

## **Integrative Review of Emotional Care Following Perinatal Loss**

**Sara Furtado-Eraso, Paula Escalada-Hernández and Blanca Marín-Fernández**

Department of Health Sciences, Public University of Navarre, Pamplona, Navarre, Spain

### **Abstract**

Emotional care is an important part of the holistic labour and should be considered when providing care to people affected by perinatal losses. To synthesize the findings from recent published scientific evidence on the emotional care needed following perinatal loss, a search in PubMed, CINAHL, SCOPUS and Web of Science was carried out in January 2020 yielding 22 studies which met the inclusion criteria and were analyzed following Whittemore and Knafl's (2005) methodology.

One category on “offering emotional care” was identified: ‘Aspects influencing the psychosocial wellbeing of women after perinatal loss’, comprising eight themes: risk of complicated grief, cultural values, perinatal losses in multiple pregnancies, experience of subsequent pregnancies, need of information, contact with the deceased baby, impact on relatives, and strategies for emotional care. In conclusion, the evidence highlights the need of specific emotional grief care.

### **Keywords**

perinatal loss, perinatal grief, emotional care, integrative review, emotional support.

## Introduction

Perinatal loss is a devastating episode for parents with long-term adverse physical and psychosocial consequences (Ramirez et al., 2019). Although the World Health Organization (WHO) interprets perinatal period as commencing at 22 completed weeks (154 days) of gestation and ending seven completed days after birth, in practice this period is longer, as well as what is reported in the literature on the topic (López García de Madinabeitia, 2011). Thus, many authors (Andersson et al., 2012; Hutti et al., 2015) refer to perinatal death as miscarriage (fetal termination and the expulsion before week 22 of pregnancy), late fetal death (fetal death at > 22 weeks of pregnancy or weight over 500 g), and early neonatal death (death of a newborn infant within the first seven days of life). Around 25% of pregnancies end up in one of these types of losses (Hutti et al., 2015), and the majority of them occur in the first three months after conception (Adolfsson, 2011). Moreover, Steen (2015) explained that the global estimation of stillbirth per year is around 2.64 millions, and the global neonatal death is estimated in around 4 millions of cases per year (Sisay et al., 2014). However, according with some authors (Cassidy, 2018; Duke et al., 2010; Sisay et al., 2014), a big percentage of perinatal losses are overlooked or not declared due to deficient or ineffective data collection systems. This lack of precise data about perinatal losses entails the calculation of unreal rates of prevalence for this kind of episodes, generating a false perception of these losses as isolated cases and, therefore, causing stigma in women and families affected (Brierley-Jones et al., 2014; Fernandez et al., 2011). The overwhelming effects of a perinatal loss go beyond the physical aspect, and include emotional, social, spiritual, and psychosocial burdens (Cholette, 2012).

The accompanying grief of a loss is a hard and difficult process. The grief resulting from a perinatal loss is complex and unique, often causing a sense of biological failure and loss of self. Additionally, this type of losses is characterized by lack of memories associated to the

infant to help cope with the grieving process, loss of future expectations by the parents, and minimization by others (Brierley-Jones et al., 2014; Ellis et al., 2016).

### **Emotional Care for Promoting Psychological Wellbeing**

The emotional wellbeing of patients is an integral part of the health care provided and it is included in the definition of health by the World Health Organization (Williams & Kristjanson, 2009). When people suffer a perinatal loss, they usually experience physiological and social consequences as well as emotional distress in many cases. Thus, Zamanzadeh et al. (2015), stated that, nowadays, a holistic view of care is accentuating the need for health care professionals to bring physiological, psychological and emotional care to the patients. Compassionate and patient-centred care has been identified by women who suffer pregnancy loss as an essential aspect which plays a crucial role in their long-term emotional recovery (Palmer & Murphy-Oikonen, 2019). Emotional care can be defined as those strategies and interventions that promote the psychosocial well-being of the patient and the family (Chalco et al., 2006; Williams & Kristjanson, 2009). Ranjbar Ezzatabadi et al. (2012), hold that emotional care is ‘the potential to feel, use, communicate, recognize, remember, describe, identify, learn from, manage, understand and explain emotions’ (p. 758). Therefore, it is essential to identify which are the specific aspects to be considered to provide an emotional care to people who suffer a perinatal loss. In the same line, Panches et al. (2018), concluded that although there are a variety of recommendations for the clinical management of loss of pregnancy in the emergency department, the psychological and emotional support of women was considered scarcely. Further studies investigating holistic care would be beneficial for health care professionals in the management of perinatal losses.

## **Purpose**

The aim of this integrative review is to synthesize and analyze the studies published to date in relation to the emotional care offered to people who suffer a perinatal loss.

## **Methods**

### **Design**

An integrative review was conducted following the method suggested by Whittemore and Knafl (2005). An integrative review comprises studies with diverse methodologies with the aim of synthesizing the existing evidence about a topic and thus allowing for a deep understanding of this (Hopia et al., 2016; Joanna Briggs Institute, 2015; Whittemore & Knafl, 2005). Therefore, this approach has the potential to influence the development of evidence-based practice in nursing and midwifery (Hopia et al., 2016).

