

Emotional Experiences of Women After Stillbirth: A Qualitative Study from Turkey.

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ABSTRACT

Background

Stillbirth is an extremely traumatic and distressing experience with serious negative effects for the woman, her partner and family. Stillbirth has lasting emotional, cognitive, social, psychological and physiological consequences on families that are often underestimated. This study aims to determine the emotional experiences of women who had stillbirth.

Method

Phenomenological approach, one of the qualitative research designs, was adopted in the study. The study was conducted between January-June 2021 in a training and research hospital in Ankara, Turkey. Data were obtained through Personal Data Collection Form and Semi-structured Interview Form. The descriptive Colaizzi method was employed to analyse the qualitative data. This study was reported according to the Consolidated Criteria for Reporting Qualitative Research checklist.

Results

In the study, 12 women were interviewed, and their emotional states were analysed under five main themes. These are the emotions experienced when the pregnancy was first learned, the effects of bereavement due to stillbirth, the attitude towards the baby after stillbirth, the factors influencing the bereavement process and the methods of coping with the bereavement process.

Conclusion

Stillbirth is an important phenomenon that deeply influences the lives of women. Therefore, it is crucial to address the psychosocial aspects of the process in the care of stillbirth mothers.

Keywords

Stillbirth; Emotional Experiences; Bereavement; Psychosocial Aspects; Coping Strategies

INTRODUCTION

Stillbirth is one of the most important phenomena affecting the life of a woman psychologically, spiritually, and physically¹. The term “stillbirth” or “fetal death” is associated with fetuses that do not have a heartbeat at birth, cannot breathe spontaneously, do not respond to resuscitation efforts for 20 minutes, have reached ≥ 22 gestational weeks (≥ 22 gestational weeks), or weigh ≥ 500 g². According to The United Nations Children’s Emergency Fund (UNICEF) data, 1.9 million stillbirths occurred worldwide in 2021³. According to the Turkey Demographic and Health Survey 2018 data, the stillbirth rate in the last five years was 1%, while 4% of the women participating in the study experienced stillbirth. Although the cause of most of these deaths in the world and in our country is unknown, they have a significant psychological impact on parents⁴.

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The experience of stillbirth is a devastating, life-changing event for parents and their families. It can be a significant cause of stress in subsequent pregnancies and births^{5,6}. In the literature, stillbirth is linked to a range of psychological and emotional symptoms. The majority of parents report a negative psychological state after the loss of their baby. Especially in the mother, posttraumatic stress disorder causes feelings and thoughts such as anxiety, guilt, shame and suicide⁷⁻⁹. The emotional response to the death of a child following stillbirth is a normal and individual phenomenon. It may include feelings of guilt, anger, sadness, irritability, a depressed mood, and thoughts about the deceased infant¹⁰.

Health professionals constitute a primary source of assistance for bereaved parents following a stillbirth, and the professional care that bereaved parents receive after stillbirth affects the entire grieving process and their recovery^{10,11}. Studies have demonstrated that parents who do not receive adequate physical and emotional care from health professionals may increase the intensity and duration of their bereavement^{5,12}.

Nurses and midwives should establish a relationship of trust by communicating and spending effective time with parents in the bereavement process. Mothers should be ensured to express their feelings and emphasizing that the loss is not the fault of the mother against the feeling of guilt is known to ease the mourning process. Nurses and midwives should be sensitive to this process and individualize care by organizing it in accordance with the point of view and culture of the mother^{13,14}.

It is believed that determining the emotional states of women after stillbirth will guide health professionals in planning intervention strategies for women to cope more effectively with this experience and to overcome the process more healthily^{10,14-16}. There is a significant gap in the literature on the impact of stillbirth on women in Turkey^{1,17}. In our study, it was aimed to determine the emotional experiences of women after stillbirth in our country.

MATERIALS AND METHODS

Study Design

In this study, the descriptive phenomenological approach one of the qualitative research methods, was adopted and was reported according to the Consolidated Criteria for Reporting Qualitative Research checklist¹⁸. The descriptive phenomenological approach is a method

that enables a group of individuals with common experiences to express their feelings, understandings, perspectives and perceptions about this experience and is designed to describe their experiences^{19,20}.

