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Understanding the Mourning Rituals of Women Who Have Experienced Perinatal Loss: A Qualitative Study

Betül Uncu[1,2], Feyza Aktaş Reyhan[3], and Gülistan Acaban[4]

Abstract

This qualitative phenomenological study aimed to explore the mourning rituals and meaning-making processes of women who experienced perinatal loss, focusing on how cultural, emotional, and social contexts shape their experiences. Conducted between January-March 2025, the study involved eight women who were interviewed shortly after delivery and again via online platforms after the 42nd postpartum day. Data were collected using a semi-structured interview form and analyzed through content analysis. Three main themes emerged: "Perception of Loss Experience", "Cultural, Religious and Personal Rituals in the Mourning Process" and "Coping Resources and Support Mechanisms". Participants described engaging in traditional rituals such as condolences, prayers, and grave visits, as well as personal rituals like keeping items belonging to their babies. These rituals served as emotional anchors in their grieving process. The findings highlight the critical role of cultural, religious, and personal elements in shaping how women understand and cope with perinatal loss, underlining their importance in emotional healing.

[1]Department of Midwifery, Faculty of Health Science, Istanbul University-Cerrahpaşa, Istanbul, Türkiye
[2]Department of Midwifery, Institute of Graduate Studies, Istanbul University-Cerrahpaşa, Istanbul, Türkiye
[3]Department of Midwifery, Kutahya University of Health Sciences, Kutahya, Türkiye
[4]Department of Midwifery, Agri Ibrahim Cecen University of Health Sciences, Agri, Türkiye

Corresponding Author:
Betül Uncu, Department of Midwifery, Faculty of Health Science, Istanbul University-Cerrahpaşa, Istanbul, Türkiye.
Email: betul.uncu@iuc.edu.tr

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Introduction

Although perinatal loss has different definitions around the world, according to the generally accepted definition, babies who die after 28 weeks of gestation are called stillbirths. Approximately 2 million babies are stillborn each year, and a significant proportion of these deaths are preventable. However, since stillbirths are not systematically recorded even in developed countries, it is estimated that the actual numbers may be higher (WHO, 2025). Such a loss is not only a biological loss, but also a sudden rupture of a woman's maternal identity, future plans and dreams. This situation can have profound psychological effects on women, leading to intense feelings of guilt, worthlessness, inner emptiness and social isolation (Herbert et al., 2022). The bond established between the mother and the fetus from the early stages of pregnancy is reinforced by the sensation of fetal movements and physical changes in the mother's body. This process strengthens a relationship shaped by biological and emotional interactions in utero. However, the death of the baby can suddenly shatter this integrated experience, leaving mothers with a lifelong sense of loss and longing (Hunt & Josselin, 2024). This traumatic loss may cause the mother to feel lonely and isolated during the grieving process. In particular, social stigmatization and lack of support make it difficult for parents to share the emotional burden they experience and may deepen the sense of isolation (Fernández-Sola et al., 2020). Although mourning is defined as the process of coping with loss, this process is experienced differently by each individual and is shaped by cultural beliefs, social norms and symbolic meanings. Especially a type of loss with limited social visibility, such as perinatal loss, is also associated with the concept of "disenfranchised mourning". Disenfranchised mourning occurs when the loss is not sufficiently acknowledged, shared or made meaningful by the community or close environment and may further deepen the woman's mourning process (Lang et al., 2011).

At this point, cultural rituals, symbolic practices (such as memorial photography) and religious/practical approaches become important tools for individuals to express their mourning, feel social support and make sense of loss (Markin & Zilcha-Mano, 2018; Salvini et al., 2024). Such rituals and practices find expression in different cultures in various ways to make sense of loss. Belief systems may develop similar or unique understandings by interpreting the concepts of death and mourning in different ways (Adeleye et al., 2024). Traditional practices such as ceremonies, grave visits, prayers and the use of commemorative objects to honor and commemorate losses have healing effects on individuals during the grieving process (Denney-Koelsch, 2023). Symbolic and material tools used to cope with perinatal loss play an important role in making sense of the loss and in the grieving process. In hospitals and among families, special objects such as commemorative objects and baby items are used to concretize