### **Search Strategy**

The literature search included PubMed, CINAHL, SCOPUS and Web of Science electronic databases. References from the identified publications were also selected. For the search strategy we used the following keywords: perinatal loss, perinatal grief and emotional care with the Boolean operator AND.

### **Inclusion criteria**

The databases search yielded 179 articles, but just 77 followed the inclusion criteria of our review: original research published articles between January 2015 and January 2020, including quantitative and qualitative studies written in either English or Spanish with the full text available. After removing duplicates (nine articles), 16 publications were identified as non-relevant articles for the review based on the title and/or the abstract. Another

30 articles were non relevant and excluded after a full review of the text. The remaining 22 publications were included in the final review. With the purpose of capturing the cultural diversity in relation to the emotional care needs, projects from any country were eligible for inclusion.

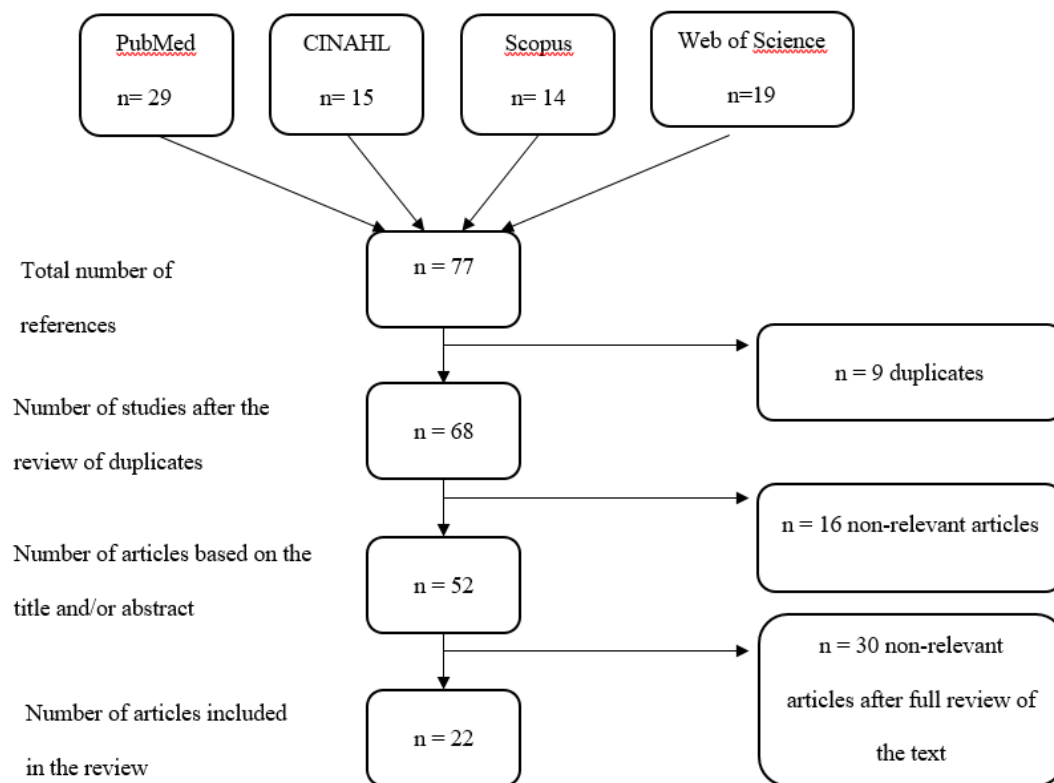
Theoretical reports, cases studies or clinical cases were excluded. Grey literature was not included because in this kind of sources full-text access may be limited and its use may be considered as a potential weakness due to the lack of rigorous editing and review processes in their publication (Pölkki et al., 2014).

### **Study Selection and Data Management**

A descriptive account was made on the decisions (see flow chart; Figure 1) to include or exclude a paper in the review. The three researchers conducted the selection independently and consensus was reached based on discussion. We first compiled the publications with abstracts indicating the work that met the inclusion criteria and then the whole text was reviewed. If there was any doubt in the abstract that the study met the inclusion criteria, the whole text was examined, after which the study was included or excluded.

According to Whitemore and Knafl (2005), quality evaluation is only necessary in papers that represent outliers in integrative reviews that include varied empirical sources. In this review, conflicting results have not been produced by outliers. Furthermore, Munn et al. (2018) and Tricco et al. (2018) state that developing the critical appraisal procedure in this kind of reviews is not required as long as rigorous and transparent methods ensure that the results are trustworthy. This was the case in this review even though some methodological considerations are presented in the discussion.

**Figure 1.** *Search Outcome and Selection of Articles for the Integrative Review*



## Data Extraction

We used a four-stage data analysis method, as described in Whittemore and Knafl (2005). All data relevant to emotional care after a perinatal loss were examined as follows: immersion in the data by thoroughly reviewing each study, focus was put on the data that could potentially be useful to answer the review question (codes were manually attached to the data), codes were classified into overarching themes, and potential themes were redefined and discussed to identify the key ones.