Sample and Setting

This phenomenological study was conducted between January and June 2021 in a training and research hospital in Ankara, Turkey. The hospital where the study was conducted in the only branch hospital in the field of gynecology and obstetrics in Ankara. Therefore, it is one of the most preferred hospitals for both pregnancy follow-up and delivery. Women who had a stillbirth, who voluntarily agreed to participate in the study, who could speak and understand Turkish, and who did not have any psychiatric illness were included in the study. Data were collected from the participants until data saturation was attained, that is, until no further data could be obtained. The sample was formed with a total of 12 participants. There were no participants who refused to take part in the study or who dropped out of the study.

Data Collection

The data in the study were obtained by using the Personal Data Collection Form and Semi-Structured Interview Form, which were developed by the researchers by reviewing the literature. The data were gathered by the researcher through face-to-face interviews with the participants. The Personal Data Collection Form consisted of 17 questions addressing the socio-demographic characteristics and obstetric information of the participants. The Semi-Structured Interview Form prepared by the researchers based on the literature consists of 6 questions (Table 1). The initial question and other open-ended questions were developed from the problems identified in the clinical practice of the researchers and a comprehensive literature review. Expert opinion was consulted for the semi-structured interview form before interview with the participants. In addition, some questions were directed to the statements of the participants as the interviews progressed. Before filling in the questionnaires, the researcher introduced herself and gave information about the purpose and duration of the research. The participants were informed that their names would be kept confidential, and that the information would be used only for research purposes, and their written consent was obtained for the interview

and audio recording. The interviews were conducted by a researcher and recorded using a voice recorder with the permission of the participants. Interviews were conducted in the room if the participant was staying in a single room in the hospital, or an empty room in the same ward if the participant was staying in a multi-person room. After all the questions in the personal information form were asked and answered, the participant was asked the question “What are your thoughts about pregnancy?”. Sub-questions were asked simultaneously to encourage and enable the participants to relate their experiences. Examples of these sub-questions are “What does being pregnant mean to you? What did you feel and think when you found out you were pregnant?”. Each interview lasted approximately 20-25 minutes. In determining the number of participants, the principle of data sufficiency was foundational, with the continuation of interviews until no new data codes emerged. The process was sustained until the twelfth interview, at which point the study was concluded upon reaching data saturation.

Table 1 Semi-structured interview form.

Questions	
Opening Question	1. What are your thoughts about pregnancy? a) What does being pregnant mean to you? b) What did you feel and think when you found out you were pregnant?
	2. Can you tell us about what you felt and thought when you found out you lost your baby? a) How did losing your baby affect you? b) Who was the first person you shared the loss of your baby with? c) What were the most intense emotions you experienced when you found out you lost your baby? d) How did these emotions affect you? e) How did losing your baby affect your partner and your family?
	3. Did you see your baby after birth? a) Can you tell us about what you felt and thought when you saw your baby? b) Would you like to see your baby? If you want to do so, can you tell us why? c) Why do you think you don't want to see your baby?
In the end	4. Who or whom from your social circle (relatives, spouses, friends) supported you in this process?
	5. When you look back, do you have any regrets about the loss of your baby?
	6. Is there anything else you would like to say about this subject?

Data Analysis

Descriptive data were evaluated through SPSS. 21.0 computer program. The descriptive Colaizzi method was employed to analyse the qualitative data. This method consists of (1) collecting statements from the participants, (2) understanding the depth of meanings, (3) extracting important sentences, (4) conceptualizing important themes, (5) categorizing concepts and topics, (6) creating comprehensive descriptions of the studied topics, and (7) validating the data by following the four criteria (reliability, transferability, verifiability, reflexivity) identified by Lincoln and Guba²¹.

