

Exploring The Psychological Impact of Miscarriage on Women

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ABSTRACT

Objective: This study aims to provide a comprehensive qualitative analysis of the psychological impact of miscarriage on women, highlighting their emotional responses, physical experiences, social and relational impacts, and coping strategies.

Methods and Materials: A qualitative research design was employed, utilizing semi-structured interviews with 28 women who have experienced one or more miscarriages. Participants were selected through purposive sampling to encompass a diverse range of ages, socioeconomic statuses, and backgrounds. Interviews were transcribed verbatim, and thematic analysis was conducted to identify and explore key themes and subthemes.

Findings: The study revealed four main thematic categories: Emotional Response, Physical Experience, Social and Relational Impact, and Coping Mechanisms. Participants reported a spectrum of emotional responses, including grief, anxiety, and isolation, compounded by physical recovery challenges. Social and relational dynamics were significantly affected, with changes in relationships and a noted lack of support. Women employed a variety of coping mechanisms, from seeking information and resources to relying on professional support. The findings underscore the complexity of the miscarriage experience and the varied strategies women use to navigate their recovery.

Conclusion: Miscarriage exerts a significant psychological toll on women, affecting their emotional well-being, physical health, social relationships, and coping abilities. This study emphasizes the need for holistic support systems that address the multifaceted nature of miscarriage's impact. Healthcare providers and support networks play a crucial role in offering compassionate care and understanding, tailored to the individual experiences and coping styles of women.

Keywords: Miscarriage, Psychological Impact, Coping Mechanisms, Qualitative Research, Women's Health, Emotional Response, Social Support.

1. Introduction

Miscarriage, the spontaneous loss of a pregnancy before the 20th week, is a common occurrence, with studies estimating that it affects up to 20% of all recognized pregnancies (Bardos et al., 2015). Despite its prevalence, the psychological aftermath of miscarriage remains under-discussed, contributing to a significant gap in both public understanding and clinical support for affected women (Angazi et al., 2023; Jia et al., 2023).

Historically, miscarriages have been surrounded by silence and stigma, leaving many women to cope with their grief, anxiety, and depression in isolation (Bellhouse et al., 2018). The emotional toll of miscarriage is profound, affecting not only the women who experience it directly but also their partners and extended social networks (Hiefner, 2020). Research indicates that the psychological impact of miscarriage can extend well beyond the immediate aftermath of the loss, influencing women's emotional well-being, their relationships, and their outlook on future pregnancies (Campillo et al., 2017; Tsartsara & Johnson, 2006).

Despite the clear need for support, many women report a lack of adequate social and healthcare support during this critical time (Emond et al., 2019). The silence around miscarriage not only exacerbates the individual suffering but also hinders the development of effective support mechanisms within healthcare settings and broader society (Galeotti et al., 2022). This gap in support and understanding underscores the importance of research aimed at shedding light on the experiences of women who have undergone miscarriages, to inform better clinical practices and societal attitudes towards pregnancy loss.

Moreover, the psychological sequelae of miscarriage are complex and multifaceted, with women experiencing a range of emotions, including grief, depression, anxiety, and in some cases, enduring psychological distress (Jia et al., 2023; Muhaisin et al., 2022). The loss of a pregnancy can also significantly impact women's quality of life, affecting their self-esteem, body image, and sense of identity (Tavoli et al., 2018). For many, the experience of miscarriage is a pivotal event that shapes their approach to subsequent pregnancies, often leading to heightened anxiety and fear of recurrence (Tsartsara & Johnson, 2006).

The role of healthcare professionals is pivotal in mitigating the psychological impact of miscarriage. However, studies have pointed to a discrepancy between the support women need and the support they receive, highlighting the necessity for healthcare providers to adopt

more empathetic and informed approaches to care (Jensen et al., 2018). Effective communication, emotional support, and the provision of information are critical components of care that can significantly influence women's coping and recovery process post-miscarriage (Campillo et al., 2017).

In conclusion, miscarriage is not merely a medical event but a significant emotional and psychological experience that impacts women deeply. By exploring the psychological impact of miscarriage through the lens of the women who have lived through it, this study seeks to amplify their voices and contribute to a more nuanced understanding of miscarriage and its aftermath. Through this exploration, we aim to inform the development of targeted interventions and support systems that can address the needs of women and families affected by miscarriage, ultimately fostering a more empathetic and supportive environment for all those who experience this profound loss.

2. Methods and Materials

2.1. Study Design and Participants

This study adopted a qualitative research approach to deeply explore the psychological impact of miscarriage on Canadian women. Given the sensitive nature of the subject and the complexity of individual experiences, a qualitative design was chosen to allow for the in-depth exploration of participants' perspectives, feelings, and personal narratives. The research aimed to achieve theoretical saturation, where no new themes or insights emerged from the interviews, indicating a comprehensive understanding of the phenomenon under study.