This was supported by a constant comparison approach that facilitated the iterative process of identifying emerging themes and subthemes across the primary data sources (Hopia et al.,

2016). The first author performed the data analysis that was then discussed and verified by the research group and summarized into a unified integrated conclusion.

## **Results**

The initial search across all electronic databases yielded 179 articles, from which 22 studies met the inclusion criteria and were analyzed and synthesized for this integrative review. These 22 studies comprise 7 quantitative, 12 qualitative and 3 mixed-methods researches, published between 2015 and 2019, showing data from countries of America, Europe, Africa, and Oceania. All selected studies reported that ethical approval was obtained. No relevant ethical issues were discussed in any of the papers. The details of each study are described in the Table 1 and Table 2.

From the analysis of these selected studies, one category was identified. This category was ‘Aspects influencing the psychosocial wellbeing of women after perinatal loss’ and comprised eight themes: risk of complicated grief, cultural values, perinatal losses in multiple pregnancies, experience of subsequent pregnancies, need of information, contact with the deceased baby, impact on relatives, and strategies for emotional care.

The category and the corresponding themes are discussed below. Table 3 illustrates the articles related to each theme.

### **Aspects Influencing the Psychosocial Wellbeing of Women After Perinatal Loss**

The 22 articles included in this integrative review reveal the emotional needs triggered after perinatal loss, identifying those aspects which have an impact on the psychological wellbeing of these women and thus, should be considered when offering support to people in grief.

### ***Risk of Complicated Grief***

Numerous factors contribute to increase the risk of complicated grief in perinatal loss, such as the unexpected and sudden circumstances of the perinatal death, the lack of memories of the baby's existence and the self-blame for the pregnancy loss (Camacho-Ávila et al., 2020). In a descriptive cross-sectional, correctional study in Spain by Druguet et al. (2018), the researchers concluded that intensity of grief was not determined by the period of the pregnancy at which the loss occurred, previous miscarriages, the presence of living children, the survival of one of the twins, or any of the sociodemographic variables examined. The phenomenological qualitative study carried out by Meaney, Corcoran, Spillane, et al. (2017) about the experience of miscarriage indicates that this experience has a considerable impact on men and women, and the participants stated that it was important the acknowledgement of the loss by health professionals and more broadly throughout society. However, perinatal or neonatal losses are not socially recognized or viewed as a significant problem, for this reason, the grieving may not be recognized openly, there may not be public grief or be socially accepted (Al-Maharma et al., 2016; Camacho-Ávila et al., 2020). As shown in one qualitative study based on the Gadamer's hermeneutic phenomenology (Camacho-Ávila et al., 2020), the feeling of biological failure and shame experienced by the mothers made them feel socially stigmatized and avoid contact with other people in their surroundings. Complexity of perinatal grief in comparison to other types of grieving, can lead to complicated or intense grief; these are lived in loneliness and silence (Videbeck, 2013). Moreover, women that suffer a loss during their pregnancy are at higher risk of developing mental health problems such as depression, anxiety, post-traumatic stress disorder, and/or a complicated grief (Hutti et al., 2015; Johnson & Langford, 2015). In fact, in a study conducted by McSpedden et al. (2017) about the presence and predictors of complicated grief in a sample of perinatally bereaved mothers, the results shown the presence of complicated grief scores in the clinical range was higher than in many



other bereaved populations. Furthermore, Allahdadian et al. (2016), Hutti et al. (2015), and Meaney, Everard, et al. (2017), report that the intensity of the couple's grief associates to a poor intimate relationship. Thus, Hutti et al. (2015), stated it is very important to do a follow-up and the assessment of the emotional manifestations of these women during pregnancy after a perinatal loss, and if necessary, offer interventions that could help them manage their anxiety, stress as well as their relationship.

### ***Cultural Values***

Culture plays an important role in how women perceive, grief and cope with the perinatal loss. The qualitative study carried out by Meyer et al. (2018) in Ghana suggests that there are dramatic cultural differences in the way that societies address bereavement and beliefs about optimal ways of coping and healing. In the cited research, the study team found that women are often discouraged from mourning or speaking publicly about neonatal loss and they are encouraged to forget the loss as quickly as possible to be strong and accepting that certain burdens must ultimately be carried on their own (Meyer et al., 2018). In addition, Meyer et al. (2018) stated that religion plays a strong role in coping with infant loss, and all the participants of the study agreed that it was 'God's will for their baby to die'.

Other qualitative study based on Gadamer's hermeneutic phenomenology carried out in Spain (Camacho-Ávila et al., 2020) indicates that death in western culture is often a taboo subject and speaking about it generally causes discomfort. Supporting the idea of the silence surrounding the perinatal loss, the cross-sectional study by Steen (2015) about bereavement interventions used by US and Spanish nurses and midwives to cope with perinatal death, Spanish nurses may be uncomfortable talking about the death because it is not openly discussed in society. Steen (2015) concluded that culture plays a key role in how nurses deliver care to bereaved families, and they must be challenged to enhance their practice to coincide with

bereavement research while maintaining a culturally specific approach. Another study included in this integrative review highlights that the lack of acknowledgement of pregnancy loss is tied to the biomedical discourse that miscarriage is normal and therefore needs no acknowledgement (Andipatin et al., 2019). For the authors, the normalization of reproductive loss is linked to the notion of biological foetal personhood with the birth of a live baby being the deciding factor in determining personhood and non-personhood. Thus, the lack of cultural scripts may find its roots in the biomedical notion (Andipatin et al., 2019), that there are no answers for a first trimester loss and how others did not know how to react to such a loss, leaving grieving mothers few alternatives in terms of their grief processes.

