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Father's experience of fetal death: A secondary analysis

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ABSTRACT

Following a fetal death, fathers have reported feeling a lack of support and minimizing their outward expression of grief. Further, in the period after pregnancy loss, there is evidence that non-birthing parents experience trauma, stress, anxiety, depression, isolation, and hopelessness. The purpose of this secondary analysis is to investigate the lived experience of fathers after a fetal death. Data were analyzed using qualitative description approach and conventional content analysis. Ten fathers from were included in the sample. The major themes were: (1) Through the Father's Eyes: Perspective Surrounding the Birth, (2) Building a Relationship: Connecting to their Baby, and (3) "Because I'm a Guy": The Male Experience After a Stillbirth. The father's experience following a stillbirth is worthy of further investigation to support both parents best. Recognizing the needs of the father can provide further insight into where gaps in postpartum care exist and how to begin to address them.

Throughout life, there are many milestones that individuals look forward to, including becoming parents. Some men with their partners, however, will experience what is defined in the United States as a fetal death. Fetal death, commonly referred to as stillbirth, is a pregnancy loss at greater than 20 weeks' gestation (Gregory et al., 2023). Instead of proudly leaving the hospital carrying their newborn in the car seat, they are left with a memory box and a shatteringly silent car ride home to a house filled with reminders of the life that was planned. For mothers, trauma may result from a distressing birthing experience that evokes intense fear, helplessness, or confusion and can lead to lasting effects on emotional well-being, behavior, and overall functioning (American Psychological Association, 2018). For fathers, witnessing their partner's traumatic birth experience, especially when combined with the loss of their child, can lead to secondary trauma, in which exposure to a loved one's trauma causes similar emotional and psychological distress. Fetal death occurs in six of every 1,000 births, a rate that has remained stagnant over the last decade (Gregory et al., 2023). Considering the birth rate in the United States in 2023 was 3,591,328, and the rate of fetal death is 0.6%, that would be about 21,548 fetal deaths (Hamilton et al., 2024). The Gregory et al. (2023) National Vital Statistics Report in the United States reported the most common causes

of fetal death as unspecified, cord or placental complications, maternal complications, congenital malformations, or maternal conditions unrelated to pregnancy.

While fetal death occurs in less than one percent of couples, it is a life-changing experience and poses unique challenges to those caring for these families. Losses at later gestations offer fathers increased opportunities to form a bond with the fetus as they can feel movement over the birthing parent's abdomen and see more identifiable features on ultrasound. In two Australian studies, fathers shared that they had more attachment to the fetus as the pregnancy went on, and there is a positive correlation between later gestational ages and higher grief (Obst et al., 2021; Riggs et al., 2021). This attachment, combined with witnessing the emotional and physical suffering of their partner, can place fathers at risk for secondary traumatic stress, a condition characterized by psychological tension resulting from empathetic engagement with someone undergoing trauma (Kellogg, 2021). Fathers may experience intrusive thoughts, heightened emotional responses, and difficulty processing the loss while prioritizing their partner's needs, underscoring the need for tailored support and recognition of their emotional experiences.

While pregnancy loss is something that both partners will navigate in their own time and own way,

many studies focus exclusively on the birthing parent's experience post birth (Damm et al., 2025; Garcia et al., 2020; Paris et al., 2016; Pollock et al., 2021; Ryninks et al. 2022). When studied, non-birthing parents following fetal death have reported suppressing their grief, avoidance of emotional expression, and feeling the need to display emotional strength for their partner and family (Fernández-Sola et al., 2020; King et al., 2021; McDonough & Leone-Sheehan, 2023a; Miller et al., 2019). In one recent study, Watson et al. (2019), reported that non-birthing parents, mostly fathers, experienced isolation and exclusion through a lack of support and feelings as if they would fade away. Given that data has shown that birthing and non-birthing parents experience their own grief journeys and timelines, it is important for nurses and other healthcare providers to understand dyadic experiences of grief following a fetal death and both the birthing and non-birthing parents' individual timelines and experiences (King et al., 2021; McDonough & Leone-Sheehan, 2023a, 2023b).

