported Relationship status: not reported	Stillbirth (n = 12)	Interviews	Grounded theory (Charmaz, 2009)	1. The embodied and technological experience of fathering in utero. 2. Levels of connectivity and embodied relationality. 3. Fathering a stillborn baby and the ongoing relationship.
4	Fernández-Basanta et al. (2022) Spain	Double-Layer Masking of Suffering After Pregnancy Loss: A Grounded Theory Study from a Male Perspective	To explore how men confront the suffering caused by pregnancy loss	Fathers (n = 22) Age (years): range not reported. (m = 37.5) Ethnicity: White (n = 22) Number of living children: range not reported (m = 0.32) Pregnant during interview: (n = 2) Time since loss: not reported Relationship status: in a relationship (n = 22)	Miscarriage (n = 18) Stillbirth (n = 5)	Interviews	Grounded theory (Charmaz, 2009)	1. Suffering beyond physical loss 2. Rationalization in the search for meaning, 3. Keeping a façade with others
5	Harty et al. (2022) Ireland	The experiences of men following recurrent miscarriage in an Irish tertiary hospital: A qualitative analysis	To explore the experiences of men following their partner's recurrent first-trimester miscarriage	Fathers (n = 5) Age: not reported Ethnicity: not reported Number of living children: 0–2 (m = 1.2) Time since loss: not reported Relationship status: not reported	Miscarriage (n = 5)	Interview	Thematic analysis (Braun & Clark, 2006)	1. The deeply emotional experiences of men following recurrent miscarriage 2. Frustrations experienced during the provision of support following recurrent miscarriage 3. A sense of feeling unimportant

(*Continued*)

Table 1. Continued.

	Study, year, country	Title	Aims	Sample size and sociodemographic information	Type of baby loss	Data collection	Methodology and analysis	Main themes
6	Horstman et al. (2023) USA	Memorable Messages Embedded in Men's Stories of Miscarriage: Extending Communicated Narrative Sense-Making and Memorable Message Theorizing	To investigate the memorable messages incorporated into men's stories of their spouse's miscarriage	Fathers (n = 45) (Age (years): 26–55 (m = 36.33) Ethnicity: White(n = 40), Hispanic (n = 2), African (n = 1), Asain (n = 1), Indian (n = 1) Number of living children: 0–6 (m = 1.79) Time since loss: not reported Pregnant at time of interview: (n = 1) Relationship status: married (n = 45)	Miscarriage (n = 45)	Interview	Communicated narrative sense-making (Koenig Kellas, 2018)	1. Have faith 2. Brush it off 3. This (pain) is your fault 4. silence 5. I'm so sorry 6. This happens a lot
7	Johnson and Puddifoot (1996) UK	The grief response in the partners of women who miscarry	To explore incidence of grieving	Fathers (n = 10) Age: not reported Ethnicity: not reported Number of living children: 0–2, (m = not reported) Time since loss: not reported Relationship status: married (n = 45)	Miscarriage (n = 10)	Interview	Discourse analysis (Van Dijk, 1985)	1. Coping with feelings of loss 2. Duration of pregnancy at miscarriage 3. Reactions to ultrasound
8	Lacroix et al. (2016) France	Miscarriage: Men's side	To explore men's experiences following the early loss	Fathers (n = 13) Age (years): 26–44 (m = 31.7) Ethnicity: not reported Number of living children: not reported Time since loss: (m = 7 months) Relationship status: in a relationship (n = 11)	Miscarriage (n = 13)	Interview	Thematic Analysis (Braun & Clark, 2006)	1. The consequences of the miscarriage on mood 2. The consequences of the miscarriage on marital life 3. Guilt after a miscarriage 4. The support implemented by the spouse 5. The coping strategies implemented 6. The representation of the miscarriage 7. The future pregnancy
9	Pabon et al. (2019) Columbia	Experience of perinatal death from the father's perspective	To understand and describe the meaning of perinatal death in a sample of fathers from north-eastern Colombia	Fathers (n = 15) Age (years) 18–54 (m = 30.66) Ethnicity: not reported Number of living children: not reported Time since loss: <1–12 months (m = 6 months) Pregnant at time of interview: (n = 1) Relationship status: married (n = 5), cohabiting (n = 9), widow (n = 1)	Miscarriage (n = 7) Stillbirth (n = 8)	Interview	Descriptive phenomenological analysis (Colaizzi, 1978; Morrow et al., 2015)	1. Experience of loss 2. Coming to terms with an irreparable loss 3. Overcoming the loss
10	McCreight (2004) UK	A grief ignored: narratives of pregnancy loss from a male perspective	To examine the impact of miscarriage and stillbirth on male partners	Fathers (n = 14) Age (years): 21–43 Ethnicity: not reported Number of living children: 0–3 (m = 1.28) Time since loss: <1–20 years (m = 5.8 years) Relationship status: not reported	Miscarriage (n = 3) Stillbirth (n = 6). Miscarriage and stillbirth (n = 5).	Interview	Computer aided qualitative data analysis (Nud.ist software; MacMillan & McLachlan, 1999)	1. Self-blame 2. Loss of identity 3. The need to appear strong and hide feelings of grief and anger

(*Continued*)

Table 1. Continued.

