



Parental experiences of grief after perinatal loss: A qualitative systematic review

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Abstract: The loss of a pregnancy puts the project of parenthood on hold, along with all the dreams and expectations about the child and the family. The aim of this study was to conduct a systematic review of qualitative studies on the bereavement experiences of parents and families following pregnancy loss. The review followed the principles of PRISMA and the search was conducted using the Web of Science and Scopus databases to identify relevant articles on parental bereavement following pregnancy loss published between 2013 and 2024. 23 qualitative studies were included after analysis. The moment of loss is marked by shock, anxiety, and suffering, followed by guilt, envy, and jealousy. Gender differences in the grieving process were evident, with most bereaved people finding it difficult to express their feelings. Health professionals play a fundamental role in communicating the news and validating this loss, which will have an impact on the grieving process experienced by these parents.

Keywords: Perinatal loss, Parental grief, Qualitative systematic review.

Introduction

According to the Public Health Agency of Canada (2017), gestational loss represents a set of situations of abrupt and unexpected loss during pregnancy or after childbirth, which include spontaneous abortion, fetal death, neonatal death, and medical termination of pregnancy, often because of congenital anomalies in the fetus, as well as voluntary termination of pregnancy. Globally every year, one in four pregnancies do not progress beyond 12 weeks of gestation, with around two million babies dying after 28 weeks of gestation, and between 14% and 20% of all pregnancies ending in loss (World Health Organization [WHO], 2023).

Perinatal loss is a devastating experience, with changes in the emotional, physical, social, financial, and spiritual domains of the women and men who experience it (Alvarez-Calle & Chaves, 2023). This loss could involve the breakdown of a binding relationship with the imagined child that had been built up during pregnancy, leading to the start of a process of mourning and enormous suffering. Because it is sudden and unforeseen, often without any complications or irregularities, there is no possibility of emotional preparation or mobilization of the necessary

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resources to manage the pain, something that increases the shock felt and makes it difficult for the parents to accept this event (Callister, 2006).

When parents are faced with a pregnancy loss, there are secondary losses that they have to deal with, such as the loss of a beloved baby and a child who was expected to be healthy, the loss of status or social identity (mother/father figure), the opportunity to exercise parenthood, self-esteem, feelings of security and control over life, as well as expectations and dreams about the pregnancy and the future (Gabriel et al., 2021; Nazaré et al., 2010). Despite this, society tends to silence and devalue the suffering of these parents, accentuating feelings of incomprehension. Grief resulting from pregnancy loss is also considered to be a disenfranchised grief, denied and minimized by family members, friends, or colleagues of the bereaved, thus increasing their social isolation (Demontigny et al., 2020).

Due to the universal nature of death, the grieving process promotes changes in individual and relational identity for those who experience it. This study aims to carry out a systematic review of qualitative studies on the bereavement experiences of parents who have experienced pregnancy loss to understand the relationship between pregnancy loss and the bereavement experiences of these parents.

Methodology and analysis

Grief is universal and tends to be considered a normative response to loss, which differs from individual to individual. Although the loss of a child is regarded as one of the most traumatic experiences a human being can go through, there is still a lack of understanding of this loss, as well as of the processes of re-signifying parental bereavement. It was decided to carry out an in-depth and careful analysis of publications that show a relationship between parental experiences of bereavement and pregnancy loss, thus enabling an in-depth look at these issues. To this end, the main objective of this study was to systematically review the existing literature on parental bereavement following the experience of one or more gestational losses by identifying, selecting, and analysing scientific articles that refer to the constructs in question.

In this study, the principles of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) were used, and this article was registered in the International Prospective Register of Systematic Reviews (PROSPERO) database. The systematic review was carried out following the updated PRISMA 2020 guidelines (Page et al., 2021).