There is ample literature supporting the secondary trauma resulting from participating in traumatic births and the need for maternal health professionals to receive support during and after miscarriage or stillbirths. Maternal health professionals are at risk of developing secondary traumatic stress from empathic engagement and exposure to traumatic births (Beck et al., 2015; Winters, 2018; Xu et al., 2023). Despite this, there is a lack of knowledge explicitly examining the experience of or support needs of non-birthing parents navigating the trauma of miscarriage or stillbirth. This study's purpose is to understand the experience of the non-birthing parent after fetal loss, in this sample, fathers, and to consider the potential impact of secondary traumatic stress.

Methods

This study is a secondary analysis of data through the lens of the father's perspective, focusing on the experience of fathers after a fetal death and trauma. This study builds upon previous data exploring the experience of a heterosexual dyad following fetal death. The methodology is further explained below.

Setting and sample

A secondary analysis of data collected through in-depth hermeneutic-phenomenological interviews was conducted. The initial study was conducted in the Northeastern United States, following approval from the institutional review board (IRB). The purpose of the original study

was to gain an in-depth understanding of the lived experience of a dyad following a fetal death. Inclusion and exclusion criteria in the original table are summarized in Table 1. The original study data and further reasoning for decisions regarding them are published and can be found in McDonough and Leone-Sheehan (2023b).

Recruitment of the dyads occurred through national and local agencies that provide families who have experienced perinatal loss with support group resources, assistance with funeral costs, provide education to families and providers, and support research pertaining to perinatal loss. The agencies shared a recruitment flyer through their social media platforms and e-mail newsletters. Those interested were screened for eligibility and given the opportunity to seek clarification after reviewing the consent form. They then provided their informed consent to participate. Two of the original ten dyads were diagnosed with life-limiting conditions for the fetus. They ultimately chose termination for medical purposes rather than carrying to term to minimize future risk to their fertility due to previous cesareans. Still, they were included as that was not specified as an exclusion. The authors wanted to value their experience surrounding perinatal loss. Literature supports that families who elect to terminate for medical reasons, despite the pregnancy being desired, still experience grief and are often stigmatized and not included in studies on perinatal loss (Hanschmidt et al., 2018; LaFarge et al., 2014).

The data source for this secondary analysis was the transcripts from the male, non-birthing dyad members who identified themselves as fathers. Ten males were included in this secondary analysis.

Data collection procedure of original data

For the original study, data were collected utilizing van Manen's hermeneutic phenomenological approach (2017). The interviews were semi-structured and conducted individually with each dyad member by the primary author over Zoom. The primary author and secondary author transcribed interviews. Birthing and non-birthing parents were interviewed individually, as interviewing them as a dyad can, at times, create the appearance of a shared experience while ignoring the

Table 1. Original study inclusion and exclusion criteria.

| Inclusion | Exclusion |
|--|------------------------------------|
| Over 18 years old | Currently pregnant |
| English speaking | Use of surrogate |
| Have had at least one pregnancy loss over 20 weeks | Loss more recent than 6 months ago |
| Loss happened 6 months–18 months ago | |
| Okay to have had other early pregnancy losses | |

individual's perspective (Norlyk et al., 2016). Interviews ranged from 60 to 120 minutes. The initial study included a sample of 10 heterosexual dyads (20 individuals) from both the United States and Canada. Data collection continued until saturation, or the absence of new themes emerging, and until no further inquiries were received (Fusch & Ness, 2015; Shamsaei et al., 2020; Van Rijnsouwer, 2017).