	Study, year, country	Title	Aims	Sample size and sociodemographic information	Type of baby loss	Data collection	Methodology and analysis	Main themes
11	Miller et al. (2019) Australia	There was just no-one there to acknowledge that it happened to me as well': A qualitative study of male partner's experience of miscarriage	To explore miscarriage from a male partner perspective and men's needs for additional support	Fathers (n = 10). Age (years): 29–49 (m = 38). Ethnicity: not reported Number of living children: 0–2+ (m = 1) Time since loss: <1–12 months (m = 6 months) Relationship status: married (n = 9), single (n = 1)	Miscarriage (n = 10)	Interview	A general inductive approach (Thomas, 2006)	1. How men felt inside 2. Perceived role as support for partner 3. Coping strategies 4. Lack of healthcare support 5. Importance of sharing their experience
12	Miron and Chapman (1994) Canada	Supporting: men's experiences with the event of their partners' miscarriage	To explore the experience of men whose partners have had a miscarriage	Fathers (n = 8). Age: not reported Ethnicity: White (n = 8) Number of living children: not reported Time since loss: 2–24 months Relationship status: married or cohabiting (n = 8)	Miscarriage (n = 10)	Unstructured interview	Grounded theory (Strauss, 1987)	1. Living the feelings 2.Waiting 3. Seeking help 4. Accepting
13	Murphy (1998) Wales	The experience of early miscarriage from a male perspective	To describe the experience of early miscarriage from a male perspective using a phenomenological approach	Fathers (n = 5) Age: not reported Ethnicity: not reported Number of living children: not reported Time since loss: 2+ years (n = 5) Relationship status: not reported	Miscarriage (n = 5)	Interview	Phrenomenological approach (Husserl, 1960)	1. Feelings 2. Loss 3. Characteristics and differences between men and women 4. Staff action and attitudes 5. What to do? 6. Coping 7. Time
14	Obst and Due (2019) Australia	Australian men's experiences of support following pregnancy loss: A qualitative study	To explore Australian men's experiences of both formal and informal supports received following a female partner's pregnancy loss	Fathers (n = 8) Age: 33–45 (m = 39) Ethnicity: White (n = 8) Number of living children: not reported Time since loss: 0.5–5 years (m = 2.5) Relationship status: not reported	Miscarriage (n = 6), Stillbirth (n = 4)	Interview	Thematic analysis (Braun & Clark, 2006)	1. Nature of grief for men 2. Support experiences 3. Facilitators and future support
15	Puddifoot and Johnson (1997) UK	The legitimacy of grieving: The partner's experience at miscarriage	To explore the experience of a small sample of men during and after their partners' miscarriage	Fathers (n = 20) Age (years) 19–35. (m = not stated) Ethnicity: not reported Number of living children: 0–2 (m = 1) Time since loss: 9–24 weeks Relationship status: not reported	Miscarriage (n = 20)	Interview	Thematic analysis (Potter & Wetherelt, 1987)	1. The disclosure of feelings to others 2. Feelings related to their partners' miscarriage 3. Imagery related to the unborn child 4. Explanations of causality or the apportioning of blame 5. The experience of the male partner in the hospital medical context
16	Samuelsson et al. (2001) Sweden	'A Waste of Life: Fathers' Experience of Losing a Child Before Birth'	To describe how fathers experienced losing a child as a result of intrauterine death	Fathers (n = 11) Age (years) 31–46 (m = not stated) Ethnicity: not reported Number of living children: 0–1 (m = not reported) Time since loss: 5–27 months (m = not reported) Pregnant at time of interview: (n = 4) Relationship status: married (n = 8), cohabiting (n = 3)	Stillbirth (n = 11)	Interview	Phenomenology (No reference given)	1. Experiencing that the baby was no longer alive 2. Being told of the baby's death and induction of labor 3. The delivery 4. The stillbirth and after care 5. The first time at home

(*Continued*)

Table 1. Continued.