The articles were recognized and selected using eligibility criteria established according to the Population, Intervention/Exposure, Comparisons, Outcome, and Study type (PICOS) structure: (1) Population: women and men over the age of 18 who have experienced at least one gestational loss (miscarriage, stillbirth, perinatal death, and neonatal death), with no limit as to the number of weeks of gestation in which the loss occurred or the number of losses; (2) Interventions/Exposure: women and men should not be receiving any psychological care or treatment; (3) Comparisons: women's and men's experiences of the bereavement process will be compared according to the type of gestational loss that occurred, the time of pregnancy at which the loss occurred and the time after the loss; (4) Outcomes: to understand parents' experiences of bereavement after gestational loss; (5) Study type/design: qualitative studies. The guiding research question: "What are the grief experiences of women and men who have suffered a miscarriage, stillbirth or neonatal death?".

The period used to search for information for this review was from January 2013 to May 2024 using two bibliographic databases: Web of Science and Scopus. The search for articles in the databases mentioned above was complemented by a manual search of reference lists of other

relevant publications related to the experiences of bereavement resulting from pregnancy loss to include additional studies not previously identified, thus ensuring data saturation.

The search strategy included identifying the main terms based on the PICOS structure. The authors also identified keywords and/or synonyms associated with the main topics as described in Table 1. These descriptors were linked in Boolean logic, using the operators “AND” and “OR”, as well as truncation symbols (*) and quotation marks (“”) to restrict the search based on the eligibility criteria. Two independent reviewers assessed the eligibility of each study to reduce the number of articles lost and the risk of bias, thus allowing the divergences found to be discussed later.

Table 1

Search motor and Boolean phrase

Database	Boolean sentence
Web of Science	TS = (“pregnancy loss” OR miscarriage OR abortion* OR “stillbirth” OR “neonatal death” OR “perinatal loss”) AND TS = (grief OR bereavement OR mourning) AND TS = (“grief experiences” OR “bereavement experiences” OR “mourning experiences”) AND TS = (“parental grief” OR “parental bereavement” OR “parental mourning”)
Scopus	TITLE-ABS-KEY (“pregnancy loss” OR miscarriage OR abortion* OR “stillbirth” OR “neonatal death” OR “perinatal loss”) AND TITLE-ABS-KEY (grief OR bereavement OR mourning) AND TITLE-ABS-KEY (“grief experiences” OR “bereavement experiences” OR “mourning experiences”) AND TITLE-ABS-KEY (“parental grief” OR “parental bereavement” OR “parental mourning”)

Results

An exhaustive literature search was carried out, and the search results were recorded using the PRISMA diagram (Figure 1). The studies resulting from this search were extracted from an online platform called ENDNOTE.

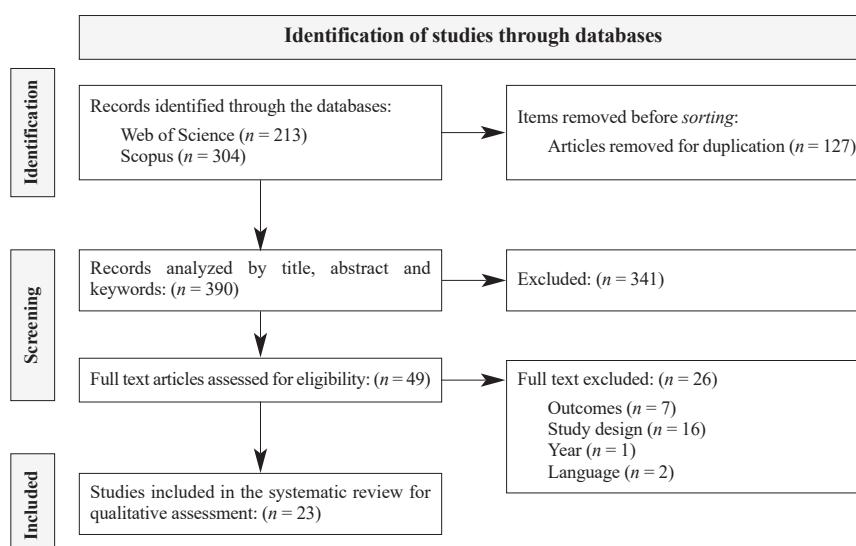


Figure 1. Diagram of the study selection and analysis process: PRISMA Flow Diagram 2020