the loss, provide emotional healing and offer social support (Minton et al., 2022). In addition, cultural and social context shapes the organization of mourning processes and the acceptance of loss; practices in this context may differ across cultures. As a result, symbolic tools play a decisive role in making sense of loss and grieving (Fernández-Mostaza & Muñoz-Henríquez, 2024). Although the psychological effects of perinatal losses have been frequently investigated in the literature (Li et al., 2024), the cultural and symbolic dimensions of the mourning process are often secondary. However, rituals provide a sociocultural framework that helps the individual accept and make sense of the loss and structure the mourning process. Women's attitudes towards these rituals, the symbolic tools they use and the experiences they gain in this process contain important clues not only about personal healing but also about how mourning is experienced at the social level. Yet in some cultural contexts, including Türkiye, the absence of supportive institutional mechanisms for these rituals leaves women to navigate grief in isolation.Despite the psychological impact and cultural significance of perinatal loss, there are no institutionalized practices or specialized units in Türkiye to support bereaved mothers. Women are expected to give birth after being informed of their baby's death, often without any emotional or symbolic support. If the family does not intervene, the hospital assumes responsibility for the burial, usually without the mother's involvement. Furthermore, women are often pressured by their families to conceive again shortly after the loss, with little acknowledgment of their need to grieve. This lack of recognition can lead to unresolved grief, emotional isolation, and the silencing of women's mourning experiences (Altuner & Çankaya, 2025; Pekyiğit et al., 2024).

Accordingly, this study aims to qualitatively examine the interactions of women who have experienced perinatal loss with mourning rituals, the meanings these practices carry for them, and the coping styles they develop through these rituals.

Materials and Methods

Research Design

This study is a qualitative research that aims to understand in depth the experienced perinatal loss due to stillbirth. A phenomenological approach was adopted in the study to discover the essence and meaning of individuals' experiences (Creswell, 2013). In this context, it was aimed to reveal the subjective experiences of women who experienced perinatal loss regarding ritual practices, their practices and coping mechanisms.

Research Sample

This study was conducted in the obstetric ward of a hospital in the eastern region of Türkiye between January and March 2025. The study region was chosen because it is an area with high birth rates, consanguineous marriage and perinatal losses. The sample

was determined by criterion-based sampling, one of the purposive sampling methods. In the literature, it is stated that the sample size in qualitative research is determined according to the data saturation point reached when the answers given to the research questions begin to repeat and generally 5-25 participants are sufficient (Yıldırım & Şimşek, 2021). In our study, data saturation started to be achieved from the fifth participant and the sample (n = 8) was completed with the eighth participant.

The inclusion criteria for the study were as follows: being 18 years of age or older, the ability to speak Turkish, having experienced a fetal loss after the 20th week of gestation, having passed at least 42 days since the loss, and voluntarily agreeing to participate in the research. On the other hand, individuals were excluded from the study if more than one year had passed since the perinatal loss, if they had a history of a serious psychiatric diagnosis, or if they had any disability that prevented effective communication.

Data Collection Tools and Features

In this study, a semi-structured interview form developed in line with the literature review and expert opinions was used to collect data. The form consists of open-ended questions aimed at understanding the cultural rituals and symbolic practices experienced by women experiencing perinatal loss during the mourning process and the emotions they experience in this process. In the creation of the interview form, previous qualitative research on the subject, trauma and mourning theories, and perinatal loss literature were utilized (Donegan et al., 2023; Fernández-Férez et al., 2021; Tseng et al., 2018). In order to ensure the content validity of the form, the opinions of three academicians specialized in women's health, psychology and midwifery were taken and necessary arrangements were made accordingly. The interview questions were structured so that the participants could express their experiences comfortably, and the interviews were guided flexibly by the researcher. During the interviews, additional questions and explanations were made when necessary to deepen the participants' narratives. The main interview questions used in the study are as follows:

- "Can you describe the process of your perinatal loss?"
- "What did you do to cope after your perinatal loss?"
- "What are the cultural rituals you experienced during the grieving process?"