Data analysis of original data

Data analysis of the original study followed van Manen's (2017) method, but adapted the technique to view the dyad as an individual unit, thereby understanding the lived experience of the dyad. While traditionally van Manen recommends that the researcher perform this step unassisted by technology, utilization of a computer-assisted transcription through Zoom enhanced the accuracy and speed of the transcription process (van Manen, 2017; Zamawe, 2015). After transcription was completed, the primary author addressed her own preconceptions that may have influenced the analysis process (Sundler et al., 2019). This was completed using bracketing, the act of displacing one's own beliefs about the phenomenon to find the essence of the experience through the participant's point of view (van Manen, 2017). To maintain the confidentiality of participants, all dyad members were assigned pseudonyms with matching first letters to pair the female with her male counterpart.

Van Manen's (2017) method involves re-reading the transcripts, utilizing coding methods that include descriptive, in vivo, and emotional codes to evaluate the individual's lived experience. In the first study the primary and secondary authors did this for each individual member of the dyad followed by then re-reading through the lens of the dyad looking at the mother and father as an individual unit to examine themes across dyads. The first study, a dissertation, included seven major themes, six with a few subthemes, that captured the essence of the lived experience of the dyads included, which was confirmed by member checking (Forero et al., 2018).

Secondary data analysis, rigor and trustworthiness

Data from the non-birthing parents, all of whom identified as fathers, were reviewed. To maintain confidentiality, the pseudonyms assigned in the initial study were kept for this analysis. Of the initial eight questions asked in the original study, those focused on understanding the lived experience of the father rather than

that of the dyad were "Please tell me about your experience of having lost a baby," "Please tell me more about what it was like for you," and "Is there anything else that you would like to add?" These three questions, upon reading and re-reading the manuscript's transcripts, allowed the fathers the most opportunity to discuss their own experiences rather than that of the shared experience between themselves and their partner.

The methodology for this secondary analysis used a qualitative description approach with conventional content analysis (Hsieh & Shannon, 2005). This approach aims to derive codes directly from the text. For this study, the literature surrounding fathers' experiences of fetal death was considered, as well as themes recognized but not included in the original analysis (Due et al., 2017; Hsieh & Shannon, 2005; McDonough & Leone-Sheehan, 2023b; Obst et al., 2021). To enhance rigor and trustworthiness, the first and second authors independently coded the data and reached consensus on the themes and representative statements selected. The coding was conducted using DeDoose, an application for analyzing qualitative and mixed-methods data, which allowed individual coding and shared discussion of overlapping codes to determine final themes and subthemes after iterative meetings (Salmona et al., 2020). Triangulation was used to enhance the study's validity using the third author, who reviewed the coded themes and statements (Creswell & Plano Clark, 2018). For member checking, a summary of themes and subthemes was sent to four fathers for enhanced trustworthiness, only one responded with positive confirmation of the themes, particularly theme one (Forero et al., 2018). Demographic data were analyzed using descriptive statistics.

Results

The males ($n=10$) in the original study and at the time of data collection had a mean age of 38 years, with a range of 30–46 years. The mean age at the time of loss was 34.4 years, with a range of 2–39 years. The mean time elapsed since loss in years was 3.32, ranging from six months to seven years. The mean for pregnancies their partner had before loss was 1.40 (0–3) and 1.50 (0–3). The mean number of living children was 1.90 (1–3). The mean gestational age at the time of loss was 30.75 weeks, with a range of 21 to 39.5 weeks.

The participants in this study sample included a varied educational background. As reported at the time of the original data collection, 10% ($n=1$) of males had completed high school, 10% ($n=1$) had

completed some college, 10% ($n=1$) had an Associate's degree, 30% ($n=3$) held a Bachelor's degree, 40% ($n=4$) held a Master's degree, and no male participants had obtained a doctoral degree. A majority of the sample, 90% ($n=9$), were married, and 10% ($n=1$) were not. The sample demographics included national and international representation, with most of the sample ($n=9$) reporting U.S. residence and 10% ($n=1$) residing in Canada. Of the U.S. participants, 40% ($n=4$) of dyads resided in Connecticut, and the remaining sample ($n=5$) came from either Massachusetts, Michigan, Minnesota, Virginia, or Wyoming.