The data extraction process considered the objectives and inclusion criteria of this systematic literature review. In this sense, and based on the instruments proposed by the Joanna Briggs Institute Reviewers' Manual (Joanna Briggs Institute, 2014), a standardised data documentation table was adapted, ensuring the reproducibility of this review and presenting the most relevant aspects of each of the studies analysed – the respective authors and the year of publication; the title; the study design; the target population/participants; the measurement instruments used and the main results (Table 2).

Table 2

Extraction of data from included studies

Authors, Date	Population	Main results
Avelin et al., 2013	55 parents who experienced the loss of a stillborn baby	Bereaved couples reported that although bereavement initially caused a disconnection due to unmet needs and communication difficulties, it ended up strengthening their relationship, with mothers seeking emotional expression and fathers coping through avoidance or distracting activities.
Arach et al., 2022	18 women and 14 men who had a stillbirth or neonatal death	Participants felt pain, confusion and guilt after the loss, with men reporting financial difficulties and difficulties supporting their partners, while women faced marital difficulties that added to their grief. Some felt neglected by health professionals, while others found comfort in the support they received.
Asplin et al., 2014	11 women who suffered a pregnancy loss after being diagnosed with fetal malformations	Participants struggled to cope with their loss due to the lack of a clear diagnosis, leading to feelings of frustration, sadness and abandonment, while some women felt anxious about pregnancy and isolated. Many women expressed the need to be listened to and treated with dignity, and most reported receiving empathetic care from health professionals, which helped them to feel more secure about the process of loss.
Azeez et al., 2022	10 men who experienced neonatal loss less than six months ago	For most of the parents, the sudden and unexpected loss of their son caused intense pain, confusion, exhaustion and feelings of anger, and some turned to alcohol, while others focused on supporting the family despite their own pain. The parents felt that their grief was not recognized by those close to them, which deepened their sense of injustice, but sharing their story was crucial to coming to terms with the loss.
Camarneiro et al., 2015	six women who suffered early pregnancy loss	After the loss, participants experienced a range of intense emotions, including frustration, shock, anger and guilt, often leading to isolation and emotional distress. However, they found comfort in talking to others who had similar experiences, seeing the previous pregnancy as a sign of fertility and looking forward to future pregnancies, even though they knew they wouldn't be the same.
Chavez et al., 2019	31 men who experienced early pregnancy loss	Most participants described feeling devastated, numb and guilty after the loss of their child, struggling to detach from their partner and finding it difficult to express their feelings. Half of the male participants felt torn between supporting their partner and dealing with their own grief, and many found comfort and growth in reading other men's experiences, despite the lack of recognition and support.