Data Collection

In the data collection process, individual in-depth interviews (key informant interviews) were used as a qualitative method. The participants were referred from the district hospital due to the absence of fetal heartbeat and admitted to the hospital where the study was conducted, where they were diagnosed with intrauterine fetal death (intrauterine mortality) and gave birth with normal labor induction. The researcher first met with these women in the delivery room environment; after the birth, the researcher

conducted one-on-one, face-to-face interviews in the obstetrics ward. In the first interviews conducted in the maternity ward, the purpose of the study was explained to the participants, they were informed about the principles of privacy and confidentiality and invited to participate voluntarily in the study. The details of the subsequent interviews were planned with the individuals who gave consent for participation and mutual appointments were made for appropriate dates and times. Data were collected between January and March 2025, from the 42nd day after birth, through online platforms (Zoom, Google Meet, etc.). This method enabled participants to express their experiences more comfortably and sincerely in an environment where they felt safe. During the data collection process, the researcher (Betül Uncu), who has training and certification in Interpersonal Relationship Psychotherapy, conducted individual and in-depth interviews using a semi-structured interview form. In the interviews, participants' feelings about their perinatal loss, their ways of making sense of it, their experiences of mourning rituals, and their social and cultural perceptions of this process were discussed in detail. All interviews were recorded with the permission of the participants and then transcribed into written text (transcript). Interviews were terminated when themes began to recur and no new information emerged, i.e. when data saturation was reached. The interviews were conducted via online platforms and the interview recordings were saved on the researcher's personal encrypted computer. The recordings were transcribed and anonymized after the interviews and participant identities were hidden with codes. The data will be protected for five years after the completion of the study in line with the approval of the ethics committee and will be securely destroyed at the end of this period.

Data Analysis

In this study, the data were analyzed using the content analysis technique. In the evaluation of the data, the MAXQDA software (version 24), which is commonly used in qualitative data analysis, was utilized. After the audio recordings were transcribed into written text, they were carefully read by the researcher and imported into the MAXQDA program. The data were coded by dividing them into meaningful units in line with the thematic analysis method, and sub-themes and themes were formed by grouping similar codes. The themes were examined in depth through how the participants made sense of their losses and the meanings they created about the mourning rituals. In this process, the researcher's subjective interpretations were minimized and an analysis was made on the themes directly related to what the participants said. The software contributed to the systematic organization of the data in the coding process and increased the transparency of the analysis process.

During the content analysis process, each theme and category was carefully examined and repetitive and similar expressions were grouped. The analysis process was carried out by an expert (Feyza Aktaş Reyhan) who was trained in this field and had conducted previous studies on related topics. This approach ensured in-depth and reliable analysis of the data.

Scientific Rigor of the Study

In this qualitative study, scientific rigor was ensured by considering the criteria of credibility, transferability, reliability and verifiability.

Credibility was achieved by collecting data in depth and reflecting the participants' experiences as accurately as possible. The interview form was prepared in line with the literature review and the opinions of three academics specialized in women's health, psychology and perinatal loss. The interviews were conducted with semi-structured questions in a way that the participants could freely express their experiences; the researcher avoided directing during the interviews. In addition, peer check was performed by two researchers in the data analysis and participant verification was ensured by sending the interview transcripts to the participants.

Transferability was supported by a detailed description of the context in which the study was conducted, participant characteristics and the data collection process. In this way, researchers working in similar contexts will be able to assess the validity of the findings.

Reliability was ensured by systematically recording each stage of the research (data collection, analysis, decision-making processes). Interviews were conducted by the same researcher using the same guiding questions and analyzed using MAXQDA 2024.

Verifiability was ensured by clearly documenting the decisions and analysis phases of the research process and by working together with the second researcher.

Ethical Principles

This study was approved by the University's Research Ethics Committee (Ethics Committee Number: E-95531838- 050.99-118589, No: 117991, Date: 11.25.2024). Participants were informed about the purpose, process, confidentiality principles and voluntary participation principles of the study and their written informed consent was obtained. It was stated that all participant information would be anonymized and used only for research purposes. The research was conducted in accordance with the Declaration of Helsinki and research ethics.

Results

Information on the descriptive characteristics of the participants in the current study is presented in Table 1. The ages of the eight women who participated in the study ranged between 18 and 40. Three of the participants live in the village and five in the district. In terms of education level, two participants were illiterate, one had primary school education, two had secondary school education, two had high school education, and one had education below high school (primary school). This shows that the majority of the participants have low or medium level of education. When the income status of the participants was analyzed, three of them had "low", three had "medium" and two had "high" income levels. The number of pregnancies varied between 1 and 8, and three

Table 1. Descriptive Characteristics of the Participants.