Participants were selected using a purposive sampling method to ensure a diverse representation of experiences related to miscarriage. The inclusion criteria required participants to be women aged 18 and above who had experienced one or more miscarriages in the past two years. Efforts were made to include participants from various demographic backgrounds, including different ages, socio-economic statuses, and cultural backgrounds, to capture a wide range of experiences and perspectives. A total of 25 participants were recruited for the study, a number determined by the point of theoretical saturation, where additional interviews ceased to provide new or unique data.

All participants provided informed consent, which was obtained after explaining the purpose of the study, the confidentiality of their responses, and their right to withdraw from the study at any time without any consequences. Participants were also provided with resources for

psychological support should the interview process evoke distressing emotions.

2.2. Measures

2.2.1. Semi-Structured Interview

Data were collected through semi-structured interviews, which were conducted in a manner that allowed participants to freely express their thoughts, feelings, and experiences related to their miscarriage(s). The semi-structured format ensured that while key topics were explored with all participants, there was flexibility to follow up on individual experiences and narratives that emerged during the interviews. Each interview lasted approximately 60 to 90 minutes and was conducted in a private, comfortable setting chosen by the participant to ensure confidentiality and encourage open communication. Interviews were audio-recorded with participants' consent and later transcribed verbatim for analysis. All interviews were done in English language and the interview guide included open-ended questions on topics such as the emotional and psychological impact of miscarriage, coping mechanisms, support systems, and experiences with healthcare services.

2.3. Data Analysis

Thematic analysis was employed to analyze the transcribed interviews. This involved a rigorous process of reading and re-reading the transcripts, coding data, and identifying patterns and themes related to the psychological impact of miscarriage on women. Initial codes were generated inductively, directly from the data, and were later grouped into broader themes that captured the essence of the participants' experiences. This thematic framework was used to organize and interpret the data, with a focus on understanding the variety and depth of psychological impacts experienced by women following a miscarriage. The analysis was iterative, moving back and forth between the dataset and the emerging analysis to ensure a comprehensive

and nuanced understanding of the data. Data were analysed using NVivo software.

To ensure the trustworthiness of the study findings, several strategies were employed. These included prolonged engagement with the data, which involved spending sufficient time collecting and analyzing data to ensure depth and credibility; peer debriefing, where preliminary findings were discussed with other researchers in the field to challenge and refine the analysis; and member checking, where participants were given the opportunity to review and validate the findings related to their experiences. These steps helped to ensure the reliability and validity of the study's findings.

3. Findings and Results

In this qualitative study, a total of 28 married women participated, all of whom had experienced at least one miscarriage in the past two years. The age range of participants was broad, encompassing young adults to middle-aged women, with ages spanning from 23 to 45 years. Specifically, 7 participants (25%) were between the ages of 23-29, 11 participants (39%) fell within the 30-36 age range, and the remaining 10 participants (36%) were aged 37-45. The diversity in age was matched by variability in socioeconomic status and background, with 14 participants (50%) identifying as middle class, 9 participants (32%) as lower-middle class, and 5 participants (18%) as upper-middle class. This diversity allowed for a rich exploration of experiences across different life stages and social standings. Education levels varied among participants: 6 women (21%) held a high school diploma or equivalent, 10 (36%) had completed some form of college or vocational training, and 12 (43%) held a bachelor's degree or higher. This diversity in educational background provided a broad spectrum of insights into the coping mechanisms and support systems utilized by the women. In terms of geographic distribution, participants hailed from a variety of settings, including urban (14 participants, 50%), suburban (9 participants, 32%), and rural areas (5 participants, 18%).

Table 1

Categories, Subcategories, and Concepts (Open Codes)

Categories	Subcategories	Concepts (Open Codes)
Emotional Response	Grief and Loss	Shock, Sadness, Yearning, Sense of emptiness
	Guilt and Self-Blame	Personal responsibility, What-ifs, Self-critical thoughts
	Isolation	Withdrawal from social circles, Feeling misunderstood, Lack of support
	Resilience and Recovery	Acceptance, Hope for the future, Finding meaning
	Anxiety and Fear	Fear of future loss, Anxiety about fertility, Hypervigilance

Physical Experience	Bodily Recovery	Physical pain, Fatigue, Changes in appetite
Social and Relational Impact	Impact on Body Image	Altered self-perception, Feelings towards body, Sense of betrayal
	Changes in Relationships	Strain on partnerships, Altered dynamics with family, Impact on friendships
Coping Mechanisms	Support Systems	Support from partner, Friends' support, Professional support, Community support
	Stigma and Silence	Feeling judged, Cultural stigma, Silence around miscarriage
	Seeking Information and Resources	Researching miscarriage, Looking for stories of others, Medical consultations
	Emotional Expression	Journaling, Artistic expression, Talking with loved ones
	Spiritual and Religious Coping	Prayer, Rituals, Faith communities
	Physical Activity and Self-Care	Exercise, Mindfulness, Prioritizing rest
	Professional Support	Therapy, Support groups, Medical advice

In presenting the data from the qualitative analysis of the psychological impact of miscarriage on women, the findings revealed four main thematic categories: Emotional Response, Physical Experience, Social and Relational Impact, and Coping Mechanisms. Each category encompassed several subthemes, illustrating the multifaceted impact of miscarriage. Below, we detail these categories, subthemes, and concepts, incorporating direct quotations from the interviews to enrich the narrative.