Authors, Date	Population	Main results
Consonni & Petean, 2013	10 women who suffered pregnancy loss	After the loss, the mother experienced intense pain, suffering and intrusive memories of her son, as well as feelings of sadness, emptiness, guilt and a search for meaning. Despite a strong desire to isolate herself, she sought social support, turned to religion and returned to work as a coping strategy.
Cullen et al., 2017	nine women and five men who suffered gestational loss in the secund trimester of pregnancy	Participants had positive experiences with health professionals following their pregnancy loss, appreciating their compassion, empathy and sensitivity, as well as the opportunity to see their child. However, some parents reported that the insensitive terminology used by some professionals hindered their ability to fully accept the loss.
Cullen et al., 2018	nine women and five men who suffered gestational loss in the secund trimester of pregnancy	Mothers described feelings of sadness and distress after the loss, with the expulsion of the fetus being a particularly painful and distressing experience. Parents felt that clear and honest information from health professionals about the cause of the loss helped them to cope and integrate the experience, although many were negatively affected by not being separated from other pregnant women or women with healthy babies.
Evans et al., 2022	seven women who have experienced early pregnancy loss, perinatal death, and infant mortality	Participants felt pain and anger following the loss of their child, and many felt unsupported and misunderstood by family and friends, leading to isolation and fear of sharing their grief. Half of the women reported an internal identity conflict as the role of 'mother' no longer seemed real to them and they struggled with a lack of recognition and difficulty reconnecting with their sense of identity as women.
Figueredo-Borda et al., 2022	nine women who experienced early pregnancy loss and six health professionals	The participants described being informed of the unviability of the foetus as one of the most difficult moments of their lives, marked by feelings of emptiness, frustration and guilt, and felt that the loss was silenced with no space to express their emotions. Despite inadequate care and a lack of empathy on the part of some professionals, seeing their son and seeking support through religious and bereavement groups helped them process their grief and find new meaning for their experience.
Jones et al., 2022	six women who suffered early pregnancy loss	Participants described the weeks following the loss as emotionally intense, marked by deep sadness, guilt and shame, particularly when confronted with the pregnancy or other people's families. As they struggled with lack of support, online support groups helped them cope and transform their pain into support for others.
Kecir et al., 2021	eight men who experienced pregnancy loss due to fetal malformation	Parents described a traumatic diagnosis of their baby's malformation, leaving them unprepared to make decisions about continuing or terminating the pregnancy, leading to grief and guilt. Despite the feelings of sadness, emptiness and injustice, many sought support from family, friends and faith, and found comfort in the empathy and professionalism of the medical team, while expressing a strong desire to see their baby and preserve memories.
Maguire et al., 2015	eight women who have experienced early pregnancy loss due to fetal malformation	Grief decreased significantly three months after the loss, almost disappearing after one year. However, self-blame, exhaustion and guilt remained, particularly after the decision to terminate the pregnancy. Social isolation and lack of recognition led to distress, but participants found consolation in safe spaces to express their grief while coping with anxiety about future pregnancies and adjusting their expectations of motherhood.

Authors, Date	Population	Main results
Meaney et al., 2017	Ten women and six men who experienced early pregnancy loss	Fathers in the study reported being emotionally affected by the loss, but felt unable to grieve fully due to the need to support their partners, with rituals such as funerals and writing helping them to process the loss. They also described inadequate care during the loss, including being placed in the same room as other pregnant women, which intensified the distress. Support from family, friends and support groups helped them cope.
Coyle & Rue, 2015	13 men with experience of abortion	Participants reported lingering feelings of guilt and sadness years after the abortion, particularly in relation to the perception that they were unable to support their partners, which also had a negative impact on their relationships. Despite these difficulties, many found faith and forgiveness crucial to their grieving process.
Hendriks & Abraham, 2022	Five parents and 5 perinatal healthcare professionals	Some women felt alone in their decision to terminate their pregnancy, citing time pressure and lack of support and information from professionals, although midwives provided crucial and gentle guidance. The opportunity to say goodbye in a 'quiet room' was described as meaningful, and health professionals emphasised the importance of individualised care and responsible counselling during such a sensitive process.
Popoola et al., 2024	20 women who experienced stillbirth	Participants felt shocked, confused and anxious on receiving news of the loss, particularly because of the delay in communication and the fact that it was shared by the family rather than health professionals. Despite feelings of guilt and grief, many women felt comforted by the gratitude of having survived childbirth, although encounters with other people's children often triggered the pain of their loss.
Tanacıoğlu-Aydın & Erdur-Baker, 2022	10 couples who experienced pregnancy loss	All the men felt a strong need to support their partners after the loss but felt unable to express their own grief. Couples found it difficult to make decisions about religious rituals due to a lack of information in hospital, and although external support helped them to cope with bereavement, women felt more understood by friends than family, with religious beliefs being a protective factor.
Testoni et al., 2020	15 women who experienced perinatal loss	For most women, the child they lost was seen as part of the family, and feelings of guilt and regret arose, particularly for not taking meaningful actions such as holding their baby or taking photos. Support from their partner, social network and health professionals, as well as faith and religion, played a crucial role in their grieving process and their search for meaning in the loss.
Wagner et al., 2018	11 men who experienced a miscarriage	Social expectations of fathers as protectors and nurturers influenced how they experienced abortion, with many focusing on supporting their partner while balancing their own grief. Empathy from health professionals was crucial. The lack of recognition of their loss led to feelings of disenfranchisement, while receiving support helped to validate their experience.
Obst & Due, 2019	8 men who experienced pregnancy loss	Many participants felt that the lack of social recognition of their loss and grief made it difficult to express their feelings, with some men minimizing their grief by comparing it to their partner's physical loss. Some were unhappy with the lack of information and follow-up, and the focus on supporting their partner created barriers to seeking social support for themselves.