Participant	Age	Place of residence	Education status	Income status	Number of pregnancy	Consanguineous marriage
P1	18	Village	Primary school	Medium	1	No
P2	22	District	Secondary school	Medium	2	No
P3	20	Village	High school	Low	1	No
P4	33	District	Secondary school	High	3	Yes
P5	19	Village	High school	Low	1	Yes
P6	40	District	Illiterate	Low	8	No
P7	36	Village	Illiterate	Medium	6	Yes
P8	24	District	Primary school	High	3	Yes

participants had more than three pregnancies. In terms of consanguineous marriage status, three of the eight participants had consanguineous marriages. These findings reveal that the women participating in the study had demographic and socioeconomic diversity and that perinatal loss experiences can be experienced in different socio-cultural contexts.

In this study, how women experiencing perinatal loss make sense of their losses and the mourning rituals they practice in this process were examined in depth. As a result of the content analysis, a total of 76 codes were identified, and 3 themes and a total of 7 sub-themes were formed from these codes. In the following sections, themes and sub-themes are explained in detail with participant quotes. In addition, all themes and sub-themes are presented in Figure 1.

Theme 1. Perception of Loss Experience

This theme reflects how women made sense of their loss and the emotional impact it had. It highlights feelings of shock, confusion, and the deep sense of incompleteness caused by the sudden end of the anticipated motherhood experience.

Sub-theme 1.1. Half-Baked Motherhood

This sub-theme reflects the emotional rupture experienced by women who had begun to develop a maternal identity during pregnancy but were unable to fully realize their motherhood due to the timing of the loss. The loss often occurred after strong emotional, psychological, and sometimes physical investment into motherhood — such as preparing baby items, imagining the birth, or dreaming about holding their baby.

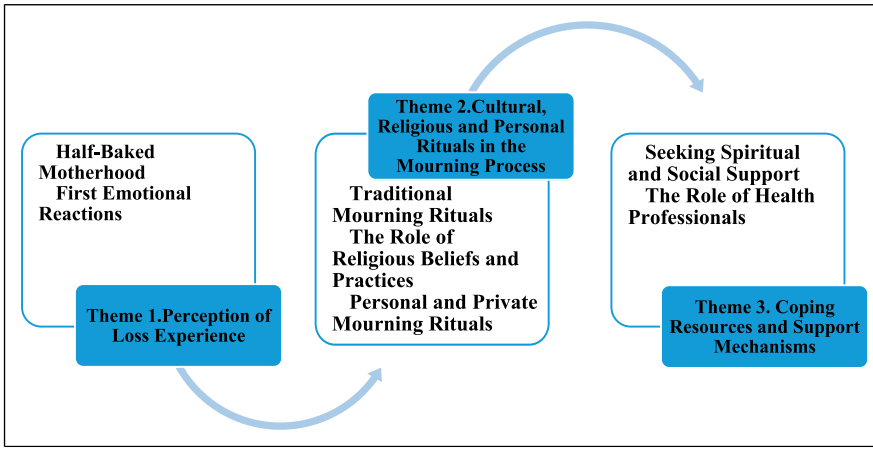

Figure 1. Overview of themes and sub-themes.

The interruption of this anticipated maternal journey led to profound feelings of incompleteness, identity disruption, and emotional confusion. Many participants described this experience as being a mother without ever having the chance to mother.

> "I had already bought clothes, imagined breastfeeding, and held a baby in my dreams. But all of a sudden, it ended. I became a mother without a baby." (P4)

> "I had bought everything. I knew her name, her room was ready. I was already a mother, but I never got to hold her alive. It feels like something was stolen from me, something I can't get back." (P7)

Sub-theme 1.2. First Emotional Reactions

Emotions such as shock, denial, anger, guilt, and helplessness were commonly observed among participants. The mood changes experienced immediately after the loss varied individually. One participant described her initial feelings upon learning about her baby's death as follows: *"When I heard the news, it was like the ground disappeared beneath me. I couldn't believe it at first; it felt unreal. It was as if a part of me had been taken away forever."* (P5). This description illustrates the intense shock and deep emotional pain experienced in the immediate aftermath of the loss.