As highlighted by Speziale et al. (2011), ensuring reliability in qualitative research is of critical importance. In this context, to enhance the study's reliability, methods such as recording all interviews have been adopted. To bolster the study's consistency and data triangulation, diversified data collection techniques, including observations and field notes, were employed in addition to interviews. To reinforce the credibility of the research findings, the perspectives of two subject matter experts were solicited. During the participant selection process, a maximum variation strategy based on various characteristics such as age, educational level, parity, etc., was implemented to maximize the verifiability of the data. To meet the verifiability criterion, all stages of the research, including data collection methods and data transcription processes, were meticulously recorded. Following the completion of the study, data transcripts were provided to participants for feedback and corrections. Furthermore, quotations derived from the interview transcripts were presented in the report to support the findings. To ensure the transferability of the research, the researcher has made a concerted effort to clearly describe the detailed characterization of participants, sampling method, timing, and location of data collection, as well as the context in which the study was conducted, thereby aiming to enable readers to form a positive opinion regarding the transferability of the research findings²².

As a result of the interviews, the emotional states of the women were analysed under five main themes: (I) emotions experienced when first finding out about the pregnancy, (II) effects of bereavement due to stillbirth, (III) approach to the baby after stillbirth, (IV) factors affecting the bereavement process, and (V) methods of coping with the bereavement process (Figure 1) (Table 2).

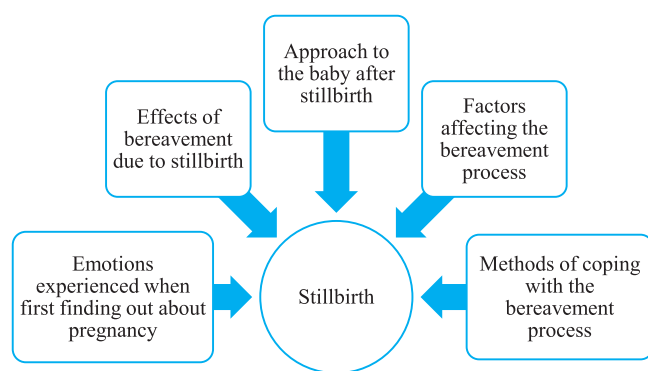


Figure 1 The themes identified in the qualitative analysis of the statements

Table 2 The main themes and subthemes identified in the qualitative analysis of the statements

Main Themes	Subthemes
1. Emotions experienced when first finding out about the pregnancy	Positive emotions
	Negative emotions
2. Effects of bereavement due to stillbirth	Guilt
	Regret
	Denial
	Disappointment
	Despair
3. Approach to the baby after stillbirth	Willingness to see the baby
	Unwillingness to see the baby
4. Factors affecting the bereavement process	Stillbirth experience
	Experience of loss in the family (mother, father, sibling)
	Indifferent family and friends
	Mothers who gave live birth
5. Methods of coping with the bereavement process	Social support (family, friends)
	Healthcare worker
	Spirituality
	Isolation
	Expressing love to the living child/children
	Plans for the next pregnancy

Ethical Clearance

The study was performed after receiving written permission from the Chief Physician of the Research and Administration Hospital (no. 91786782/302.14.06 and E.301) and University of Health Sciences Gülhane Scientific Research Ethics Committee (dated 28.01.2021, no. 2021/34). The study was conducted in accordance with the principles of the Declaration of Helsinki.

RESULTS

Table 3 provides some of the socio-demographic and obstetric history data of the participants in detail. The ages of the participants ranged between 23 and 42 years, with a mean age of 31.25 years. A high proportion of the participants were university graduates (5 participants) and primary school graduates (4 participants). When the pregnancy histories of the participants were analysed, it was determined that 7 of them had a stillbirth in the second trimester and 5 in the third trimester. It was determined that 2 participants had a previous stillbirth experience and 7 participants had planned pregnancies. Five of the participants had no surviving children (Table 3).

Participants expressed their feelings and perceptions about the stillbirth experience under five main themes:

Theme 1: Emotions experienced when first finding out about the pregnancy

When the emotions of women when they first found out that they were pregnant were examined, more than half of the women described pregnancy as a very beautiful feeling and a miracle, while one-third stated that they did not want pregnancy and were afraid of reliving their bad experiences in this process. It was determined that the emotions of women when they first received the news of pregnancy varied depending on factors such as previous pregnancy experiences, having other children, and partner support. These emotions experienced by women were categorized under two themes: positive and negative.