Authors, Date	Population	Main results
Razeq & Al-Gamal, 2018	12 women who experienced pregnancy loss (stillbirth)	Most mothers reported that their grief was most intense in the months following their baby's death, and they found comfort and meaning in their religious and spiritual beliefs. Distraction was a common coping strategy, although the emotional impact of the loss increased their worries and fears about possible complications in future pregnancies.

Discussion

Since each person is unique in terms of their personality characteristics, life history, and previous losses, a different grieving process will also be triggered (Gabriel et al., 2021).

The loss of a child during pregnancy or shortly after is considered a potentially traumatic and unnatural experience for those who experience it, violating what human beings consider to be expected and normative (Bratt et al., 2018). Specifically, during pregnancy, parents invest in building representations of their baby through the physical idealization of their child and the relationship that will be established with them (Lemos & Cunha, 2015). However, the sudden, violent, and often unpredictable loss breaks the bond with the imagined child that had been built during pregnancy (Sanches & Freitas, 2017), thus initiating a process of mourning and enormous suffering.

In this review, the pain and suffering of experiencing the loss of a child was a common point in all the studies. After a pregnancy loss, parents initially experience feelings of shock and denial at the news of the loss or the diagnosis of a fetal malformation (Arach et al., 2022; Azeez et al., 2022; Camarneiro et al., 2015; Popoola et al., 2024). These reactions protect against emotional overload, leading to the reality of the loss being denied (Cassady, 2018). In addition, and even though bereaved parents experience their feelings in an idiosyncratic way, moments of sadness, anguish, emptiness, confusion, and helplessness were present, but also feelings of frustration and anger (Chavez et al., 2019; Consonni & Petean, 2013; Cullen et al., 2018; Evans et al., 2022; Figueiredo-Borda et al., 2022). Several studies states that when the shock begins to fade, it is often replaced by feelings of loneliness, guilt, anger, and irritability (Popoola et al., 2024; Tanacioglu-Aydin & Erdur-Baker 2022; Testoni et al., 2020). Other feelings experienced by bereaved parents were envy, jealousy, and shame when confronted with other pregnant women and the parenting of other couples and families (Jones et al., 2022). These results are corroborated by Nazaré et al. (2010), who state that there is a set of emotional, cognitive, behavioural, and physiological reactions that parents experience following a pregnancy loss.

Figueiredo-Borda et al. (2022) found that the grieving process is a search to integrate and accept the reality of the loss of the baby in a way that is meaningful to the mother and her partner. It is about adapting to a world without the lost child, which is an experience of fragmentation of parental identity (Evans et al., 2022; Jones et al., 2022; Kecir et al., 2021). In addition, the existing literature states that the fact that there is no possibility of reliving memories created with the baby through insufficient memories increases suffering (Farren et al., 2018), especially if the loss occurred early. In this review, it was found that couples who experienced the loss of a child had periods of intense suffering that lasted for several months or even years (Razeq & Al-Gamal, 2018).