One participant described her initial emotional reactions and feelings about the loss, the feeling of loneliness and not being understood, combined with external blame. At the same time, the impact of the comments of the environment (relatives and spouse) about the loss shows how emotionally difficult the participant was and how she was not properly understood by the environment.

> "My relatives blame me, my husband blames me, no one understands me. My husband says to me that it was as if it was your first pregnancy and you didn't realize that she died, I feel very sad (P8)."

Theme 2. Cultural, Religious and Personal Rituals in the Mourning Process

This theme explores the various rituals women engage in during their mourning process, highlighting the influence of culture, religion, and personal practices.

Sub-theme 2.1. Traditional Mourning Rituals

Rituals such as condolences, prayers and grave visits were commonly mentioned. Participants follow traditional rituals in the aftermath of losses, organizing mevlits and hayrats after losses. These rituals include traditional practices such as mawlids and donations for the soul of the deceased. It is stated that such rituals are performed for the soul of the deceased and that the good deeds of those left behind are meant to make sense of the grieving process after the loss and to offer a kind of "well-wishing". *"Our Fatihas, when we pray, beads, the Qur'an, the Qur'an, Hocam, something like that (P4)*." The participant's recourse to religious rituals and traditional beliefs after experiencing the loss plays an important role in spiritual healing during the grieving process. Traditional rituals and religious practices provide emotional relief and spiritual support after loss, and also help to keep the memory of the deceased alive.

Some participants shared that they gave the baby to pathology and later experienced emotional conflict and regret about not having a grave to visit. This indicates an internal struggle and a feeling of incompleteness in the mourning process, as grave visits and funeral rituals are culturally important.

> "We gave it to pathology. I didn't get my baby back. I'm going through that thing on the one hand. I wonder if I shouldn't have given it to pathology. For a moment I thought, at least I can go after my baby. At least I wanted it to have a grave, but it didn't happen (P3)."

Sub-theme 2.2. The Role of Religious Beliefs and Practices

Some of the participants explained how they resorted to religious beliefs and practices after the loss and what role religious rituals played in making sense of the loss and in the grieving process. One participant stated as follows: *"I gave alms for her, I helped the children at work. I read Fatiha and pray for her like this. I can't explain how I feel, but I tried to comfort myself (P2)*." Religious practices such as reading Fatiha, praying and giving alms in this conversation show how the bereaved person goes through the grieving process within a religious framework and how they try to heal themselves emotionally after the loss. In addition, it can be said that these rituals express that the individual tries to establish a bond with the person they lost in a comforting way after the loss. However, the feeling of "not being able to tell" also emphasizes the complexity

of the grieving process and the emotional void created by the loss. This suggests that religious rituals during bereavement, while sometimes providing inner peace, can also create a sense of emotional emptiness and inexpressibility.

One participant stated that her husband and family did not value all her dead babies. She expressed sadness and regret that they did not have a grave and that the loss was not handled in accordance with traditional rituals.

> "My father-in-law, my wife, I was living with them at the time. They took them to the cemetery, there they buried them, but they never told me, they never showed me. ...I wanted to have Mevlüt read, they didn't care, like they ignored me (P6)."

Sub-theme 2.3. Personal and Private Mourning Rituals

This sub-theme covers personal rituals and practices that individuals develop on their own and find meaningful after the loss. Participants establish emotional bonds by keeping, smelling and hugging the belongings of the lost baby and try to alleviate their pain through these rituals. These personal commemoration practices contribute to emotional healing and acceptance during the grieving process.

> "He has a blanket. He has socks. I hugged him, I smelled him, it feels good for me. You know, you feel very different. After all, isn't he your son? My child. He is always close to me. Motherhood is such a sensitive feeling. It is a very different feeling(P3)."

Another participant stated that keeping the ultrasound images of the baby she lost gave her strength:

> "I open his photos every day, I touch him, it makes me feel that he is still with me(P7).

Theme 3. Coping Resources and Support Mechanisms

This theme focuses on how women seek and receive support to aid their emotional recovery following perinatal loss.