	Study, year, country	Title	Aims	Sample size and sociodemographic information	Type of baby loss	Data collection	Methodology and analysis	Main themes
17	Story Chavez et al. (2019) USA	Men's experiences of miscarriage: a passive phenomenological analysis of online data	To understand the lived experience of 31 male participants whose partners had miscarried a child	Fathers (n = 31) Age (years): not reported Ethnicity: not reported Number of living children: not reported Time since loss: not reported Relationship status: not reported	Miscarriage (n = 31)	Analysis of online data (Reddit)	Descriptive phenomenological analysis (Colaizzi, 1978)	1. Isolation 2. Overwhelmed 3. Protector 4. Coping
18	Worth (1997) Scotland	Becoming a father to a stillborn child	Explore reactions of fathers to a stillborn child	Fathers (n = 8) Age (years): not reported Ethnicity: not reported Number of living children: 1–2 (m = 1.62) Time since loss: 0.2–5 years (m = 2.34 years) Pregnant at time of interview: (n = 4) Relationship status: married (n = 8), cohabiting (n = 3)	Stillbirth (n = 8)	Interview	Exploratory descriptive analysis (Crabtree & Miller, 1992)	1. Fathering: anticipating the child, acknowledging child's reality, experiencing aching arms, incorporating the child into family, struggle for recognition, accepting reality of altered fatherhood. 2. Grieving: learning about death, acknowledging loss, dealing with practicalities, communicating loss, coming to terms with loss, moving on

Table 2. CASP scores overview for all 18 studies.

	Study	1. Clear Aims	2. Qual method appropriate	3. Research design appropriate	4. Recruitment strategy	5. Data collection	6. Researcher-participant relationship	7. Ethical	8. Data analysis	9. Statement of findings	10. Value of research	Quality Score
1	Azeez et al. (2022)	(1*)	(1)	(1)	(1)	(1)	(1)	(1)	(0.5*)	(1)	(1)	High (9.5)
2	Bach Hughes and Page-Lieberman, J (1989)	(1)	(1)	(1)	(1)	(1)	(0*)	(0)	(0.5)	(0.5)	(1)	Moderate (7)
3	Bonnette and Broom (2012)	(1)	(1)	(1)	(1)	(1)	(1)	(0.5)	(0)	(1)	(1)	High (8.5)
4	Fernández-Basanta et al. (2022)	(1)	(1)	(1)	(1)	(1)	(0)	(1)	(1)	(1)	(1)	High (9)
5	Harty et al. (2022)	(1)	(1)	(1)	(0.5)	(1)	(1)	(1)	(1)	(0.5)	(1)	High (9)
6	Horstman et al. (2023)	(1)	(1)	(1)	(1)	(1)	(0)	(1)	(1)	(1)	(1)	High (9)
7	Johnson and Puddifoot (1996)	(1)	(1)	(0.5)	(1)	(0.5)	(0)	(0)	(0.5)	(1)	(1)	Moderate (6.5)
8	Lacroix et al. (2016)	(1)	(1)	(1)	(1)	(1)	(0)	(0.5)	(1)	(1)	(1)	High (8.5)
9	Pabon et al. (2019)	(1)	(1)	(1)	(1)	(1)	(0.5)	(1)	(1)	(1)	(1)	High (9)
10	McCreight (2004)	(1)	(1)	(1)	(0.5)	(1)	(0.5)	(0)	(1)	(0.5)	(1)	Moderate (7.5)
11	Miller et al. (2019)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	High (10)
12	Miron and Chapman (1994)	(1)	(1)	(1)	(0.5)	(1)	(0)	(0.5)	(1)	(0.5)	(1)	Moderate (7.5)
13	Murphy (1998)	(1)	(1)	(1)	(1)	(0.5)	(0)	(0.5)	(0)	(1)	(1)	Moderate (7)
14	Obst and Due (2019)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	High (10)
15	Puddifoot and Johnson (1997)	(0.5)	(1)	(1)	(1)	(1)	(0)	(0)	(0)	(0)	(0.5)	Low (5)
16	Samuelsson et al. (2001)	(1)	(1)	(1)	(0.5)	(1)	(0)	(1)	(0.5)	(0)	(1)	Moderate (7)
17	Story Chavez et al. (2019)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	High (10)
18	Worth (1997)	(1)	(1)	(1)	(0.5)	(1)	(0)	(1)	(0.5)	(1)	(1)	High (8)
	Percentage of studies rated "yes" (1)	94.4%	100%	94.4%	72.2%	88.8%	33.3 %	55.5%	55.5%	66.6%	94.4%	