The studies analysed identified gender differences in the experience of bereavement. Meaney et al. (2017), Kecir et al. (2021) and Obst and Due (2019) showed that men experienced a duality in wanting to physically and emotionally protect their partner while experiencing their grief. In addition, there was a need for men to remain “strong” in front of their partners, which led to the

internalisation of their emotions and the minimisation of their pain (Kecir et al., 2021). This gender difference can be explained by the fact that women experience the loss more emotionally, experience more intense grief with more manifestations, physically experience the loss, and have established a stronger bond with their child (Lemos & Cunha, 2015; Nazaré et al., 2010; Silva et al., 2019). Additionally, men seem to report less crying and, consequently, tend to seek less social support as a coping strategy, neglecting their feelings of loss (Avelin et al., 2013; Obst & Due, 2019). The literature highlights that, from the observer's point of view, men's grief appears to be less intense than that of their partners, even though their stories and demonstrations suggest otherwise (Willick, 2006, in Mourão, 2016). The task of being a father has traditionally been seen specifically in terms of supporting their partner, making them feel inferior and ignored due to the pressure induced by society to be strong and a source of support (O'Leary & Thorwick, 2005). Thus, men feel socially isolated by not receiving social support and shattered by the painful emotions that arise after the pregnancy loss (Cacciatore, 2013), putting added pressure on the marital relationship (Callister, 2006; Huffman et al., 2015).

In most of the studies consulted, mothers and fathers also express feelings of guilt towards themselves and others, such as health professionals (Coyle & Rue, 2015; Jones et al., 2022; Maguire et al., 2015). These feelings of guilt and responsibility for the loss of their child lead them to seek out maladaptive behaviours (alcohol consumption, smoking, or overworking) that could have somehow influenced the baby's death or the diagnosis of malformation (Kecir et al., 2021), increasing their feelings of inability to prevent their child's death. Although guilt is a common manifestation of bereavement, this feeling often does not allow for the integration and elaboration of grief and can paralyze the bereaved person (Gabriel et al., 2021).

One issue addressed in the studies in this review is the fact that bereaved mothers were admitted to the maternity ward with other non-bereaved mothers. As it was a place with several mothers with healthy babies, this situation intensified the feelings of failure about the ability to have a child and increased the parents' suffering (Meaney et al., 2017). In addition, several couples revealed great dissatisfaction with the care provided by health professionals. Several mothers shared that they felt abandoned after the news of the loss, and fathers reported the insensitivity with which it was communicated (Asplin et al., 2014; Kecir et al., 2021). A lack of empathy on the part of health professionals was evidenced when they used insensitive terminology, judged women as the origin of the loss, and showed doubts about their suffering (Cullen et al., 2017; Figueiredo-Borda et al., 2022; Wager et al., 2018). In contrast, several mothers and fathers reported feeling welcomed and comforted by health professionals, having experienced empathetic and compassionate care, which led to a significant sense of confidence and security in adapting to the crisis (Asplin et al., 2014; Cullen et al., 2017; Hendriks & Abrahamon, 2022; Kecir et al., 2021). Lemos and Cunha (2015) state that it is up to health professionals to take a humanized approach to women and men diagnosed with pregnancy loss, showing empathy and sensitivity to the needs of these couples. According to Cassady (2018), comforting words have a positive and lasting impact on these parents; however, insensitivity and indifference (often unintentional) can worsen an already difficult and painful experience for bereaved parents.