Sub-theme 3.1. Seeking Spiritual and Social Support

This sub-theme covers the sources of social and moral support used by women who experienced loss during the recovery process. Participants emphasized the positive impact of the moral support they received from their close circles such as husbands, in-laws and relatives on their emotional recovery process after the loss. Some participants stated that the spiritual support they received from their mothers-in-law played a major role in coping with the loss:

"My mother-in-law and sister-in-law. They are my biggest supporters. My mother-in-law always says that my Lord will grant you another chance. Don't ever be sad. He will be your intercessor on the other side. She says that was a test for you. The next one will be better. He was always motivating. He always made me laugh (P3)."

Similarly, there were participants who stated that they received morale and consolation from their spouses:

"There is a good in this too," my husband told me. He said the important thing is your health. Don't worry, God knows something. The important thing is your health. What would we do if we were an unhealthy child? You can go home and recover quickly. We'll do it again in a few months if we can. When he said that, I suddenly felt a sense of relief (P4)."

Some women stated that they recovered more easily with the experiential support they received from family elders (e.g. aunts) who had gone through similar experiences: *"I told my aunt. She also had troubled pregnancies. She would always say 'don't be depressed, your baby sees you'. It gave me morale, it felt good." (P3)*

On the other hand, some participants stated that they did not receive sufficient emotional support from their environment. This situation shows that the search for psychological support was not met and increased the feeling of loneliness:

"No, my husband did not support me at all, to tell you the truth... Well, it was very difficult. I really can't get over it (P6)."

Sub-theme 3.2. The Role of Health Professionals

Participants emphasized the supportive roles of healthcare professionals not only during the physical delivery process but also in the emotional management of the stillbirth experience. In particular, midwives and nurses were often described as calming figures who helped to stabilize the women psychologically during and immediately after the loss.

"...One midwife helped me. The midwife said push, I will deliver you no matter what. She was a good midwife. Calm down, she delivered me... It was very bad. She took it and put it in a bucket, I didn't see it because she said not to show it. It would spoil her psychology even more (P3)."

Another participant described how the health professional's gentle approach contributed to her sense of emotional safety and validation after the loss: *"The doctor said: you are right to be so upset, this is your baby. He didn't say don't cry, just listened. That helped a lot. I didn't feel alone at that moment (P7)*."

Some participants also noted that hospital staff helped normalize their grief, which was perceived as an important factor in initiating the healing process:

> "The nurse hugged me and said, it's okay to feel broken. You are a mother, even if you don't have the baby in your arms. Those words stayed with me (P5)."

These statements show that health professionals contributed not only by managing the medical aspects of the birth, but also by validating emotions, protecting psychological well-being, and offering emotional comfort all of which are critical parts of the bereavement process.

Discussion

This study identified three main themes and seven sub-themes based on the narratives of women who experienced perinatal loss: (1) Perception of Loss Experience (*Half-Baked Motherhood*, *First Emotional Reactions*), (2) Cultural, Religious, and Personal Rituals in the Mourning Process (*Traditional Mourning Rituals*, *The Role of Religious Beliefs and Practices*, *Personal and Private Mourning Rituals*), and (3) Coping Resources and Support Mechanisms (*Seeking Spiritual and Social Support*, *The Role of Health Professionals*). These themes reflect the complex and layered experiences of grief, meaning-making, and healing. In the following sections, each theme is discussed in relation to existing literature, highlighting both commonalities and context-specific findings. The frequency and prominence of themes are also addressed to demonstrate their relative significance in participants' narratives. Although perinatal loss triggers an intense mourning process in individuals, in some cases this experience may also pave the way for personal transformation and search for meaning (Nevoenna & Kadyhrob, 2021). In the literature, it has been revealed that following the loss, individuals experience a kind of posttraumatic growth through the transformation of their core beliefs, recovery with social support, and continued bonds with the deceased baby, along with efforts to make sense of the trauma they have experienced (Alvarez-Calle & Chaves, 2023). Participants' accounts revealed that the timing of the loss and the processes of making sense of it were quite complex. This complexity was especially apparent in their initial emotional reactions (Sub-theme 1.2: First Emotional Reactions), where many women described experiencing shock, disbelief, and emotional numbness. For instance, some participants stated that they struggled to process the reality of the loss, particularly in the absence of visible signs or rituals. Moreover, the perception of the baby as "real" or "not yet a baby" shaped how women internalized their experience. This ambiguity—whether to define themselves as mothers or not—was a recurring theme in the data and reflects what we conceptualized as Half-Baked Motherhood (Sub-theme 1.1). Social norms and external messages, such as "you are still young" or "you will get pregnant again," often invalidated their grief, reinforcing feelings of invisibility and silence. These findings demonstrate that meaning-making after perinatal loss is not only influenced by cultural and personal values (Arach et al., 2023; Chen et al., 2024)