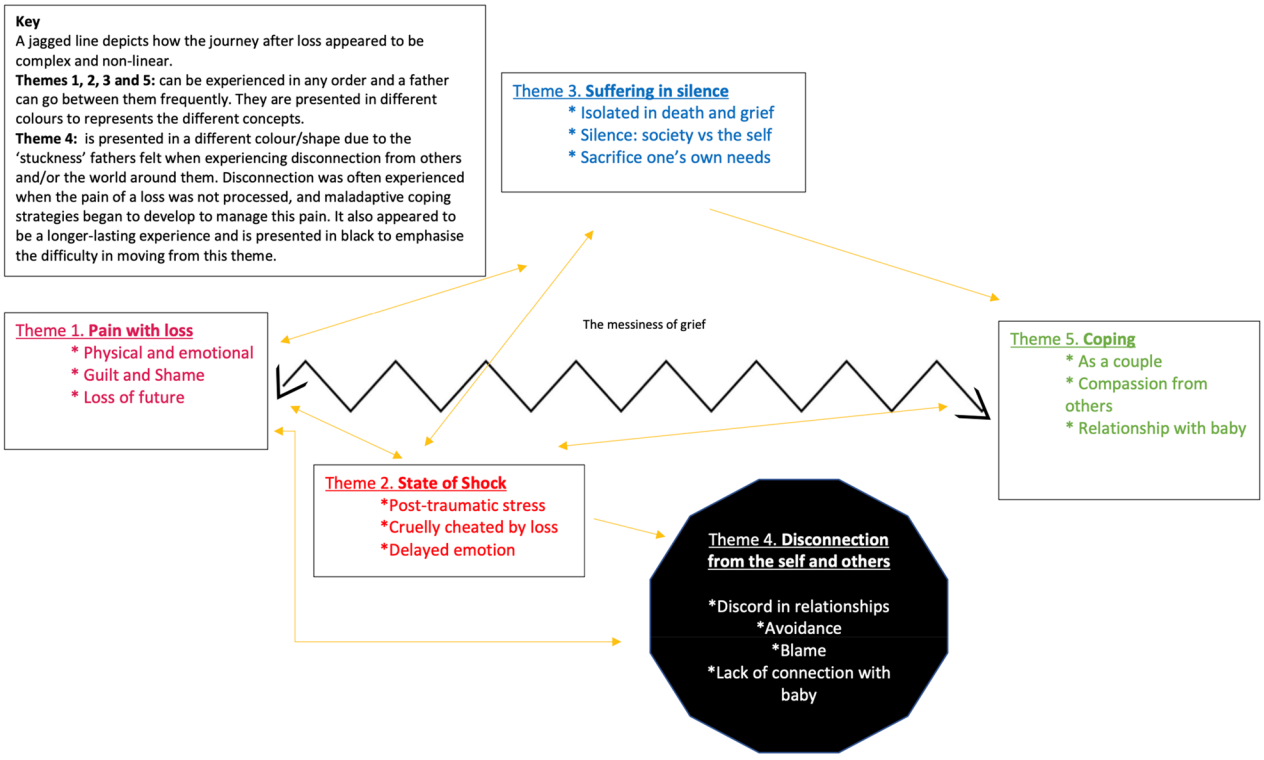

Figure 2. Conceptual model.

> Je n'avais plus envie de rien, j'ai été arrêté pendant quinze jours, j'ai eu du mal à remonter la pente (I didn't want to do anything anymore, I was off work for 15 days, I had a hard time getting back on track) (Lacroix et al., 2016, p. 210).

Subtheme 1.2: Loss of future

A contributor to the pain fathers experienced in the grieving process was the denial of a future with their child. A key complexity appeared to include the pain associated with the loss of expectations of the future that the child symbolized. Fathers described mourning the identity of a father and spoke of imagined significant days in which they envisioned their child being a part of.

> I feel I have lost my future, no Fathers' Day celebrations, no Christmas presents, no birthday cards (McCreight, 2004, p. 336).

Associated with the loss of identity as a father, fathers described the ways in which they had already begun to change as a result of the pregnancy:

> It's changed pretty much everything about me from how I look at life and how I approach things and how I sort priorities (Azeez et al., 2022, p. 1448).

This shift in identity appeared irreversible as a result of their loss with fathers describing how their outlook on life had changed in a permanent sense.

Subtheme 1.3: Guilt and shame

As a result of the death of a baby, some fathers searched internally for a meaning. This internalization often linked to emotions such as guilt and blame, which appeared to contribute to the pain fathers' experienced. This guilt might have been manifested by questioning their own actions or by replaying the event to find flaws in their behaviors.

> I still have guilt that I didn't do more to try and get them out earlier (Azeez et al., 2022, p. 1449).

Questioning one's own actions appeared to be a solitary process for fathers, with very few reporting discussions of this guilt or shame with their female partners or wider support. This sense of guilt or shame was also linked to questioning why the loss occurred, which appeared unresolved for many fathers:

> On se remet beaucoup en question… Je sais que je n'ai rien fait de mal mais quand même je ne comprenais pas pourquoi c'est arrive (you question yourself a lot; I know I didn't do anything wrong, but I still didn't understand why it happened) (Lacroix et al., 2016, p. 212).

Theme 2: State of shock

As losing a baby can sometimes include witnessing birth and seeing or spending time with the baby,

many fathers initially described entering a state of shock (Bach Hughes & Page-Lieberman, 1989; Lacroix et al., 2016; Pabon et al., 2019). Whilst in a state of shock, either during or after birth, some fathers also experienced intense pain and profound feelings of grief whilst others experienced emotions such as anger, confusion, or numbness as a result of the trauma they witnessed or endured. The onset of this might have been immediate or fathers might have reflected on their experience of losing their baby to be able to identify the mental state they were in at the time.

Subtheme 2.1: Post-traumatic stress

Following this state of shock, some fathers described reactions such as flashbacks, nightmares, or bodily responses such as shaking.