A crucial point to help the family restructure after the death and lessen the pain was the explanation given to the parents about the death of their child. According to the bereaved parents in this review, the medical team should clearly and honestly explain the reason for the loss or the diagnosis of fetal malformation, allowing parents to express their concerns and sadness (Cullen et al., 2018). Health professionals need to be present, willing to accept these parents' fears, advise them, and give them the support they need, always showing openness so that they can clarify their doubts (Arach et al., 2022; Asplin et al., 2014). The importance of the presence of these professionals after a pregnancy loss is corroborated by Cassady (2018), who states that these parents want their feelings to be validated and accepted and, if possible, clear information shared about

what happened and the possible reasons so that they can express their grief meaningfully. Finding a meaning for the death of their baby has brought benefits to the parents' lives, facilitating their grieving process, although this path is painful and often unbearable (Figueroedo-Borda et al., 2022).

Although most women become pregnant after a pregnancy loss, this does not mean that the pain and suffering have been overcome (Camarneiro et al., 2015; Maguire et al., 2015). In the studies in this review, parents maintained their hope of experiencing a healthy pregnancy, even though it was characterized by moments of anxiety, fear, and distress and influenced by the implicit belief that specific behaviour could determine its failure (Maguire et al., 2015; Meaney et al., 2017; Razeq & Al-Gamal, 2018). The literature shows that, in pregnancies following a pregnancy loss, and despite there being no clinical condition to justify the couple's fears, the truth is that there is a greater likelihood of premature expulsions or low birth weight of the baby, something that increases the parents' anguish (Gordo, 2022).

Bereaved fathers and mothers reported experiencing this process alone, describing the difficulty in expressing their feelings to family and friends (Azeez et al., 2022; Chavez et al., 2019; Jones et al., 2022; Kecir et al., 2021). This result is due to people not recognizing the fetus as someone who was part of the family, but also due to the difficulty and inability to support the couple after the loss (Rosa, 2020). In this review, it was found that the lack of social support increased feelings of injustice and behaviours of isolation and avoidance of social contact since only these parents were able to understand the pain they were experiencing (Maguire et al., 2015). The existing literature reveals the importance of family members allowing the couple, and especially the woman, to experience bereavement, encouraging the sharing of feelings, experiences, and needs, and supporting the organization of the funeral or similar ceremony, thus allowing them to say goodbye to their child (Faria-Schutzer, 2014).

The possibility for mothers and fathers to talk openly about the child they have lost, to put the experience into words, to share it and integrate it, either with family and friends or through digital platforms and online forums, helps them to preserve their integrity and acknowledge the existence of their baby, something that facilitates their grieving process (Azeez et al., 2022; Figueroedo-Borda et al., 2022; Jones et al., 2022; Testoni et al., 2020). In addition, several parents used farewell rituals, such as preparing and organizing a funeral or a similar ceremony, writing a diary or a letter, as well as writing a poem or a song for their child (Meaney et al., 2017). Rituals are defined by Kobler et al. (2007) as an intentional action carried out by a bereaved individual to acknowledge the loss and include symbolic expressions of the emotions, thoughts, and beliefs of the bereaved. Rituals are important psychological factors in the grieving process. They provide awareness that the death has occurred, and that the person is no longer present, guiding them to organize and rethink their life (Mitima-Verloop et al., 2021). Specifically, after a pregnancy loss, research by Castle and Phillips (2003) revealed that, in a sample of men and women, performing rituals facilitated the grieving process, resulting in acceptance of the loss and a reassessment of their life priorities.

The studies in this review also revealed that fathers and mothers resorted to a cognitive escape strategy, such as returning to work, playing sports, or seeking activities with family and friends to cope with the loss of their child (Consonni & Petean, 2013; Kecir et al., 2021; Razeq & Al-Gamal, 2018). Most of the mothers resorted to religious help, going to church and saying prayers to relieve their anguish and seek answers to the event before God (Figueroedo-Borda et al., 2022; Razeq & Al-Gama, 2018). According to the study by Oliveira et al. (2022), it was found that spirituality and the use of religious activities are associated with lower levels of grief after a pregnancy loss. Fathers and mothers who have experienced pregnancy loss have said that the death of their child has brought about change and growth (Chavez et al., 2019). Several women reported that the process of writing and talking about their experience helped them not to feel so alone and to find a purpose: to transform their pain and help other bereaved mothers (Jones et al., 2022).