### ***Perinatal Losses in Multiple Pregnancies***

When the perinatal loss occurs in a multiple pregnancy, women's grief may be influenced by feelings of ambiguity. The number of multiple pregnancies continue to rise because of the increasingly older age at which women are deciding to have their first child and the use of assisted reproductive technology (Richards et al., 2015). Preterm delivery, birth defects, and perinatal death are some of the risks associated to a multiple pregnancy (Glinianaia et al., 2011). With this in mind, Druguet et al. (2018), Meaney, Corcoran & O'Donoghue (2017), and Richards et al. (2015) discuss the affective ambivalence of women who lose a baby in a twin pregnancy, as they find themselves in a "frozen" grief because of the lost child and at the same time are under pressure to feel well and be strong for the sake of the one who survived. Meaney et al., (2017) and Richards et al., (2015) stated that most needs of this population of women might be met by introducing minor changes in the health practice associated with emotional care: using a sensitive, empathic approach towards the grieving parents, remembering and naming both babies (the one who died and the one who survived), provide a place for the

parents to speak about the loss, and use symbols (e.g., a blue butterfly) on the crib of the live baby that will remind/recognize the lost child.

Druguet et al. (2019) hold that when one of the fetuses in a twin pregnancy is lost, the mother has the difficult task of building an attachment to the surviving baby, among the distress of the loss, and she may try to cope by denying painful feelings. This fact could influence the decisions of the mother in terms of farewell rituals and may make it difficult to search or accept psychological help (Druguet et al., 2019). When a perinatal loss occurs in a multiple pregnancy, as part of the elaboration of mourning a mother needs to recognize the distinct identity of each of the twins, and allow herself to grieve the deceased twin (Druguet et al., 2018). In the studies carried out by Druguet and colleagues, the authors observed no association between the intensity of grief and the survival of one of the twins or the presence of living children. However, in other study about the presence and predictors of complicate grief symptoms in perinatally bereaved mothers conducted by McSpedden et al. (2017), authors hold that the presence of other living children may have a protective effect against the development of complicated grief.

### ***Experience of Subsequent Pregnancies***

As a consequence of previous perinatal losses, subsequent pregnancies may be experienced with anxiety and fear by parents. In four of the analyzed studies, the authors focused on the emotional needs in new pregnancies of couples who had previously suffered a perinatal loss (Al-Maharma et al., 2016; Hutti et al., 2015; Meaney, Corcoran, Spillane, et al., 2017; Meaney, Everard, et al., 2017). According to a correlational descriptive study (with over 225 pregnant women who had suffered perinatal loss in an immediate past pregnancy) by Hutti et al. (2015), for many parents the negative consequences of a perinatal loss often extend to the next pregnancy. Instead of experiencing the new pregnancy as a happy time, parents who had had a

previous perinatal loss frequently become hypervigilant and feel threatened (Hutti et al., 2015). During subsequent pregnancies after a miscarriage the participants manifested high levels of anxiety and they expressed how they focus on gestational weeks as goals, including exceeding the gestational age they had suffered the loss (Meaney, Corcoran, Spillane, et al., 2017). In fact, many participants in this interpretative phenomenological study detailed how they could not enjoy the experience of being pregnant because of the fear of recurrent perinatal losses (Meaney, Corcoran, Spillane, et al., 2017). On the consequences of a new pregnancy for mothers who experienced a previous perinatal loss, Al-Maharma et al. (2016), describe that most women in Jordan who had a baby within 16 months after the previous perinatal loss, tried to replace the loss and solve the grief of the lost child by filling the empty space with another baby and had higher levels of grief than those who did not have such an intent. The conclusion of this article indicate that perinatal grief had a negative impact on maternal attachment to the subsequent baby (Al-Maharma et al., 2016). However, as the authors expected in Jordanian culture (Al-Maharma et al., 2016), bereaved women who have a male child had significantly lower levels of grief intensity.

The findings of the qualitative study conducted by Meaney, Everard, et al. (2017) suggest that a subsequent pregnancy was lived by the parents with fear about the potential loss of another baby and parents' aspirations were different between mothers (wishing to plan a future pregnancy) and fathers (reluctant to consider any pregnancies).