> I will never forget what I saw. I can't. It's burned into my mind forever (Story Chavez et al., 2019, p. 671).

Others describe how the shock of the loss occurring so suddenly contributed to their distress.

> It all happened so sudden, the truth is that this is the fastest tragedy that has happened in my life (Pabon et al., 2019, p. 4).

Whilst these experiences will likely be remembered for the rest of their life, the majority of fathers suggest the intenseness have reduced over time, highlighting that a level of processing the trauma has occurred.

Subtheme 2.2: Cruelly cheated by loss

Frequently fathers described feeling aggrieved after their experience of loss with some fathers experiencing anger, confusion and bitter disappointment. These emotions appeared to be centered around the notion of unjustness for the loss of their child, as well as for the loss of their future dreams of being a father.

> You have been cruelly cheated out of something that you had expected so much of (Samuelsson et al., 2001, p. 127).

The notion of feeling cheated was used both in relation to the self as a father, but also to the baby:

> He never got a chance (Samuelson et al., 2001, p. 126).

Subtheme 2.3: Delayed emotion

Juxtaposed to experiencing an overload of emotions, other fathers described feeling as if their emotions were delayed or paused. This delay in emotion included a delay in feeling the pain of grief, or a delay in emotions that fathers expected to feel such as anger or sadness:

> I haven't grieved yet, I can't (McCreight, 2004, p. 339).

This sense of pausing the pain linked to self-protection from painful emotions for fathers. It also appeared vital to the "keep going" mentality that some fathers adopted in order to support their partner. Some described this delay being on/off with emotions spilling over when at maximum capacity.

> I just fell apart and I was sobbing over the phone, but I held it together really well until then (Bonnette & Broom, 2012, p. 258).

Theme 3: Suffering in silence

This theme encompassed the isolation fathers described following the loss of their child, the pain they experienced and possible traumatic responses. This isolation appeared to be reinforced by many concepts; society's narratives on perinatal death, society's notion of "a man," or one's own beliefs on how one should manage distress or ask for help. Three subthemes describe this theme.

Subtheme 3.1: Isolated in death and grief

The first instance that a father described experiencing a sense of isolation was at the hospital and this was often a result of interactions with medical professionals.

> The hospital treats me as luggage that the wife brings (Story Chavez et al., 2019, p. 670).

Fathers described being in an unknown situation at hospital with intense fear and worry for the health of their partner or child. Medical professionals emphasized the isolation fathers experienced by lack of meaningful or supportive communication with the father:

> You are left on your own, worried. (Puddifoot & Johnson, 1997, p. 843)

This lack of communication set a precedent of isolation throughout the post-partum period and beyond with no contact from health professionals or services that view the father as the patient.

Subtheme 3.2: Silence: society versus the self

In the postpartum period, fathers spoke of feeling isolated from those closest to them due to a lack of support or understanding from friends, family or

professionals. Fathers described wanting to acknowledge their baby's life in conversation with friends and family; however, others' fear of not wanting to upset them prevented this and perpetuated the silence around the loss.

> …all our friends disappeared. People just didn't call anymore, even siblings, no one would bring it up. It's all we wanted to talk about, it's all we cared about, is our baby and it died, but no one would talk about it because they didn't want to upset us (Azeez et al., 2022, p. 1450).

The isolation fathers experienced appeared to be continually reinforced by unhelpful comments from those in society. As a result of others' reactions, some fathers chose to remain silent about their distress and thus alienated themselves from possible support either from services or friends/family.

> Family members saying things like 'yeah it's time for you to move on. You need to get over it now' (Miller et al. 2019, p. 12).

Other fathers acknowledged their need for support, with an awareness of the dangers of "bottling" emotion; however, they were still prevented in seeking this support due to feeling misunderstood nor supported by others.

Subtheme 3.3: Sacrificing one's own needs

Some fathers described sacrificing their own needs by denying their own emotions or distress, in order to support their partner and prioritize family needs.

> I thought that I better hide them, because she already had enough with her physical suffering to see me suffer (Fernández-Basanta et al., 2022, p. 474).

This suppression of one's own needs centered around being a "protector" for the family; however, also links to the societal narrative of being a "man" to be the "stronger partner." Despite these roles being largely societal constructs, fathers often spoke of them as their own beliefs or rules to live by.

> …whether it's expected or not expected, you have your own expectation that you have to step up, you have to be there you have to you know, 'be the man' kind of thing (Azeez et al., 2022, p. 1448).

Theme 4: Disconnection from the self and others

Fathers' disconnection often led to communication difficulties or discord in relationships with those around them, and most predominantly, with their partner. Disconnection was sometimes linked to feelings of blame toward others. Responsibility for the loss of their baby, was often put on someone other than the self, which may include the partner, or wider services offering care. Furthermore, fathers, at times, described distance or disconnect from the baby that died, with a reluctance to feel the connection which may have grown throughout pregnancy. Fathers also spoke of disconnect from their own emotions, by avoiding the painful feelings by pushing away difficult memories. Four subthemes further describe this disconnect.