Final considerations

The loss of a child at any time during pregnancy or after childbirth is a potentially traumatic experience for human beings, with implications for the physical, psychological, and social well-being of the couple and their environment (Delgado et al., 2023). This review shows that it is usually an unpredictable and negative event for the whole family, especially the woman. However, despite their experience being undervalued, men also have intense emotional reactions to pregnancy loss. The analysis of the studies has provided an in-depth understanding of the emotions and feelings experienced when the grieving process begins after a pregnancy loss and has revealed gender differences in grief reactions and the way it is experienced. Faced with the death of a child, in many cases, there was a lack of understanding and recognition of the grief of the couple experiencing it on the part of family members, friends, and health professionals, which increased suffering and made it difficult to integrate and accept the loss. The experience of pregnancy loss, particularly in Portugal, is still an under-researched topic, and there are few studies published in this area. During this review, it was found that most of the research seeks to understand the psychopathological consequences of this painful experience. At the same time, there is little evidence about the emotions experienced, the difficulties felt – such as lack of validation, social recognition of the loss and support from the couple – or the rituals used to cope with it. In this way, this systematic review of qualitative studies reveals an innovative nature in this field, and this research is necessary for understanding the grieving process after pregnancy loss. The relevance of this article is justified by the need to understand the bereavement experiences and the psychological and emotional dimensions of those who experience gestational loss based on the existing literature from the last decade. Knowledge of this reality will allow us to improve professional practices in health and psychology, thus improving the intervention carried out with this population. In addition, it is hoped that this article will contribute to further research on the subject.

Implications for future research

This review has highlighted the need for further research into the potential influence of factors such as gestational age and causes of pregnancy loss on the characteristics of the bereavement process. There is also a need to investigate whether there are differences in the grieving process according to the age of the women and the number of pregnancy losses they have experienced. Future research should use a combination of qualitative and quantitative methods and include the perspectives of partners and other significant figures to assess the impact of pregnancy loss on their lives and the influence of social support. To improve support and care for those experiencing pregnancy loss, future research should seek to understand the perspectives of health professionals. This should include an examination of the main difficulties encountered and the needs felt by the multidisciplinary team.

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Informed consent

All participants in this study were informed of the purpose of the study and how data will be used. They were assured that their identities would remain anonymous across the study.

Declaration of conflicting of interests

The author(s) declares no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Author contributions

Conceptualization: MR, PSLSC, ACSTP; Methodology: MR, PSLSC, ACSTP; Formal analysis: PSLSC, ACSTP; Data curation: MR; Writing – Original draft: MR; Writing – Review and editing: PSLSC, ACSTP.

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Experiências parentais de luto após perda perinatal: Uma revisão sistemática de artigos qualitativos

Resumo: A perda gestacional coloca em suspenso o projeto de parentalidade, bem como todos os sonhos e expectativas em relação ao bebé e à família. O objetivo deste estudo foi realizar uma revisão sistemática de estudos qualitativos sobre as experiências de luto dos pais após a vivencia de perda gestacional. A revisão seguiu os princípios do PRISMA e a pesquisa foi realizada nas bases de dados Web of Science e Scopus de forma a identificar artigos relevantes sobre o luto parental após perda gestacional, publicados entre 2013 e 2024. Após a análise, foram incluídos 23 estudos qualitativos. Concluiu-se que o momento da perda é marcado por choque, ansiedade e sofrimento, seguido de culpa, inveja e ciúme. As diferenças de género no processo de luto foram evidentes, com a maioria das pessoas enlutadas a demonstrar dificuldade em expressar os seus sentimentos. Os profissionais de saúde têm um papel fundamental na comunicação da notícia e na validação desta perda, o que terá impacto no processo de luto vivido por estes pais.

Palavras-chave: Perda perinatal, Luto parental, Revisão sistemática qualitativa.

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