### ***Need of Information***

The lack of information during the process of the perinatal loss and the resulting health care may increase the pain and anguish of parents (Camacho-Ávila et al., 2020; Lizcano Pabón et al., 2019). Thus, Camacho-Ávila et al. (2020) suggest that the parents who received adequate information during the process of the perinatal loss perceived they had greater control of the

situation. In line with these results, in another phenomenological study conducted by Larivière-Bastien et al. (2019), participants identified a lack of information through the process (at the announcement of the miscarriage, at the course of the miscarriage, and at the emergency department discharge) as a recurrent factor that exacerbates the already difficult nature of this event. In addition, respondents believe that having more information would have alleviate their difficulties at the time of the loss process. In other descriptive and exploratory qualitative study carried out by Emond et al. (2019), participants expressed a need to receive more information during their visit to the emergency department. Moreover, couples emphasized that they would have appreciated information on the emotional consequences of miscarriage and the recovery process that awaited them over the following weeks, and many women indicated that this information would have helped anticipate and prepare for possible responses (Emond et al., 2019).

### ***Contact with the Deceased Baby***

The contact with the death baby after a perinatal loss may affect parents in different ways, being crucial in their grieving process. The study by Camacho-Ávila et al. (2020), identified that rituals associated with grief were recognized as positive by the parents. Thus, the majority of mothers of the study agreed to hold their baby and parents remember this moment as “the only opportunity” to be with their infant and provide all their affection, although some parents experienced confusion and contradictory feeling at the same coexistence of life and death (Camacho-Ávila et al., 2020). However, Druguet et al. (2019) state that many women in their study had not been given the opportunity to perform certain rituals such as seeing or holding the deceased baby. Druguet et al. (2019) consider that the emotional impact of losing a baby may make it difficult for some mothers to fully process the information they received affecting the choices or decisions they might make. Lizcano-Pabón et al. (2019) concluded that parents

who saw and held their babies had a better adaptation to loss. In addition, these authors state that including the creation of memories of the deceased child is beneficial to parents in order to transcend the loss by providing meaning (Lizcano Pabón et al., 2019). Furthermore, receiving some of the objects that have been in contact with their infant later meant for the parents the recovery bond they had had with their infant, and it was a way to remember them (Camacho-Ávila et al., 2020).

The acknowledgement of the loss by people and through ritual was of importance for participants to remember or commemorate their loss with different actions such as keeping a diary, writing of songs or poems or through the celebration of a funeral or similar ceremony (Meaney, Corcoran, & O'Donoghue, 2017).

A prospective cohort study carried out by Wilson et al. (2015) concluded that parents who see and hold their stillborn baby may experience a higher intensity of grief but this is not necessarily indicative of mental health disturbance. For a decade now, efforts have been made to prove which is the best decision on having contact and seeing the baby (Wilson et al., 2015). It is time to take a step forward and give more relevance on how to provide a context to the parents for them to decide on what to do based on the information they receive.

### ***Impact on Relatives***

Most of the reviewed studies focused on determining the way grief affects the women who had lost a baby. However, several studies pointed out that the loss also has an effect on fathers, grandparents, and/or siblings, who are frequently left out during the grieving support (Allahdadian et al., 2016; Camacho-Ávila et al., 2020; Lizcano Pabón et al., 2019). Camacho-Ávila et al. (2020) state that relatives and close friends were key elements to overcome the mourning process, but both mothers and fathers emphasized the support provided by their partner as a primary element to overcome the loss. The emotional grief response is possibly

delayed in the fathers because they are focused in taking care of the needs associated to the loss, i.e., preparing the funeral, work, and remain strong to avoid putting the load of their own discomfort on the mother (Camacho-Ávila et al., 2020 and Lizcano-Pabón et al., 2019). While women are receiving care after experiencing a perinatal loss, health staff may neglect or forget men (Lizcano-Pabón et al., 2019). In fact, in the study by Lizcano-Pabón et al. (2019), while women were being treated in the hospital during the perinatal loss, institutional policies mandated that men had to be outside, alone in the waiting rooms, contrary to their wishes of wanting to be at their partners' sides and face the situation as a couple. In addition, the mothers and fathers interviewed by Meaney, Everard, et al. (2017) verbalized diverse needs and concerns relating to future pregnancies which emphasizes the importance of individualizing the care provided by health-care professionals to parents after miscarriage. However, the qualitative study by Allahdadian et al. (2016) concluded that all family members may be affected by this tragedy.

### ***Strategies for Emotional Care***

The literature suggests that the use of strategies for offering emotional care by the healthcare professionals may be beneficial for parents who suffer a perinatal loss.

The study carried out by Camacho-Ávila et al. (2020) hold that specific interventions such as perinatal loss support groups provide parents with a unique opportunity to talk about the topic in an empathic environment where the loss of their babies is accepted with no prejudice. In addition, the sense of belonging to a group of peers who have gone through the same or a similar situation helped them to rebuild the identity and try to continue with their lives (Camacho-Ávila et al., 2020). Furthermore, other randomized study trial of a bereavement intervention for pregnancy loss (Johnson & Langford, 2015) concluded that a structured bereavement intervention implemented immediately following the miscarriage can help

women work through the grieving process. In the cited study (Johnson & Langford, 2015), the treatment group received a 1-hour bereavement intervention following a protocol which provided: early identification and labelling of the participant's room and chart for acknowledgment to the loss; offer to chaplain services; honor of any special request such as baptism, special ceremony or prayer; a packet of flower seeds of remembrance to be planted at home; a soft plush care bear; other physical mementos (if applicable); and a completion of a self-addressed sympathy card. Moreover, a 15-minute telephone call 1 week later was used to reinforce the information. The findings of the study indicate that women who received the bereavement protocol reported lesser levels of overall grieving (Johnson & Langford, 2015). In the same line of this study, the studies by Agwu Kalu et al. (2018), Due et al. (2018), and Emond et al. (2019) hold that some parents revealed the importance of bereavement interventions and follow-up appointments with health professionals as a useful intervention for emotional and informational purposes. Also, Steen (2015) in her study about grief interventions applied by Spanish and US nurses and midwives, concluded that the findings of the study highlight the importance of the continued development of the standards of perinatal grief care worldwide.