Qualitative findings

Secondary analysis of data from the ten fathers resulted in three major themes and five subthemes. The major themes that emerged were (1) Through the Father's Eyes: Perspective Surrounding the Birth, (2) Building a Relationship: Connecting to their Baby, and (3) "Because I'm a Guy": The Male Experience After a Stillbirth. Two subthemes are included in Through the Father's Eyes: Perspective Surrounding the Birth and Building a Relationship: Connecting to their Baby. The themes and their subthemes will be described in detail below with representative quotes.

Through the Father's Eyes: Perspective Surrounding the birth

The fathers in this study shared what they experienced throughout their partner's pregnancy, the difficulty of waiting for testing results, the devastation of finding out the pregnancy was not going to result in a viable birth or the fetus's death, and the birth. As one participant described the period between finding out bad news and then the death, "the devastation kind of started two days earlier because we were just worried, but we were still hopeful" (*Brian*). Sub-themes that arose as perspectives through the father's eyes were a) the dichotomy of hope and b) a life-changing experience.

The dichotomy of hope

Five of the ten fathers mentioned either hope or a lack of hope in their interviews. Before the fetal demise, hope was present as a desire for bad news to be disproved or changed with follow up testing. The experience of hope further emerged as a dichotomy between hoping for a mistake and hoping for a different outcome, ultimately leading to the complete loss of hope.

One father shared after an early ultrasound revealed a potential congenital abnormality that, "it gave us some hope...they were going to monitor us pretty closely, so because of what they saw at the beginning" (*George*). Another reflected that in the time waiting to confirm the demise, he and his wife were "grasping for straws on like, how can we, how can we reverse this, what can you know, give me something that could maybe make it go away" (*Owen*). A third expressed that while they were waiting for testing to confirm multiple anomalies, he, "did a lot of googling trying to like work out if I thought it was actually a problem or you know, we were just trying to be hopeful and think about what it could be" (*Brian*).

One father remembered how even if their son "was very disabled, that was something that we were willing to tackle, but we just thought that, that there wasn't a hope" (*George*), and when testing confirmed multiple life-limiting diagnoses, they ultimately terminated for medical reasons. A second father echoed the idea of hoping that their baby would live, "[at] the end of every one of our conversations, it was a kind of ended with like it's likely that everything's gonna be fine and then ultimately, I think it wound up being as bad as it could possibly be so" (*Noah*). Once fathers were provided with the diagnoses, all the fathers discussed the way this experience was life-changing.

A life changing experience

Welcoming a child and bringing them home is life-changing as relationships evolve and a new life joins the world. For these fathers, the loss of their baby and the emptiness of their home in the aftermath were life-changing. One father said simply, "That's when our lives changed because we got told the words that you never want to hear, which is I'm sorry, there's no heartbeat" (*Henry*). Another father added, "You just envision your future. And I think it's so...so sudden how fast that changes" (*Ciaran*). A second father echoed the speed at which their family's life was altered and remembered, "I think it made me appreciate things a lot more; you know how things change so fast. You know, maybe made a...a bit stronger too" (*Sam*). In looking back at the impact his daughter's loss had, one father reflected and shared, "It's hard to look back. I would say I'm different in every way than I was before this experience" (*Max*).

Finding out the news and leading up to the birth were difficult. But three of the ten fathers expressed how the birth itself was altering. They shared how it was "long and painful and you know, knowing that he was not alive" (*Sam*). Another remembered a

moment where, while supporting their wife in labor, they had a moment where there was “a snapback” and a reflection of the enormity that “this [was] all for a dead baby” (*Brian*). Similarly, a second father described how his wife “was going through all this pain and then plus heartache knowing this she’s got to deliver this baby, and that we’re not going to have a living son when he gets here” (*Henry*). Despite not being able to bring a living baby home, the fathers also expressed the importance of taking the time they had to build and establish a relationship with the baby and memorialize the child. The next theme elaborates on how the fathers in this study could do that.