Subtheme 1.1 Positive emotions

More than half of the participants (n=8) described pregnancy as the most beautiful and special feeling and a situation that every woman should experience. They stated that they were very happy when they received the news of pregnancy, and that pregnancy was a process that they did not want to end.

"It was so beautiful. I mean, it was like I didn't want it to end. My pregnancy always made me feel very good. How many times can you be pregnant in your life... Two or three times..." (Participant 5)

"It was the best feeling for a woman. I was extremely happy. I was already expecting to get pregnant. I was very happy that I was expecting..." (Participant 6)

"It's a very beautiful feeling. It cannot be described... It has to be experienced... (She is crying) I mean the

Table 3 Demographic and obstetric data distribution

Sequence Number	Age	Employment status	Education status	Income status	Gestation week	Previous experience of stillbirth	Planning status of pregnancy
1	37	Housewife	Elementary	Income equals expenses	23	No	Yes
2	35	Housewife	Elementary	Income less than expenditure	21	No	No
3	28	Unemployed	Higher Education/ University	Income equals expenses	20	Yes (Cervical Incompetence)	Yes
4	35	Government Official	Higher Education/ University	Income less than expenditure	20	No	Yes
5	31	Housewife	Higher Education/ University	Income more than expenditure	34	No	No
6	27	Private Sector	Higher Education/ University	Income equals expenses	24	No	Yes
7	23	Housewife	High School	Income equals expenses	30	No	No
8	42	Housewife	Elementary	Income less than expenditure	20	No	No
9	25	Housewife	High School	Income equals expenses	26	No	Yes
10	28	Housewife	Literate	Income equals expenses	38	No	Yes
11	31	Housewife	Elementary	Income less than expenditure	34	Yes (2- Cause unknown)	Yes
12	33	Housewife	High School	Income more than expenditure	39	No	No

things that every mother feels. Which mother would feel unhappy when she finds out she's pregnant? ...” (Participant 11)

Subtheme 1.2 Negative emotions

The negative emotions felt by four of the participants (P1, P2, P4, P7) due to the involuntary pregnancy, inadequate partner support and fear of experiencing the risk of miscarriage again are presented below;

“I found out I was pregnant. Then I wanted an abortion (tears in her eyes). I came and I had my baby checked at three weeks. Then I went back out the door. I didn't want to. Yes, I gave up. Then I got used to her...” (Participant 2)

“My husband could not understand this process. During pregnancy, for example, I have nausea. My husband was a bit more in the background. He didn't understand... Inevitably we had arguments. So it was a difficult process. We were upset...” (Participant 7)

“I mean, I was scared... When I had two miscarriages, I would experience the same risks and the same things... So there was fear...” (Participant 4)

Theme 2: Effects of bereavement due to stillbirth

The bereavement period due to stillbirth has been defined as a difficult process by many women. It was determined that women who had stillbirth experienced different emotions during the mourning process. The emotions experienced in this process were analyzed under five sub-themes: guilt, regret, denial, disappointment and despair.

Subtheme 2.1 Guilt

Some of the participants (n=4) stated that they blamed themselves for the pregnancy resulting in stillbirth. They stated that stillbirth occurred due to their reasons and that they felt guilty about this as follows:

“I felt like it was because of me. I felt guilty. I wondered if I didn't pay attention well.” (Participant 1)

"I blame myself for not wanting my baby in the first place (crying). As if he couldn't hold on to me so he didn't want me..." (Participant 2)

Subtheme 2.2 Regret

Some of the participants (n=5) expressed that they felt regret about their pregnancies after experiencing stillbirth. They stated that they experienced regrets due to the choice of health institutions and intense physical efforts as follows:

"I wish I had gone to another hospital... Another... I don't know... If I hadn't listened to them... If I had had a stitch in the cervix in a private hospital, maybe this wouldn't have happened... My only remorse. So that's where I feel the guilt" (Participant 3)

"I wish I had consulted other doctors. Maybe blood thinners could have been used. Maybe I wouldn't have lost him, his heart wouldn't have stopped. ..." (Participant 4)

Subtheme 2.3 Denial

After the stillbirth experience, the participants stated that they denied their situation with expressions such as not accepting, not wanting to believe, etc. Some of the participants (n=3) who experienced a sense of denial stated that they experienced a stillbirth in the second trimester, while other participants (n=3) stated that they experienced a stillbirth in the third trimester. It was observed that the participants expressed their denial sentences slowly, in a low voice and crying.