In addition, a prospective survey by Hutti et al. (2018) evaluates the ability of the PGIS (Perinatal Grief Intensity Scale) to predict intense anxiety and severe depressive symptoms in women 3 month after the perinatal loss. These authors hold that this instrument (PGIS scale), may help health care providers identify women who need further mental health evaluation after perinatal loss (Hutti et al., 2018). Thus, Hutti et al. (2018) state that this prompt detection and intervention could prevent or reduce some of the negative effects experienced by families due to the perinatal loss.



## Discussion

The purpose of this review was to summarize the existing literature on emotional care after a perinatal loss, a topic that is increasingly being studied and considered by healthcare professionals in their practice. The review includes 22 articles on emotional care that delve into different aspects. The synthesis developed identified several key new findings, concluding that taking into consideration some key elements to individualize the experience is a decisive factor for the support and resolution of perinatal grief. These elements, which have an impact on the psychosocial well-being of women in this situation and thus, should be considered when providing emotional care, are the risk of complicated grief, culture, type of pregnancy (i.e. multiple pregnancy), level of information and decision-making during the process, contact with the baby following the loss, potential effects on subsequent pregnancies, impact on relatives, and strategies for emotional care. Most of the evidence extracted for this review indicates that the level of understanding of these elements manifested by healthcare professionals in situations of perinatal loss could have either a positive or negative effect on the grieving individuals.

In the literature, there is a lack of consensus regarding the definition of the term perinatal loss (Fenstermacher & Hupcey, 2013). In this review, authors of each study specify their own definition about this. For some authors (Allahdadian et al., 2016; Camacho-Ávila et al., 2020; Meaney, Everard, et al., 2017; Wilson et al., 2015), perinatal loss involves stillbirth and neonatal death. However, other authors (Emond et al., 2019; Larivière-Bastien et al., 2019; Meaney, Corcoran, Spillane, et al., 2017) included miscarriage in the definition of this term. Furthermore, in other studies, perinatal loss was used as a general term extended from when pregnancy was known to the neonatal period (Hutti et al., 2015; Steen, 2015). Although WHO defines perinatal loss period as commencing 22 completed weeks of gestation and ending seven completed days after birth, in practice and in the literature this period is extended for some

authors until the knowledge of the pregnancy by the women affected including miscarriage and neonatal period (López García de Madinabeitia, 2011). Hutti et al. (2015) and Hutti et al. (2018) suggested that the intensity of the grief that underlies the loss is not related to the weeks of gestation these women had completed when this took place because, as stated by López García de Madinabeitia (2011), for the parents it is not the weight or the gestational age that transforms a fetus into a child, but the place that it has created in their heart. According to Fenstermacher and Hupcey (2013), 'lack of conceptual clarity and lack of a clearly articulated conceptual definition impede the synthesis and translation of research findings into practice' (p.2389).

Among the identified key elements, culture seems to play an important role in the experience of a perinatal loss (Andipatin et al., 2019; Camacho-Ávila et al., 2020; Meyer et al., 2018; Steen, 2015). It is widely acknowledged that culture defines, shapes and influences the grieving process (Rosenblatt, 2008). Therefore, cultural values should be respected and taken into consideration when providing emotional care for parents who suffer a perinatal loss. Thus, healthcare professionals should be familiar with those cultural aspects that can influence the grief experience of perinatal losses in different population groups. In order to gain knowledge about this aspect, multiple studies can be found in the literature analyzing different cultures and ethnic groups, such as African American parents (Boyden et al., 2014), Latino parents (Whitaker et al., 2010), Taiwanese parents (Tseng et al., 2014); Czech mothers (Ratislavová et al., 2016); Brazilian and Canadian women (Paris et al., 2017) and Spanish women who have suffered a perinatal loss (Ridaura et al., 2017).

This review identified that the decision of having contact with the baby after a perinatal loss has particular importance in the grieving process of women. Camacho-Ávila et al. (2020), Lizcano-Pabón et al. (2019) and Wilson et al. (2015) state that most participants decided to see and hold the dead baby and felt satisfied with their decision. In another study included in this review, conducted by Wilson et al. (2015), the authors conclude that parents who see and hold

their stillborn baby may experience grief at a higher intensity, however, this is not necessarily indicative of mental health disturbance. In this way, it is worth mentioning that past research has yielded a mixture of findings about this aspect. A cohort British study published in 2002 suggests that mothers who chose not to see nor hold their stillborn infant had a better outcome than those who did see and hold the infant (Hughes et al., 2002). In addition, Hughes et al. (2002) state that women who do not see or hold their child have significantly fewer depressions in the subsequent pregnancy and less symptoms of anxiety and post-traumatic-stress disorders. This is a significant aspect for the emotional care in perinatal losses and therefore, needs, further investigation.