3.1. Emotional Response

The emotional aftermath of miscarriage was profound, with women reporting a wide range of feelings.

Grief and Loss: Participants described a deep sense of sadness and a void. "It felt like a part of me had died," one woman shared. This subtheme captures the profound sorrow and longing for what might have been.

Guilt and Self-Blame: Many women wrestled with feelings of personal responsibility, with one stating, "I keep wondering, what if I had done things differently?" This illustrates the struggle with self-critical thoughts and the burden of guilt.

Isolation: A sense of withdrawal was common, with a participant noting, "I just felt so alone, like no one could understand my pain." This highlights the social withdrawal and perceived lack of support experienced by many.

Resilience and Recovery: Despite the pain, there was a thread of hope. "I've started to see a light at the end of this tunnel," a respondent mentioned, indicating a path towards acceptance and finding meaning.

Anxiety and Fear: The fear of future losses was a recurring theme. "I'm terrified of going through this again," explained one woman, underlining the anxiety and hypervigilance towards future pregnancies.

3.2. Physical Experience

The physical aspects of miscarriage were both immediate and lingering.

Bodily Recovery: Women reported a range of physical symptoms, with one saying, "The physical pain was a constant reminder of my loss."

Impact on Body Image: Changes in how women perceived their bodies were significant. "I felt betrayed by my own body," a participant remarked, expressing altered self-perception and feelings towards her body.

3.3. Social and Relational Impact

Miscarriage also had a notable effect on women's social lives and relationships.

Changes in Relationships: The strain on partnerships was evident, with one woman stating, "My partner and I have struggled to connect since the miscarriage."

Support Systems: The importance of support was underscored. "Finding a support group saved me," said another, highlighting the role of community and professional support.

Stigma and Silence: Many women felt isolated by societal attitudes. "People just don't talk about miscarriage," a participant observed, pointing to the cultural stigma and silence surrounding the topic.

3.4. Coping Mechanisms

Strategies for coping with miscarriage varied widely among participants.

Seeking Information and Resources: Women sought understanding and connection. "Reading about others' experiences helped me feel less alone," one shared.

Emotional Expression: Creative outlets offered solace. "Writing in my journal became my therapy," another explained.

Spiritual and Religious Coping: For some, faith was a cornerstone of their coping strategy. "Prayer helped me find peace," was a reflection offered by a respondent.

Physical Activity and Self-Care: Engaging in self-care was crucial for recovery. "Yoga has been a way to reconnect with my body," a woman mentioned.

Professional Support: The value of professional guidance was clear. "Therapy has been essential in helping me navigate my grief," a participant noted.

These findings illuminate the complex psychological landscape women navigate following a miscarriage. Through their voices, the study highlights not only the depth of their pain but also the strength and resilience many display in the face of loss. The themes and subthemes outlined here, enriched by direct quotations from the interviews, provide a nuanced understanding of the impact of miscarriage on women's emotional and physical well-being, their relationships, and the ways in which they cope with their experiences.

4. Discussion and Conclusion

The findings from this qualitative study underscore the profound and multifaceted psychological impact of miscarriage on women. Through an in-depth analysis of semi-structured interviews with 28 participants, this research illuminated four main thematic categories: Emotional Response, Physical Experience, Social and Relational Impact, and Coping Mechanisms. Each of these categories encompasses a range of subthemes and concepts that collectively offer a nuanced understanding of the complexity of women's experiences following a miscarriage. This discussion integrates these findings with existing literature to contextualize our results within the broader field of reproductive health and psychology.

Our study's identification of the intense emotional responses to miscarriage, including grief, loss, guilt, and anxiety, aligns with Bardos et al. (2015), who highlighted the significant emotional burden miscarriage imposes on women (Bardos et al., 2015). The feelings of guilt and self-blame identified in our participants resonate with the findings of Bellhouse, Temple-Smith, and Bilardi (2018), who noted that societal silence around miscarriage often leaves women internalizing their grief, contributing to self-blame and isolation (Bellhouse et al., 2018). The physical experiences of miscarriage, encompassing bodily recovery and impact on body image, further compound the emotional toll, as discussed by Emond, Montigny, and Guillaumie (2019), underscoring the intertwined nature of physical and psychological health following pregnancy loss (Emond et al., 2019).