"Not accepting it. That was the most intense emotion I felt. I can't accept it, I mean, I still can't accept it. (Crying) It's like something will happen even while giving birth... It's like it will come alive like I will give birth alive... I can't accept such a thing..." (Participant 5)

"I didn't want to believe (she shook her head from side to side)... I didn't believe... I said I hope it's a lie ..." (Participant 10)

"It just happened. I am still in a state of shock. I haven't even realized it yet. (crying)" (Participant 6)

Subtheme 2.4 Disappointment

Some participants (n=5) expressed their disappointment that the stillbirth was unexplained and happened unexpectedly. It was observed that the participants' voices trembled, they spoke in a low voice and cried while expressing their disappointment.

"The world collapsed on my head... I couldn't do

anything, you know, why, why? (Her voice trembles)" (Participant 5)

"How can I describe it... It's like disappointment..." (Participant 4)

"I didn't think it would turn out like this. I wish it wasn't like that... I wish I could have picked her up ..I was disappointed." (Participant 10)

Subtheme 2.5 Despair

Some of the participants (n=3) stated that they experienced despair due to recurrent stillbirth experiences, not knowing the cause of the condition and being an unexpected situation. The statements of the participants were as follows;

"When the same thing happened three times... I can say I gave up hope. I'm hopeless. I've given up. ..." (Participant 4)

"First I felt that something had happened, but you know what happens, you look for hope somewhere... I thought maybe nothing had happened, that's how I felt, but... Of course, for me, the intensity of the feeling... I was trying to think that it was good, God forbid something like that would happen. But for me, my feeling of loss outweighed it.." (Participant 7)

Theme 3: Approach to the baby after stillbirth

After the stillbirth experience, half of the women stated that they accepted the death of their babies and wanted to see, hold, touch, and observe their babies. The other half of the women stated that they did not feel ready to see their baby because they thought that they would never forget it and that it would negatively affect their lives. According to the statements given, this theme was analyzed under two sub-themes.

Subtheme 3.1 Willingness to see the baby

Half of the participants (n=6) stated that they were curious about their babies after stillbirth, wanted to touch and see them, and some of them even held them in their arms. It was observed that participants' eyes filled with tears and their voices trembled while expressing these statements.

"Yes, they showed me. I cried; I was so sad... I wish I could hold my baby healthy ..." (Participant 10)

"I saw it, I held it, I kissed it, I smelled it. (Crying)" (Participant 5)

"I would have liked to see it. Sometimes I say I would have liked to see it, sometimes I say I'm glad I didn't see

it. I say his face wouldn't have disappeared. Sometimes I say I wish I could have seen it once. It's something very different. It's very different. ... (Participant 11)

Subtheme 3.2 Unwillingness to see the baby

Half of the participants (n=6) stated that they didn't want to see their babies after stillbirth, that they were not ready for it and that they thought they would be more upset:

"...No, I couldn't face it... I said don't show it to me... I thought that if I saw my two babies, I wouldn't be able to get pregnant or continue my life. I thought that I couldn't continue my life with that psychology. That's why I wanted so much but I couldn't find the strength..." (Participant 3)

"I did not want to see it. I would feel worse if I did. ..." (Participant 6)

"Well, I saw it once, but I did not carefully look at it...I mean, I could not look at it...I mean, I couldn't bear to look at it...It broke my heart, I couldn't do anything. ..." (Participant 9)

Theme 4: Factors affecting the bereavement process

For women who experienced stillbirth, the bereavement process was reported as an important and very difficult experience. Women stated that some factors made that made this grief process more difficult. According to the women's statements, the factors aggravating the bereavement process were analyzed under four sub-themes: the experience of stillbirth, the experience of loss in the family, in different family and friends, and mothers who gave live birth.