Subtheme 4.1: Discord in relationships

Some fathers described disconnect or interpersonal conflict within their couple relationship following the death of their baby. This conflict appeared to stem from contrasting styles of coping with the grief and/or trauma that parents experienced.

> Elle s'est renfermée… elle était agressive ou alors distante, j'avais l'impression qu'elle m'en voulait… je ne comprenais plus sa tristesse et on s'est éloignés petit à petit (she shut down […] she was aggressive or distant, I had the impression that she was angry with me […] I didn't understand her sadness anymore and we gradually drifted apart) (Lacroix et al., 2016, p. 211).

Some fathers spoke of the necessity of space or time alone for the couple to allow both individuals to process their experience, grief, or pain, in their own way. Having time or space to reflect on the loss individually appeared to allow both members of the couple to process the event as well as build and understanding or acceptance of the loss:

> …we had a bit of distance and a bit of space…to understand and come to terms with what had gone on (Miller et al. 2019, p. 9).

Without time to process the loss individually, some fathers spoke of a space or distance between themselves and their partner:

> It's gotten to the point that I don't talk to Sally as much (Story Chavez et al., 2019, p. 670).

Subtheme 4.2: Blame

An element of, or contributor to interpersonal conflict that arose as a result of experiencing perinatal death, included the notion of *blame*. Fathers appeared to search for meaning in loss, with some concluding that their partner was at fault:

> Yes, this is a punishment… I have looked into my soul and know that I have nothing to be punished for, so it must be for her sin… (Puddifoot & Johnson, 1997, p. 842).

Some fathers extended this blame to medical professionals and/or services that were involved in the care or birth of their baby.

> I believe that there was some negligence at the hospital (Fernández-Basanta et al., 2022, p. 472).

Linked to blame was a sense of anger at the injustice they experienced through losing their baby, and this appeared to be a motivator to find someone accountable.

Subtheme 4.3: Lack of connection with baby

This subtheme describes ambivalence toward the experience of losing a baby with some fathers suggesting the pain associated with loss or grief is not valid.

> It is not like losing a proper baby, is it? (Puddifoot & Johnson, 1997, p. 840)

This judgment that some fathers described appeared to be toward the mother of the baby, which often highlighted the starkly contrasting coping styles between the mother and father. Some fathers also suggested there was no attachment between themselves and the baby and thus no distress following their death.

> I don't think there is any emotion towards the baby- it's still quite distant- I didn't have a great deal of emotional attachment (Bach Hughes & Page-Lieberman, 1989, p. 545).

This detachment from themselves as the father of the baby was present in studies who included all types of loss, highlighting how coping with the death of a baby is not determined by the type of loss itself.

Subtheme 4.4: Avoidance

Avoidance of feeling the pain or grief of a death is another form of disconnection. Whilst this is similar in nature to delayed emotion, avoidance has an intention not to feel rather than this being a psychological process of protection. Some fathers described avoidance in the form of blocking thoughts about their baby. Other fathers describe avoidance of external triggers, such as programs with babies in:

> I can't watch baby commercials (Worth, 1997, p. 80)

This avoidance, whether internal or external, appeared to block out unwanted and distressing emotions, in order to self-protect against internal pain.

> I have deliberately tried not to think about it (Johnson & Puddifoot, 1996, p. 322).

Theme 5: Coping

This theme and its three subthemes describe coping and living alongside the pain of loss and journey of grief, whilst maintaining healthy relationships with others. Some fathers may relate to this theme following the experience of themes aforementioned, or they may experience "coping" intermittently throughout their grieving process (good days/bad days).

Subtheme 5.1: Relationship with baby

Part of coping alongside loss for fathers included maintaining a connection with the baby that died. Many fathers spoke of this ongoing connection with their baby, which, for some, was fostered through memories of spending time with their baby, cherishing their memory in conversation with others, or identifying as a father regardless of loss.

> We've always talked about him, not as if he's an active member of the family, but as a member of the family (Bonnette & Broom, 2012, p. 257).

Some fathers spoke of remembering their baby through photographs and feeling thankful that someone encouraged taking these at the birth of their baby.

> It's good that somebody thinks of taking pictures; you are very thankful afterwards (Samuelsson et al., 2001, p. 127)

Subtheme 5.2: Coping as a couple

Some fathers suggested open communication with their partner supported them through the experience of losing their baby. This communication was not purely providing reassurance or comfort, but also included opening up about one's own experience whilst respecting the others.

> Sometimes the tears weren't there when she wanted to see them. Once she accused me of not caring. Then we discussed it. She realized how we could think of it and be sad at different times (Bach Hughes & Page-Lieberman, 1989, p. 549).

Fathers spoke of a want to protect their partner, and this protection appeared to be in relation to hiding their distress as they acknowledged coping may have looked different for both the mother and father.