but also deeply intertwined with how women perceive their maternal identity and how society acknowledges—or fails to acknowledge—their loss. Cultural and religious rituals play an important role in shaping the grieving process. Findings under Theme 2 revealed various coping mechanisms through symbolic and ritualistic practices. In the literature, some women reported expressing and donating breast milk as a way of maintaining a symbolic bond with their deceased babies. This practice was perceived not only as a physiological act, but also as a meaningful ritual of acceptance and emotional continuity (Fernández-Medina et al., 2022; Oreg, 2020). In our study, under the heading "The Role of Religious Beliefs and Practices", many participants found solace in religious narratives and interpreted loss as part of "God's will".

However, these same beliefs, combined with societal expectations, such as encouraging early conception or minimizing mourning, often prevented women from expressing their grief openly. For example, in some communities, graveside visits are discouraged and bereavement is expected to be resolved by having another child (Markin & Zilcha-Mano, 2018); this was echoed by participants in the current study. Women also described how the lack of open dialog about perinatal loss in their social circles contributed to the suppression of grief. This reflects the influence of cultural taboos, which have also been reported in other cultural contexts. For example, previous studies showed that in certain African societies, beliefs surrounding witchcraft or evil spirits have historically shaped understandings of perinatal loss, though a shift toward biomedical explanations has changed this perception over time (Arach et al., 2023).In line with another sub-theme "Personal and Private Mourning Rituals", this study found that women engage in a variety of symbolic practices to cope with loss and preserve the memory of their babies. While some participants created special spaces or rituals for remembrance, others mentioned symbolic acts such as keeping ultrasound images or preparing items for a baby that never came. These findings reflect cross-cultural practices reported in the literature. For example, in Asian societies, mourning rituals rooted in Buddhist beliefs have long served as key mechanisms for coping with perinatal loss (Punaglom & Dumrongpakapakorn, 2025). Moreover, in other studies, individuals have used tattoos, written narratives and memory objects to express their grief. Tattoos in particular have been found to help create a visible and lasting bond with the infant, thus personalizing the experience of grief (Herrero et al., 2025). Such rituals, whether spiritual, cultural or self-created, have been shown to support healing and promote healthier grieving, especially among those with high psychological vulnerability (Druguet et al., 2019; Wojtkowiak et al., 2021). The resonance between such global practices and the strategies used by women in this study highlights the universal need for symbolic expression when grieving, even when societal structures do not formally acknowledge perinatal loss. Seeking support is one of the common characteristics of individuals experiencing perinatal loss. Both psychological and social support stands out as one of the building blocks of the healing process. Studies have shown that intervention methods such as summer camps, retreat programs, and group work have positive effects on depression, trauma, and feelings of loneliness (Hanish et al., 2019). In the current study, several participants mentioned that harsh winter

conditions in the region limited their ability to seek support or even attend routine health visits, which contributed to their sense of isolation and deepened their grief. In the social and geographical context in which the study was conducted, there are no similar supportive environments for women experiencing infant loss. Due to the harsh climatic conditions in the region, women mostly have to spend time at home, which increases social isolation and makes the mourning process more difficult. However, the study area is often characterized by harsh climatic conditions that limit women's mobility and even make it difficult for them to attend routine antenatal care. The lack of safe and supportive social spaces where they can share limits women's ability to express their emotional burdens and negatively affects their healing process. The role of health professionals in this process is critical. The development of individualized support plans, especially for women who are planning or re-pregnant, reduces anxiety and provides a safe pregnancy process (Donegan et al., 2023). However, it is observed that healthcare professionals are also emotionally challenged in the face of perinatal losses, and they turn to religious practices or positive thinking to cope with this situation (Yenal et al., 2023). However, it is clear that they need professional training and guidance to provide more effective support to individuals experiencing perinatal loss.