Subtheme 4.1 Experience of stillbirth

Some participants (n=2) stated that they felt insecure due to previous stillbirth experiences and were afraid of experiencing the same situation again in the future. Participants expressed as follows;

"I went through the same thing last year... It is very difficult...God forbid to anyone ..." (Participant 11)

"Now that I have two children one after the other, my self-confidence is lost. I feel like I can't get rid of that psychology even if I have a child from now on. There is fear. Lack of confidence." (Participant 3)

Subtheme 4.2 Experience of loss in the family (mother, father, sibling)

One participant stated that the emotions she experienced after the loss in her family could also be experienced

after stillbirth and that she was afraid of experiencing this again.

"I lost my father at the age of 46. My father was very dear to me. When I saw him in the morgue, it was very difficult to put him in the grave. That's why I couldn't see my two babies continue my life..." (Participant 3)

Subtheme 4.3 Indifferent family and friends

Some of the participants (n=3) stated that negative comments and insufficient support from family and friends made them more upset. Participants expressed these statements by crying. The statements of the participants were as follows;

"No one supported me..." (Participant 2)

"...Get well soon, never mind, don't bother yourself, it breaks my heart when they say that this is your fate. What can I say to those comments? It is as if these comments are poking me while trying to support me..." (Participant 3)

Subtheme 4.4 Mothers who gave live birth

One of the participants stated that she felt more upset when she saw women who gave live birth and their babies during her hospitalization. The participant expressed her feelings as follows;

"...I have pains now. But not as much as the pain of my heart (crying). I see everyone. I mean, well... They have such bleeding, even their walk is different... I mean... They are afraid to step on." (Participant 2)

Theme 5: Methods of coping with the bereavement process

They stated that the mourning process, which is defined as very difficult for women to cope with, causes women to experience feelings such as guilt, regret, denial, disappointment and despair. It was determined that women used different coping mechanisms to cope with this bereavement process. According to the women's statements, social support was analyzed under six sub-themes: healthcare worker, spirituality, isolation, expressing love to the living child/children and plans for the next pregnancy.

Subtheme 5.1 Social support (Family, friend)

Some participants (n=5) stated that their partners, close relatives and friends were with them and always supported them during the bereavement process. The statements of the participants were as follows;

"My husband is a great supporter. He says he didn't love you for the child. Let it be for health. After all, if I

had lost you, my child would have survived... He says it would be heavier for him to lose me.” (Participant 3)

“My mother-in-law was with me, she was my biggest supporter. My husband, my sisters, all of them were with me. They all supported me.” (Participant 7)

“My husband... I mean everyone... My mom, my sisters, my daughter, of course my daughter at home ...” (Participant 11)

Subtheme 5.2 Healthcare worker

Some of the participants (n=3) stated that midwives and nurses were interested, informed and supported them throughout their hospital stay.

“Thanks to my midwife, she helped me a lot and motivated me. She was there for me even more than my mother.” (Participant 5)

“The nurses here have been really supportive. They showed a lot of interest in general.” (Participant 6)

Subtheme 5.3 Spirituality

Some participants (n=4) stated that they believed that it was their fate to lose their babies and that this experience was from God and that there was nothing they could do about it.

“But everything is from God. There’s nothing to do..” (Participant 12)

“It wasn’t meant to be right now. God gave it to me. There is nothing I can do. I think it was completely a test of God. I hope I passed..” (Participant 1)

“It’s something from God, there’s nothing to do. I resisted a lot but...He had no chance...(Crying) I mean, one is always grateful to God for what comes to him. He is the giver and the taker..” (Participant 8)

Subtheme 5.4 Isolation

After the stillbirth experience, some of the participants (n=2) stated that they did not want to communicate with anyone around them and that talking to others made them feel as if they were reliving the event. Participants stated the following;

“Every caller tries to ask something detailed. What are you going to do, what’s it to you... That’s why I don’t want to meet or talk to anyone (crying).” (Participant 6)

“Now that you’re here, I’m talking to you. I wasn’t talking to anyone. It’s the first time with you, really..” (Participant 8).