Suggestions are offered as to how women can best be supported by the medical system, so as to reduce their immediate psychological distress as well as their long-term chances of developing a psychiatric disorder. A growing body of research explores this aspect (Hutti et al., 2015, 2018; McSpedden et al., 2017). According with this key aspect identified in this review, Evans (2012) stated that sensitive, caring and skilled care for women who suffer a perinatal loss plays an important role in their long-term emotional recuperation.

Findings from this review suggest that the literature on emotional care in perinatal losses has been mainly focused on the grieving process of women. However, several authors recognized that fathers and other relatives could also need support (Allahdadian et al., 2016; Camacho-Ávila et al., 2020; Due et al., 2017; Lizcano Pabón et al., 2019). Further, emotional care should take differences in the resolution of grief between mothers and fathers into consideration, as it is concluded by the majority of studies included in this review. Congruent with Obst and Due (2019) it would seem that men's grief experiences are very diverse, and existing grief measures may not catalogue all the challenges and complexities of grief for men such as a lack of social acknowledgement for their grief and resulting needs or the expectations to support female partners. Illustrating the consequences of these differences in the grieving process, Tseng et al.

(2014) found that some mothers described a deep feeling of loneliness caused by the silence of their partners who avoided talking about the issue, resulting in an indescribable distance in the relationship and a sense of failure in their role as a woman, mother and daughter. While the mothers waited for their partners to be emotionally more expressive, the fathers did not let their emotions show too much because of a need to protect their wives and having hope in the future, which caused the women to express their grief differently (Campbell-Jackson et al., 2014). Jones et al. (2019) concluded that despite men reported less levels of psychological outcomes after a perinatal loss, they are more likely to get involve in avoidance and coping behaviors like increase alcohol consumption. In the scoping review mentioned, men felt their role was directed to support their partner and they were forgotten by health care professionals (Jones et al., 2019).

Training healthcare professionals regarding perinatal losses may be considered an important factor to provide an adequate emotional care to people affected. Some studies examined the training needed to provide emotional support to women after a perinatal loss. A series of studies (Allahdadian et al., 2016; Andipatin et al., 2019; Due et al., 2018) hold that the lack of training, support, and supervision causes discomfort in healthcare professionals, which could lead to handle the situation incorrectly with the consequent negative effects on the care given to the affected parents. The studies by Camacho-Ávila et al. (2020), Emond et al. (2019), and Ravaldi et al. (2018) indicate that action, behavior, and attitudes of healthcare professionals had direct consequences on parents producing more stress and powerlessness when professionals focus more on the clinical part rather than on the emotional part of the death. However, in the study by Due et al. (2018) women noted that rather than a specialized knowledge or skills, it was the simple, genuine gestures of healthcare professionals and their ability to be emotionally-present and share in women's grief which provided the much needed sense of comfort.

The studies carried out by Agwu Kalu et al. (2018) and Due et al. (2018) showed that majority of healthcare professionals in the study do not have adequate levels of confidence (bereavement knowledge and skills) to providing effective care to grieving parents. The findings of the studies suggest that the current provision of perinatal bereavement care education for healthcare professionals is currently not meeting their needs for clinical practice (Agwu Kalu et al., 2018; Due et al., 2018). The majority of healthcare professionals who participated in the studies carried out by Emond et al. (2019) and Ravaldi et al. (2018) perceived they were inadequate trained in providing optimal care to the parents and to deal with communicating the tragic news to them and encountering the stillborn baby after birth. In their studies (Ravaldi et al., 2018; Steen, 2015; Willis, 2019), authors concluded that there is a substantial gap between the standards of care defined by international guidelines and the practices currently place in Italy. Thus, healthcare professionals supported the use of creative learning methods such as classroom theoretical sessions, reflection, debriefing, group interactions and activities to explore their thoughts and feelings about perinatal loss and care to bereaved parents (Agwu Kalu et al., 2018; Nash et al., 2018; Willis, 2019).

Furthermore, some studies show that nurses' grief is also significant, and this requires acknowledgment, support and education (Agwu Kalu et al., 2018; Hutti et al., 2016; Nash et al., 2018). The study carried out by Nash et al. (2018) conclude that midwives may experience emotional consequences as a result of the repeated exposure to early pregnancy loss, which could potentially affect the care offered to women. Several studies highlighted that when there is repeated exposure to the perinatal loss support strategies targeted to healthcare professionals should be implemented to avoid the risk of 'compassion fatigue' (Agwu Kalu et al., 2018; Hutti et al., 2016; Nash et al., 2018).