> We both wanted to protect each other and be careful not to hurt one another." (Samuelsson et al., 2001, p. 127)

Subtheme 5.3: Compassion from others

When thinking about wider support, fathers spoke about the positive impact of compassion from others,

including friends, family, and health professionals. Compassion from others included friends or family providing practical support, or someone spending the time to sit and listen to the parent discuss their experiences or needs. Compassion was also felt within a peer support environment and fathers felt comfort in shared experiences and a setting, in which advice is shared from other fathers.

> If I was ready to talk, he was ready to listen. (Miller et al. 2019, p. 12)

The predominant function of peer support appeared to be receiving compassion and acknowledgment from others around the pain a father experiences. Peer support was also spoken of to include advice giving, particularly when managing relationships following loss:

> Guys coming out and asking "My wife's going through this, how do I look after her?"… a lot other guys get on and say "you know you need to look after yourself. If you don't look after yourself there's not going to be anybody there to look after your wife…if you see this, this and this in yourself you need help" (Miller et al., 2019, p. 14).

Discussion

In this meta-ethnography, partners' experiences of perinatal death were captured, and the following line of argument was identified: the journey for fathers after perinatal death is complex and non-linear. These findings highlight the complexities of perinatal death for a father with a pressure to fulfill multiple roles, including the "protector," and the societal construction of a "man." This pressure combined with a lack of support led to isolation, increased distress, and disconnection for fathers from those around them.

There were a number of experiences identified in this review that have been previously identified in studies exploring mothers' experiences of perinatal death such as common emotions including guilt and blame, a sense of isolation, and increased fractured relationships as a result of loss (Gold et al., 2018; Kersting & Wagner, 2012; Turton et al., 2009). The current review's findings also highlight unique experiences for fathers including feelings of helplessness and unimportance, exacerbated by medical professionals (Harty et al., 2022), a lack of social recognition for a father's grief leading to double-disenfranchised grief (Obst et al., 2020), and a lack of connection from fathers to the baby that died (Obst et al., 2020; Puddifoot & Johnson, 1997). The current review showed similar themes to Fernández-Basanta et al. (2022) in their review of 13 papers. They describe pregnancy loss weakening a father's armor and highlight the importance of the process of meaning-making by bonding with their baby, which were both reflected in the current review's findings. Interestingly, the current review found that isolation following perinatal death was influenced by the self as well as society, with personal beliefs around how a man should cope with adversity impacting experience and subsequent coping styles. Coping styles were found to be either healthy in moving forward in life with a connection to their baby, or unhealthy in dissociating from the self and those around them, which led to a feeling of stuck-ness. The current line of argument thus depicts a non-linear path of grief with a focus on the messiness a father may feel in the aftermath of losing a baby, which is in contrast to the line of argument presented by Fernández-Basanta et al. (2022), which appears to focus more on the impact of loss on a father's identity or role and how fathers used support to manage this change of role.

A theme reflected throughout papers within this review was guilt (Azeez et al., 2022; Horstman et al., 2023; Lacroix et al., 2016). When exploring the function of grief in mothers and fathers, Aviad et al. (2018) supported the notion that guilt could be a mechanism for gaining control from a previous traumatic event. All fathers identified that they had experienced a traumatic event through the death of their baby, and therefore a link between trauma and feelings of guilt could partly explain why some fathers adopted this self-blaming coping response in the postpartum period.

A concept central to the experiences both mothers and fathers following perinatal death was isolation. Despite the papers involved in this synthesis spanning over five decades, nearly all studies spoke of the societal stigma attached to miscarriage, stillbirth and neonatal death (Miller et al., 2019; Miron & Chapman, 1994; Pabon et al., 2019). Not only did stigma link to feelings of isolation from friends or family, but social constructs around the role of a male also became intertwined with grieving (Harty et al., 2022; Lacroix et al., 2016; Pabon et al., 2019). This lack of social recognition for a father's grief could explain the internal pressures described by fathers to prioritize their family over their own emotional needs. A lack of social recognition is echoed in a review by Obst et al. (2020), who highlighted how fathers face double-disenfranchised grief, meaning their loss is made more complex by a lack of social recognition for men's grief and an absence of cultural norms on how to grieve the death of a baby.

When faced with distress, some fathers described a disconnection with others resulting in fractured relationships (Lacroix et al., 2016). This lack of connection with the baby was also highlighted in a review by Obst et al. (2020) with some fathers stating they did not have a relationship with their baby that died, possibly due to an early miscarriage or lack of involvement in pregnancy. This lack of connection with baby appeared to impact the intensity of grief experienced by fathers which is relevant in the current review due to the range of loss explored.