Building a relationship: connecting to their baby

As was the case in the results from the main study (McDonough & Leone-Sheehan, 2023a, 2023b), there was an importance of building a relationship with the baby through the pregnancy and birth, and finding ways to connect to the child despite the “loss of potential” and “built up expectations” as one father (*Ciaran*) explained. In the brief time the fathers had; they tried to take it all in. As one father said he was, “with [my] son by myself for...like an hour an hour and a half somewhere in there... that was actually a really special time.” (*Brian*). Another reflected that “it was heartbreaking and beautiful to be able to have that moment with him. He looked very much like his brother” (*Owen*). A third recounted how photos and holding the baby helped them process the loss and connect when a nurse took “pictures of us, you know, holding her and...even with us not holding her which was, which I thought was good, like cause you don’t have you have zero time to really get process any of that” (*Louis*). The time and connections emphasized within the relationships with the babies led to the subthemes that emerged, father and son relationship and finding comfort in the baby’s memory.

Father and son relationships

Five of the dyads shared about the father and son relationship and its significance to them and as it pertained to the loss of that. One succinctly summarized the depth of the loss and said that growing up, he had a “fix it or don’t worry about [it]” mentality but that “losing your son’s just such a big, big thing you can’t do that with it, with that experience... there was another kind of a tough pill to swallow” (*Ciaran*). Another father emphasized he was really “excited about having a son...like we have a daughter, I love my daughter. I didn’t ever think I was like a guy who

was like sons, you know, I don’t know, but I got really excited about having a son” (*Brian*). That same father shared that while he never felt the baby kick, he “had that connection with him, at least from early on” and that he “had that like excitement of having a son” (*Brian*). A different dad remembered meeting his son after the birth and stated, “he was fully baked and ready to rock and roll, and he came out, and he was just such a, I mean, he was such a great mixture of [my wife] and I, and he was he was just perfect” (*Henry*).

For some, this loss was one of the first major losses in their life. This, compounded with it being a son, was difficult. One father expressed, “This was the first kind of just like gut punch loss of my mid-30s, and it happened to be my son... it was tough, but it’s, you know, I still struggle to describe it” (*Owen*). Another father, when talking about the loss of his son, said, “It was just like incredible sadness because of the loss itself, not because of like lost potential or lost” (*Noah*). The importance of the connection between father and son, as well as the baby in the moment, connects to the subtheme of finding comfort in the memory of the child.

Finding comfort in the baby’s memory

While none of the ten fathers were able to leave the hospital with a living child, all recalled and reflected on some form of tangible memories: photos, footprints, ashes, tattoos. As one father shared about those things, “there’s a comfort in her memory,” particularly the memory box with a knit hat and “little dress” his daughter wore (*Max*). Some fathers spoke of the photos they had. One recounted how they had taken their “nice camera” and how they wanted to “take some photos to really be able to look back if we ever wanted to, you know” (*Brian*). That same father expressed that he looks back at those photos and is glad they took them because “it’s really special to look at his face and.” Although another father was unsure about if he wanted photos, he recounted how, despite he and his wife “bawling our eyes out” in them he was “glad they captured those pictures because that’s what was happening, and you could see the pure heartache and the pure love right at the same time” (*Henry*).

Other fathers shared different ways to honor the “angel” day, what Henry’s family called the baby’s birthday. For their family, they “always ha[ve] a little, we light a candle and angel food cake” (*Henry*). Two other fathers shared about having benches placed to honor their child and sitting there to honor their

baby's memory. One mentioned they had "a bench put in at the cemetery as her headstone, it's a place where people could you know, take a load off" (*Max*). Another added about their way of remembering their son, that "We tried to enjoy the summer, and the park bench was part of that...we went like every week and basically" (*Brian*). One father shared that aiding in siblings' memory of their daughter helps him. He shared, "The kids remembering her is good. And you know, just seeing how they process it. It's a positive, you know, how I can play a role in kind of helping them" (*John*). While this subtheme of the importance of memory is not unique to fathers, it was very present in their interviews. The next theme discusses the specifics of how the fathers in this study felt about their experiences of grieving a stillbirth as fathers.