Subtheme 5.5 Expressing love to living child/children

After the stillbirth experience, some women (n=2) stated that having another child/children made them feel better and that they felt lucky.

“I’m a mother. God gave me two daughters. I say, “May God give them good health.” I say, “I have to stand upright, I have two more behind me.” I feel very lucky to have two daughters. That’s how I try to comfort myself” (Participant 2)

“I’m miserable, but I still have a child. Now I’ll say my baby wasn’t there for a year and he’s not there now. ...” (Participant 12)

Subtheme 5.6 Plans for the next pregnancy

Some of the participants (n=2) stated that they were undecided about their future pregnancy plans, that they were afraid and that they would decide according to the situation.

“I’m not too old, I’m not too young. I think I’ll take a break for a while. Then we’ll see. ...” (Participant 4)

“I’m not planning to get pregnant again right now. It was IVF anyway, that’s how we tried. Frankly, I was a little scared. I thought it was risky for my health, but if God gives it to me, I can’t do anything to it anyway. But otherwise I don’t plan to have an in vitro fertilization...” (Participant 1)

DISCUSSION

This study was conducted through a phenomenological research design to determine the emotional experiences of women after stillbirth. In the study, the emotional experiences of women after stillbirth were examined under five main themes: emotions experienced when the pregnancy was first learned, the effects of bereavement due to stillbirth, approach to the baby after stillbirth, factors affecting the bereavement process and methods of coping with the bereavement process.

When the literature is examined, it is stated that the emotions women experience when they first learn about pregnancy are affected by factors such as their own experiences, complications arising during pregnancy, whether the pregnancy is planned or not, the presence of social support systems, the number of children, and the social and economic problems of the couple²³. These factors affect women’s positive or negative perceptions of pregnancy. In both cases, the loss of the baby was found to have negative effects on all women who participated in the study.

When a pregnancy ends in stillbirth, it is a distressing and traumatic life experience for the woman, the partner and the family. Stillbirth has lasting emotional, cognitive, psychological, social, spiritual and physiological consequences on families²⁴⁻²⁶. In our study, guilt, regret, denial, disappointment and despair were found to be the emotions that women who had stillbirth experienced intensely during the mourning process. A study conducted in South India revealed that women experienced regret, guilt and grief because of the stillbirth experience. Both women and their families perceived stillbirth as an extremely unexpected, sudden and confusing event. Anger at the inadequacy of the health system was also reported in the same study²⁶. In a study conducted in North India, regret, depression, anxiety and self-blame were identified as severe grief reactions in mothers after stillbirth. Mothers experienced problems such as family stigmatization, rejection, partner abuse and deterioration in relationships with extended family²⁷. A study conducted among Spanish parents reported bereavement reactions, including disbelief, denial, shock, anger, and hopelessness, following the loss²⁸. In other studies, it was reported that couples who had stillbirths had a high rate of mental health disorders, especially mothers who experienced problems such as post-traumatic stress disorder, depression and anxiety disorders, and these negatively affected women's mental health^{29,30}. When the literature is examined, it is observed that the reactions given after stillbirth differs according to the culture and beliefs of individuals. For example, in a study conducted by Danca and colleagues, they stated that women in Zambia mourn silently because they believe that should the mother shed tears for her stillborn child, the spirit of the deceased infant will act as a barrier to her becoming pregnant again³¹. In some studies, conducted in Africa, it has been reported that women feel guilty and hide stillbirth from their environment when it occurs due to cultural norms such as the belief that stillbirth is associated with "witchcraft" and brings "bad luck"^{32,33}. In a study conducted in our country, it was reported that women experienced feelings of guilt, failure, avoidance, disappointment, introversion and fear immediately after the loss¹. Our study is in parallel with the literature. Bereavement is a universal phenomenon and seems to affect women in different geographies and cultures similarly. In our study, it is noteworthy that women especially felt guilty about the health institution they chose. Similarly, in a similar study, women described

themselves as unsuccessful "women" or unsuccessful "mothers" because they thought that they had chosen the wrong health institution, and stated that they felt guilty²⁶.

