

Psychological Interventions and Grief-Related Protocols for Infertile Couples with a History of Spontaneous and Recurrent Miscarriage: A Systematic Review

Hoda. Zaraj¹, Manijeh. Firoozi^{2*}, Katayon. Vakilian³, Fatemeh. Nosrati⁴




¹ Department of Psychology, Caspian International Campus, University of Tehran, Tehran, Iran

² Associate Professor, Department of Psychology, Faculty of Psychology and Educational Sciences, University of Tehran, Tehran, Iran

³ Department of Midwifery, Medical School, Arak University of Medical Sciences, Arak, Iran

⁴ Department of cognitive Science, Psychology and Education Science, University of Tehran, Tehran, Iran

* Corresponding author email address: mfiroozy@ut.ac.ir

E d i t o r	R e v i e w e r s
Manijeh Daneshpour  Department of Couple and Family therapy, Alliant International University, California, United States of America mdaneshpour@alliant.edu	Reviewer 1: Kamdin Parsakia  Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada. Email: kamdinparsakia@kmanresce.ca Reviewer 2: Ali Khodaei  Department of Psychology, Faculty of Educational Sciences and Psychology, Payam Noor University, Tehran, Iran. Email: alikhodaei@pnu.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The sentence “EPL... remains a profoundly distressing event...” provides strong context but would benefit from specifying the global prevalence in percentages rather than general terms (“approximately 23 million miscarriages annually” could be supplemented with “equating to 15% of clinically recognized pregnancies”).

The sentence “Among these, CBT has emerged as one of the most empirically supported frameworks...” should include a clearer rationale linking the cognitive model of emotional regulation with miscarriage-related grief, as this theoretical connection strengthens the literature grounding.

The statement “Technology-assisted interventions have further expanded accessibility...” is well-placed but could be improved by including limitations such as potential digital literacy barriers and ethical considerations regarding remote therapy.

The statement “Another salient observation concerns the integration of technology...” should critically address potential biases such as self-selection (participants already comfortable with technology) and the lack of long-term data on digital interventions.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The transition to the study aim is clear but could be more assertive. Consider rewriting as: “Therefore, this systematic review aims to critically synthesize existing empirical evidence on the effectiveness of psychological and grief-related interventions for women and couples experiencing spontaneous or recurrent miscarriage, with implications for clinical practice and policy.”

The authors detail databases and search terms, but the inclusion of Boolean logic could be simplified. A PRISMA-based justification for limiting to these three databases should be added to demonstrate comprehensiveness.

The sentence “General supportive counseling was also evaluated across several studies” should be supported by a quantitative synthesis—e.g., indicating how many of the 33 studies involved supportive counseling versus CBT-based interventions.

The claim “structured supportive interventions—encompassing empathy, active listening, and informational reassurance—facilitate emotional recovery and enhance quality of life” is strong but could benefit from integrating a theoretical framework (e.g., attachment or cognitive theory) to explain why empathy enhances grief adaptation.

The discussion of “Emerging intervention modalities, including art therapy, mindfulness, and positive self-talk...” could be expanded to compare effect sizes or qualitative outcomes where available, thus contextualizing their relative efficacy.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.