"Because I'm a guy": The male experience after a stillbirth

The male experience after a stillbirth was one of the main research questions for this secondary analysis. In the interviews, the idea of being a man or guy was present as they recounted their experiences. One father said, "I feel like I'm a guy, and guys talk about stuff less, so I have fewer examples because we mostly just like, haven't talked about, it me and my friends" (*Brian*). After the loss, one father felt guilty as he shared, "You know you're the guy or the dad who's supposed to make sure everybody's safe" (*Louis*). Similarly, one father discussed balancing worry and strength, recalling that he, "was trying to be strong, for the kids and her, but I was worried about her" (*Sam*).

Other feelings of fathers were the need to fix, care for, or jump back into life. One father shared that he, "seemed to just go right back into what I was doing. I didn't feel like I carried it with me as much as I needed to, maybe...It felt like I had to kind of just jump back in" (*George*). A second father shared, "I don't have time for emotions, you know, so I just I just did. You know, as far as feel that's, that's irrelevant, you know, I just did" and that "things need to get done, and you know we really don't have much of a support network, so I was the one to do it. And I did it" (*John*). When asked how their experience was, a different father shared, "I think I probably didn't communicate as much as I could have because I was just too busy managing her emotions and listen to her that I was kind of burned out with my own" (*Noah*). This father also shared, "I'm an athlete...You have to, like, your whole the ability to play that sport in that position is your ability to, like, accept information and continue to move forward."

Within the male experience of grief, the idea of outwardly expressing emotions was also present. One father (*Max*) shared, "That was the first time in my life that [he'd] experienced physical heartache" and how he "was a wreck" and was "crying so much [he] couldn't see" after the death of his daughter. Another mentioned, "You know, I've cried a couple times, through this, but not that many times, I guess. I'm also like blah in my whole person" (*Brian*).

Additionally, another male experience was feeling forgotten. One father described that feeling by recounting:

People always ask how's [your wife], and which I don't blame them, I mean that's mom and mom carries the baby for nine months, mom...All I did is one little part in the mix. You know, and so I totally get that part, but nobody really asked dads how they're doing. Yeah, and that is one very sad part about infant loss is dads take it just as hard, and I understand them, others to have that connection with their baby that that dad simply cannot have. (*Henry*)

A different father remembered, "I do feel like it was that it was the acknowledgment by a few that I needed to take time and worry about me like that was the surprising thing" and that even though he did not physically carry the baby, he was "just as much involved emotionally and physically, in a sense, like...I physically was in pain. It affected me in many ways, so I needed help too" (*Owen*). Another father shared that, "Even though maybe I didn't know at the time, I think that loneliness was something I was feeling too" (*George*), as there were not many people who understood what he was going through to talk to.

While some of the fathers mentioned therapy and support groups, they were not discussed in depth across the fathers, so they are not included in the analysis. Some reports from the fathers who did share were that the therapists were not well equipped to discuss pregnancy loss specifically and that their wives preferred the support groups more, but two of the ten dyad members became support group leaders. The fathers who did become support group leaders emphasized that the support they received from the other fathers who had experienced stillbirth had helped them, and their passion to give back helps them to remember and honor their child's memory.

Discussion

The findings of this study provide a depth of understanding of the experience of fathers following fetal death. The experiences described are consistent with and similar to the experiences of fathers described in

existing literature. The findings of this study demonstrated the life-altering and, for many, traumatic experiences of fathers as the non-birthing parent following fetal death. The findings further provide insight into the uniquely gendered experiences and support needs of this population.