In our study, while some women wanted to see and touch their baby after stillbirth, some women did not want to see the stillborn baby, stating that they were not ready for this and that it would increase their sadness. In a similar study, some women expressed a reluctance to see their babies, citing concerns about the potential for the memory of their babies to become inaccessible or for the reality of their babies' absence to become overwhelming. Conversely, some women expressed a desire to see their babies, indicating a need to confront the reality of their babies' departure and to say goodbye¹. In a study conducted in Kenya and Uganda, parents stated that seeing and touching the baby was important for them³⁴. Our study is in parallel with the literature. In addition to these studies, there are studies that affect women's behaviors and attitudes about seeing or touching the dead baby depending on cultural norms. For instance, Danna et al. (2022) reported that in Zambia, it is culturally prohibited to see, touch, and keep the belongings of a stillborn baby for fear that the spirit of the deceased baby may affect the woman's future pregnancies³¹. In another study, some women stated that they did not want to see or touch their stillborn babies because it was against their traditions³⁵. In our study, there were no specific cultural norms regarding seeing or touching the baby after stillbirth, but it was left to the will of the women.

In our study, negative emotions due to the consolations provided by close relatives and being in the same environment with women who gave live birth were determined as factors affecting the bereavement process in women who gave stillbirth. In a few studies conducted in this direction, keeping stillbirth women in the same room with women who gave live birth, women feeling belittled while their relatives comforted them, and feelings of pity from friends and relatives of stillbirth women were expressed as factors that aggravate the grief process^{24,26}. In our study, in addition to the literature, it was determined that women's previous experience of stillbirth or any loss in the family aggravated their feelings and they approached thoughts such as wishing to become pregnant again in the future with fear.

In our study, different factors were found to be effective in women's coping methods with this bereavement

process. Women who had stillbirths stated that the support they received from friends and family was helpful for them. In studies conducted in this direction, it has been emphasized that the most important way to cope with the grief process is with family support and friends^{24,26,30}. While previous studies have expressed the negative perspective of women after stillbirth due to the fact that health professionals normalize loss and lack empathy^{1,24,26}, our study, it was determined that women who gave stillbirth perceived health professionals as positive social support. This difference was thought to be due to the fact that the health professional (midwife/nurse) provided information about the situation to the women who experienced loss in the hospital where the study was conducted, and healthier communication was established between the women who experienced loss. In some studies in the literature, it has been observed that women cope with the bereavement process with thoughts and behaviours such as isolating themselves from the environment and transferring their love to them by giving themselves to the care of other children, focusing on spiritual activities and wanting pregnancy in the next process^{16,24,26,36}. Religious coping is an effective strategy for self-acceptance and reducing the effects of negative life events³⁷. In our study, it was observed that half of the women who participated in the research coped with the process more effectively because they believed that this event “*Came from God*”.

Strengths and Limitations

Since the study was conducted in a single center, it can only be generalized to the region where the study was conducted and is limited to the data of women who agreed to participate in the study. In this study, only the emotional states of women who gave stillbirth were addressed and the emotional states of the partners were not within the scope of the study.

CONCLUSION

Stillbirth experiences of women are an important phenomenon that deeply impacts their lives. Therefore, it is very important to address the psychosocial aspects

of the process in the care of stillbirth mothers. According to the data obtained from our study, women's emotional states after stillbirth are affected by their feelings when they first learned about the pregnancy, the effects of grief, the factors affecting this process, coping methods and women's approach to their babies. The findings obtained from the study are considered to be important in terms of shedding light on future research in Turkey and intercultural comparisons.

Health systems should develop support programs for the bereaved woman and her family to be sensitive to such psychosocial needs of stillbirth women and their families. They can also develop training programs for caregiver health professionals to be sensitive to women and their families in the bereavement process. In this direction, it is thought that the new generation of health professionals can improve the quality of care for Turkish women and their families experiencing stillbirth. Thus, it is predicted that women can cope with the bereavement process more effectively with support programs.

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Conflict of interest

The authors declare that they have no conflict of interest.

Authors's contribution

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