In conclusion, perinatal loss is not only a biological but also a social, cultural and psychological trauma for individuals. Recognizing the experience of loss, creating space for the expression of individual mourning, and enabling health systems to respond to this need are vital for both the healing process of individuals and the development of social awareness.

Conclusion and Recommendations

This study explored how women experiencing perinatal loss experience the mourning process in cultural, religious and personal contexts. The research findings were shaped around the themes of "Perception of Loss Experience", "Cultural, Religious and Personal Rituals in the Mourning Process" and "Coping Resources and Support Mechanisms". Participants turned to various rituals to make sense of the loss and cope with the emotional burden; these rituals were found to have a healing function in the mourning process. In addition, social support stood out as a determining factor in how women went through this process. The physical and emotional support that the participants received from health professionals at the time of birth plays an important role in reducing the impact of the trauma caused by the loss. These findings reveal the necessity of considering cultural sensitivity and individual mourning approaches in care services. In line with the findings of this study, it is important to provide psychosocial support in a systematic manner in health services for women experiencing perinatal loss. Increasing the awareness of health professionals about this process will support service delivery based on empathic communication and cultural sensitivity. Religious and cultural rituals that women attach importance to during the mourning process should be allowed to be practiced, and the care process should be shaped by considering individual differences. In addition, women's social support systems should

be strengthened and family members should be made aware of this process. Policy makers should develop practices that facilitate access to psychological support services after perinatal loss.

Limitations of the Study

The fact that the participants were going through an emotionally challenging process caused some difficulties in conducting the interviews. Since the grieving process is a time of emotional intensity for women, this made the interview process more difficult and led to difficulties in conveying the participants' experiences. Socio-cultural barriers also limited the participation of some women in the research, which affected the sample diversity. The research was limited to the province of Ağrı, which limited the generalizability of the findings. In addition, interviews were only conducted with women who had stillbirth between January and March, which limited the sample size and narrowed the scope of the study. Therefore, it was difficult to generalize to a wider population as the data obtained reflected only a specific region and period.

Author's Note

This article is the authors' original work. This article has not been published, and it is not under consideration for publication elsewhere. All authors have seen and approved the manuscript being submitted.

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Author contributions

Betül Uncu: Conceptualization, Methodology, Software, Data collection, Supervision, Project administration, Formal analysis, Writing – original draft, Writing – review & editing. Feyza Aktaş Reyhan: Data curation, Formal analysis, Visualization, Writing – original draft, Validation. Gülistan Acaban: Investigation, Data collection, Participant recruitment, Resources, Writing – review & editing.

Declaration of Conflicting Interests

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Ethical Statement

Ethical Approval

Ethical approval for the study was obtained from the Ethics Committee of a public university prior to the commencement of the research (Ethics Committee Number: E-95531838-050.99-118589, No: 446, Date: 29.11.2024). Participants were informed about the purpose, procedures, confidentiality principles, and voluntary nature of the study, and written informed consent was obtained. It was emphasized that all participant information would be anonymized and used solely for research purposes. The study was conducted in accordance with the Declaration of Helsinki and research ethics principles.

ORCID iD

Betül Uncu https://orcid.org/0000-0001-7691-6590

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request. Due to ethical and privacy concerns, the data are not publicly available.

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Author Biographies

Betül Uncu, Ph.D is a lecturer at Istanbul University-Cerrahpaşa. She is a midwife with 9 years of clinical experience and 3 years of academic experience. Her academic work focuses on interpersonal relationship psychology, women's mental health, and birth

psychology. She adopts a woman-centered and holistic approach in both clinical practice and education.

Feyza Aktaş Reyhan, Ph.D is a faculty member in the Department of Midwifery at Kütahya Health Sciences University, Türkiye. Her research interests include maternal mental health, perinatal loss, women's reproductive and birth experiences, birth environments, and physiological (natural) childbirth. She focuses particularly on qualitative research methods that explore women's lived experiences and support woman-centered care approaches that respect the physiological processes of childbirth.

Gülistan Acaban is a midwifery student at Ağrı İbrahim Çeçen University. Her main academic interest is women's studies, with a focus on holistic and woman-centered approaches.