The theme of "Through the Father's Eyes: Perspective Surrounding the Birth" addresses the trauma experienced by the non-birthing parent. Fathers in this study described enduring emotional distress while supporting their partners through fetal demise and traumatic labor, a situation that mirrors the empathic experience central to secondary traumatic stress. Secondary traumatic stress arises from bearing witness to another's trauma and can result in symptoms akin to posttraumatic stress disorder, including emotional distress, hypervigilance, and cognitive disruptions. Fathers' descriptions of "snap-back" moments and the realization that "this [was] all for a dead baby" are indicative of the intrusive thoughts and emotional shock often associated with secondary traumatic stress.

Beck et al. (2015) emphasize secondary traumatic stress as a professional risk for midwives participating in traumatic births. The fathers' accounts of witnessing their partners' physical suffering and confronting the reality of their child's death reflect this same emotional burden. Just as childbirth professionals described in the secondary traumatic stress literature work, these fathers, like clinicians, are not passive observers but emotionally invested participants who navigated feelings of helplessness, grief, and trauma. Like nurses, fathers' dual roles as caregivers and grieving individuals place them at high risk for secondary traumatic stress. This alignment underscores the need for greater attention to the emotional well-being of fathers during and after stillbirth experiences. Providing structured support systems, including counseling and peer networks, may help address the lingering psychological impact of these experiences.

In the second theme, "Building a Relationship: Connecting to their Baby," the findings from this study reflect the importance of the connection between fathers and their children. This theme emphasizes the relationship that is initiated during pregnancy between the father and the unborn child, and the precious time the father has once the baby is born to soak in every memory. Aspects of this theme align with other literature around perinatal loss that discuss the memorialization of the baby. Important ways to do this in other studies are activities like holding, bathing, taking photos, taking molds of hands/feet, and using the baby's name (Diamond & Roose, 2016; Ellis et al., 2016; McDonough & Leone-Sheehan, 2023a, 2023b;

Thornton et al., 2019; Watson et al., 2019). Understanding the importance of this time that fathers have with their baby on their grief experience is imperative for nurses to realize who care for families in the labor and birth setting to facilitate connections and the initial grieving process. As discussed in the results, the father's relationship to the child is an important theme that emerged. A subtheme to the relationship was the uniqueness of the fathers who lost a son and their grief over the loss of that potential future bond.

In this sample, those who highlighted that the father and son relationship was something they looked forward to touching upon the significance for some of having a same gendered child, particularly the father-son dynamic. Father-son relationships can be beneficial when fathers are more involved in childhood to decreasing alcohol or substance use in adolescence and improved cortisol regulation and improved circadian rhythm in adulthood (Choi et al., 2021). The relationship of father and son is also important as fathers who had positive memories and interactions with their fathers themselves may find it easier to form close relationships with their sons building off their own childhood and memories (Jessee & Adamsons, 2018). Another study, Cole et al. (2019), focused on families who were given life-limiting fetal diagnoses and discussing parental experience. In it, a quote from a mother who shared her experience of her husband holding their deceased son while watching sports emphasized the significance of the relationship. The participant shared that at that moment, "it really hit home at that point that a grieving father also needs to grieve all the things that he will never get to do with his only son" (Cole et al., 2018, p. 7). These findings highlight the need for future studies to investigate the father-son relationship and its relation to the grieving process, to determine if the sex of the baby impacts the father's grief or if this is an isolated experience in this sample.

The final theme, "Because I'm a Guy," discusses feelings of needing to fix things, return to work promptly, be strong for others, or emote less outwardly. Fathers also shared in this theme about the lack of acknowledgement they felt in having their pain validated—experiencing their grief more behind the scenes as they tried to maintain the household and support their partner. These findings in this secondary analysis are parallel to those in other literature surrounding perinatal loss, where fathers were included and reported similar feelings (Due et al. 2017; Watson et al., 2019). An interesting topic that was present in some interviews but not all, and therefore was not included in the theme, was the idea of support groups. Two of the

ten fathers became peer support leaders in groups and found a great deal of help in giving back as well as shared experience. Other fathers mentioned that they did not like the format. Support groups for bereavement in general have been shown to improve mental health and grieving (Hutti et al., 2018; King et al., 2021). For males who have experienced perinatal loss, some prefer only using their peers as support, but others found groups to be useful, as some of the fathers in this study mentioned (McDonough & Leone-Sheehan, 2023a, 2023b; Riggs et al., 2021).