The social and relational impacts identified in this study, particularly regarding changes in relationships and the importance of support systems, highlight the role of

interpersonal dynamics in the aftermath of a miscarriage. This finding is supported by Huffman, Schwartz, and Swanson (2015), who emphasized the influence of miscarriage on couple dynamics and the necessity for supportive interventions (Huffman et al., 2015). The stigma and silence that many participants reported are consistent with Galeotti et al. (2022), who found that cultural silence around miscarriage exacerbates women's feelings of isolation and impedes their ability to seek support (Galeotti et al., 2022).

Regarding coping mechanisms, our study found that women employ a variety of strategies, from seeking information and resources to emotional expression and professional support. This diversity in coping strategies underscores the importance of personalized support and resources to navigate the aftermath of miscarriage. These findings echo the work of Campillo et al. (2017), who argued for the need for tailored psychological and support interventions to reduce stress and depression in women after a miscarriage (Campillo et al., 2017). The role of professional support, in particular, aligns with Jensen, Temple-Smith, and Bilardi (2018), who highlighted the critical role healthcare professionals play in providing empathetic care and information (Jensen et al., 2018).

This study contributes to the existing body of literature by providing a comprehensive exploration of the psychological impact of miscarriage from the perspectives of those who have experienced it. While previous studies have examined specific aspects of miscarriage, such as emotional responses (Bardos et al., 2015) or the need for supportive care (Emond et al., 2019), our research offers a holistic view of the experience. Furthermore, by integrating the concepts of physical experience and the detailed exploration of coping mechanisms, this study expands upon the findings of Jia et al. (2023) and Muhaisin, Hasan, and Hindi (2022), who have underscored the psychological sequelae of early pregnancy complications and the need for comprehensive care models (Jia et al., 2023; Muhaisin et al., 2022).

This qualitative study has provided an in-depth exploration of the psychological impact of miscarriage on women, identifying four main thematic categories: Emotional Response, Physical Experience, Social and Relational Impact, and Coping Mechanisms. The findings illuminate the profound and multifaceted nature of the psychological distress experienced by women following a miscarriage, encompassing intense emotional responses, significant physical experiences, the nuanced social and relational impacts, and the diverse coping mechanisms

employed by women to navigate their grief and recovery. Through detailed thematic analysis, this research adds to the body of literature on miscarriage, emphasizing the complex interplay between emotional, physical, and social factors in the aftermath of pregnancy loss.

The study underscores the critical need for a holistic approach to support women through the psychological impacts of miscarriage. Future study should address the role of psychological factors, such as temperament (Mento et al., 2016; Rizzo, 2013; Rizzo & Marra, 2023), the role of mood (Mento et al., 2017; Rizzo et al., 2022; Settineri et al., 2015) and quality of couple relationship (Bruno et al., 2020; Cedro et al., 2022). The present study highlights the importance of recognizing and addressing the wide range of emotional experiences, the need for adequate physical care and understanding, the role of social support systems, and the efficacy of diverse coping strategies. These insights are vital for healthcare providers, counselors, and support networks striving to offer meaningful support to women following a miscarriage.

5. Limitations and Suggestions

This study, while comprehensive in its qualitative exploration, is not without limitations. The sample size, though adequate for achieving thematic saturation, limits the generalizability of the findings. Furthermore, the study's reliance on self-reported data and the sensitive nature of miscarriage may have influenced participants' willingness to share deeply personal experiences, potentially leading to response bias. Additionally, the demographic diversity of the participants, although broad, might not fully capture the experiences of all cultural and socioeconomic groups, highlighting the need for further research in diverse populations.

Future research should aim to expand on the findings of this study by exploring the psychological impact of miscarriage across a broader demographic spectrum and in different cultural contexts. Longitudinal studies could provide insights into the long-term psychological effects of miscarriage and the effectiveness of various coping strategies and support mechanisms over time. Additionally, quantitative research could complement the qualitative findings, offering a broader understanding of the prevalence and intensity of psychological responses to miscarriage.

The findings of this study have significant implications for clinical practice and support services. Healthcare providers should be trained to offer compassionate, informed

care that addresses both the physical and psychological needs of women experiencing a miscarriage. There is a clear need for the development of targeted support programs that offer personalized care, recognizing the diversity of women's experiences and coping mechanisms (Afolabi et al., 2024; Bruno et al., 2020). Public health initiatives should aim to break the silence around miscarriage, reducing stigma and fostering a supportive community that acknowledges miscarriage as a significant loss requiring both emotional and physical care. By implementing these suggestions, healthcare and support systems can better meet the needs of women navigating the challenging aftermath of miscarriage.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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