This meta-ethnography also gained important insights into how fathers cope following the death of their baby. As we know, any type of loss results in grief and a process of readjustment (Kersting & Wagner, 2012). Within this meta-ethnography the process of adjustment did appear to differ depending on the individual; however, this process appeared to be unrelated to the type of loss that the father had experienced. Although some fathers coped by avoidance, resulting in relationships fracturing beyond repair (Lacroix et al., 2016; Puddifoot & Johnson, 1997; Story Chavez et al., 2019), others stressed how the experience made their couple relationship stronger (Lacroix et al., 2016). Whilst mothers and fathers may grieve in contrasting ways, a respect for one another's grieving style has been shown to be of importance (Cacciatore et al., 2008). In the current review, coping within the dyad appeared to rely heavily on both the mother and father holding the same views on a continuation of relationship with their baby (Bonnette & Broom, 2012). This notion of the importance of couples' coping styles aligning is supported with research from Cacciatore et al. (2008), in which cohesion was an important theme for couples post baby-loss along with a collaborative coping response or open communication between the couple.

The dual process model supports the review's findings (Stroebe et al., 2017). This model features two states that one can move between in everyday life: loss-orientation and restoration-orientation. When one is in the loss-orientation, they may spend more time thinking of their loved one, processing the loss and appraising the meaning of the loss. When someone is in restoration-orientation, they are adjusting to a changed world, and may focus on replanning or reconstructing their world without the deceased (Stroebe & Schut, 2010). This model moves away from the assumption that there are tasks and stages to grief that one must pass through in order to move on, and instead highlights how grieving is a continued process. This process is relevant for perinatal death with fathers who were describing a range of emotions linked to grief, and who were also searching for meaning in their loss and at times, attributing blame to others or internalizing this blame which contribud to their guilt. Another theory linked closely with the findings of this review as well as with the dual process model is the continuing bonds theory (Klass et al., 1996), which centers on the ongoing relationship with the deceased and this being a source of comfort for most individuals (Hewson et al., 2024).

Strengths and limitations

Appraisal was conducted with the CASP, which has been previously endorsed by the Cochrane Qualitative and Implementation Methods Group and widely used in health-related meta-syntheses (Butler et al., 2020; Long et al., 2020). When utilizing the CASP to appraise papers included in the synthesis, researchers identified a range of qualitative methodologies that were not clearly defined in terminology. This observation could be due to the age of some papers; however, the use of the CASP ensured methodology was appropriate in each study. Alternative quality assessment tools could have been considered such as CERQual, which would have been helpful in assessing how much confidence to place in findings (Lewin et al., 2015).

Due to criteria of this review excluding joint couple interviews or themes which were co-constructed with data from the birthing parent and partner, the current review is not wholly representative of current qualitative data representing partner experience following loss.

Clinical implications and future research

As aforementioned, the results of the current review suggest experiences that are unique for fathers. This differing in experiences suggests fathers may require a more tailored approach care from services compared to their partners.

As of April 2024, guidance states that every area will have a maternal health clinic offering psychological therapy (NHS England, 2023); however, there remain significant gaps in services on offer to support partners through bereavement. This review highlights the need for health professionals working in maternity and postnatal care to consider the impact of pregnancy loss on partners in their daily practice. Partners' needs should be recognized and where appropriate, they should be included in decision making during or following the death of their baby. Involving partners in decision making would allow them a sense of control to minimize feelings of helplessness or

unimportance, and an opportunity to do this would be when the partner accompanies the mother to an appointment. Following identification, appropriate referrals to services could be made, or fathers could be given information about local support networks.

Future research requires investigation into psychological interventions designed to support partners following the death of their baby. These interventions must be sensitive to the levels of trauma an individual may have been exposed to through perinatal death, which may be further compounded by a lack of ability to grieve due to societal or self-expectations to be a *supportive partner*. The current findings thus support the use of a trauma-informed, compassionate care approach when working psychologically with fathers following perinatal death with additional considerations for themes such as isolation (Evans et al., 2021; Gilbert, 2014).

Conclusion

In conclusion, this study explored father experiences of perinatal death following miscarriage, stillbirth, and neonatal death. Specifically, this review explored the experiences of support received by fathers, the impact of loss on identity, and experience of coping following loss. Results highlight the lack of support available from services and at times, familial support networks, which can lead to partner isolation as well as disconnection from those around them. It also highlighted the importance of open communication in couples post loss in order to prevent relationship breakdown. Findings were discussed in relation to the continuing bonds theory, which offers a realistic insight into how grief may present over time and how an ongoing connection with baby can be fostered. Future research is required to explore unheard voices in relation to perinatal death, as well as psychological intervention designed to support fathers following perinatal death.

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Ethical committee

Our study did not require an ethical board approval because it did not directly involve humans or animals.

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ORCID

Hope Blocksidge http://orcid.org/0000-0002-6986-3731
Anja Wittkowski http://orcid.org/0000-0003-3806-0183
Alexander E. P. Heazell http://orcid.org/0000-0002-4303-7845
Debbie M. Smith http://orcid.org/0000-0001-7875-1582

Data availability statement

The data that support the findings of this review are available from the corresponding author upon reasonable request.

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