Strengths and limitations

The strengths of this study include findings of non-birthing parent experiences being similar to the existing findings in studies where both parents were included or father-only studies in other countries. Additional strengths are the three authors' approach to data analysis for rigor, trustworthiness, and validity. Limitations of this study include an all-white, non-Hispanic male population as well as a wide variation in pregnancy/fetal situations, which is not representative of the population at large of fathers who experience stillbirth. There were also non-heterogeneous dyads included in the original study who have their own valid experiences to share and may differ from the male non-birthing experience.

Recommendations for practice

In recognition of the importance of understanding the birthing and non-birthing experiences in more detail, further studies evaluating depression and anxiety in both parents following a stillbirth would be beneficial to inform the care of this population. Further, moving toward intervention-based studies is the next step in addressing the gaps in post-perinatal loss care for bereaved parents. Continuing education on best practices remains a crucial intervention in hospital settings for nurses, midwives, physicians, and other ancillary staff. The International Partnership for Perinatal Excellence (IPPE) strives to provide extraordinary perinatal support to families and improve perinatal care, prioritize prevention of pregnancy loss, reduce disparities in perinatal loss, build on the experience and success of perinatal loss prevention and care initiatives, provide tools and resources for health care professionals, and recognize committed health care professionals (Mission, 2025). As a part of this mission, the IPPE provides a certification exam for multiple healthcare specialties (physicians, nurses, midwives, doulas, social workers, psychologists), that,

when taken and passed, provides the designation of a provider who embodies the vision listed above and publishes the network of certified providers.

A recommendation specifically to labor and delivery and postpartum nurse managers is to have all their bereavement committee nurses obtain either this certification or to take the course from the Association of Women's Health Obstetric and Neonatal Nurses' (AWHONN) Perinatal Bereavement Certificate course (Perinatal Bereavement Resources, 2025). Further, physicians who train resident physicians could implement further education in the sensitive nature of communicating and caring for families at the time of diagnosis of life-limiting conditions for the fetus or the absence of a heartbeat in a similar fashion by using the IPPE trainings and certification. The dedicated extra courses and certificates demonstrate a commitment to excellent care for those who experience perinatal loss that goes above and beyond the limited exposure continuing education typical for licensure renewals in healthcare.

A final recommendation to practice is to providers who specialize in mental health and bereavement of grief counseling. Supporting fathers, particularly as data often suggests they revert to attempts to fix things or prioritizing care for other children and supporting their partner through the loss and diverting their attention from their own grief, is imperative (Aydin & Kabukcuoğlu, 2021). Continuing education on the unique ways in which males who have experienced perinatal loss, particularly fetal death, can provide improved support for this population. Given that parental leave policies vary by state and country, awareness of variations in circumstances of fetal or neonatal death is crucial, and how that may impact the need to "snap back" as described in the findings by the fathers in this sample. For example, in the United States, the Office of Personnel Management's (2025) handbook, there is no ordinance for stillbirth to be included in parental bereavement policies, and while eligible to use time off protected through the Family Medical Leave Act to care for their partner who had the stillbirth, no paid time off is required for the father or non-birthing parent. In places where fetal or neonatal death negates the leave policies that would be applicable were the child born living, providers specializing in grief could be prepared to provide the documentation for a leave of absence related to the need for time off for grieving.

Conclusion

Becoming a father is a milestone that many men eagerly anticipate. When a stillbirth derails that dream,

the father not only experiences the secondary trauma of watching their partner navigate the pregnancy loss through giving birth and complicated grief, but they also experience trauma and grief. The father's experience following a stillbirth remains worthy of further investigation to support both parents in their grief journey. Recognizing the needs of fathers can provide more insight into where gaps in postpartum care exist and how to begin addressing them.

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