This review includes information on the available resources to date when offering emotional care to people in perinatal grief, such as interventions and strategies that may help health care

professionals to look after mourners after a perinatal loss in their clinical practice. However, the main limitation of most examined studies is the impossibility of determining the long-term effect of an intervention and the difficulty of applying the results to the general population due to the various cultural contexts in which the studies have been carried out. Furthermore, other factors that limit the generalization of the results include the fact that the loss is a unique experience, the memory lapses regarding the suffered event, the duration of the interventions, and the lack follow-up of the participants once the study is finished (Camacho-Ávila et al., 2020; Hutti et al., 2018; Johnson & Langford, 2015). Although not considered in this article review, other aspects that could be further examined are the relevance of empathic communication and its relationship as a grief accompaniment technique, the use of palliative treatment centered on the babies to be born, therapeutic silence as part of the emotional care, and learn how to face grief as health professionals to be able to treat and accompany the other griever through support.

In this review we included all the studies that met the inclusion criteria, regardless of the rigor in the design or methods used by the authors. For the development of the integrative review we followed the method proposed by Whittemore and Knafl (2005), not aiming for it to be a formal evaluation on the quality of the methodology of the studies but to deepen on the concepts of interest. Although this allows a thorough review of all relevant studies, the results should be considered taking into account their potential methodological limitations, including the reduced sample sizes or issues of transferability in the qualitative studies. Furthermore, we limited the review to studies published in English or Spanish. Considering the relevance and magnitude of the effect the loss of a child has on the families influenced by cultural values, studies published in other languages and integrating other cultures may provide further understanding on this topic.

This review offers information that may guide the development of future interventions and research projects about perinatal loss. Findings in this review also highlight the need for further research exploring unmet needs of women and families affected by perinatal losses. Future research should focus on the grief of relatives and how they are affected by this specific loss. Moreover, additional studies assessing specific interventions to provide a holistic care in perinatal loss are needed. Regarding implications for practice, the need of communication skills and grief counselling training for health care professionals is currently widely acknowledged in the literature and numerous strategies have been implemented worldwide (Ellis et al., 2016; Moon Fai & Gordon Arthur, 2009). Specific emotional grief care training and perinatal palliative care education might be considered as a possible resource to be offered during perinatal loss as part of the holistic support (Andipatin et al., 2019; Meaney, Corcoran, & O'Donoghue, 2017; Ratislavová et al., 2019). This training could be carried out in regulated institutions such as universities and/or hospitals, aiming to provide health professionals with support tools and provide them with certainty on sensitive and intrinsic issues such as grief. Perinatal death has a profound impact on psychological and physical well-being of healthcare professionals, and this could affect the support they provide to bereavement patients (Shorey et al., 2017). Thus, culturally/sensitive education and training are needed to address the unmet needs and support health care professionals (Catlin, 2017; Shorey et al., 2017). Future challenges should aim to improve the training of the healthcare professionals regarding perinatal care. This will provide them with the tools for doing their job safely and with a good understanding of the problem, focusing on quality care during situations of grief (Druguet et al., 2019; Wilson et al., 2015).

In conclusion, offering emotional care following a perinatal loss is a key aspect which needs to be considered taking into account the individualized circumstances of the mourners. The literature suggest that healthcare professionals should focus their attention on the specific

emotional grief care as part of the holistic support provided to grieving parents. Cultural values, the number of previous perinatal losses, specific grief in cases of multiple pregnancies, anxiety in subsequent pregnancies following the loss, information given to the parents regarding decision-making, contact with the deceased child, and accompaniment of all the people affected by the loss are aspects that should be taken into account during the emotional care of grieving families. Strategies to improve the clinical practice in this field should be implemented, such as emotional care training for professionals and a variety of strategies for preparing and resolving perinatal grief as a part of the support provided to grieving parents. Despite its recognized relevance, research on emotional care after perinatal loss is only beginning to surface; further understanding and research on the topic is necessary. In order to gain a more comprehensive understanding about the relevant aspects for the emotional care of parents who suffer perinatal loss, further research is recommended.

### **Declaration of Conflicting Interests**

The Authors declare that there is no conflict of interest.



## References

- Adolfsson, A. (2011). Meta-analysis to obtain a scale of psychological reaction after perinatal loss: focus on miscarriage. *Psychology Research and Behavior Management*, 4, 29–39. <https://doi.org/10.2147/PRBM.S17330>
- Agwu Kalu, F., Coughlan, B., & Larkin, P. (2018). A mixed methods sequential explanatory study of the psychosocial factors that impact on midwives' confidence to provide bereavement support to parents who have experienced a perinatal loss. *Midwifery*, 64, 69–76. <https://doi.org/10.1016/j.midw.2018.06.011>
- Al-Maharma, D. Y., Abujaradeh, H., Mahmoud, K. F., & Jarrad, R. A. (2016). Maternal grieving and the perception of and attachment to children born subsequent to a perinatal loss. *Infant Mental Health Journal*, 37(4), 411–423. <https://doi.org/10.1002/imhj.21570>
- Allahdadian, M., Irajpour, A., Kazemi, A., & Kheirabadi, G. (2016). Strategy for mental health improvement of Iranian stillborn mothers from their perspective: a qualitative study. *Iranian Red Crescent Medical Journal*, 18(1). <https://doi.org/10.5812/ircmj.21081>
- Andersson, I.-M., Nilsson, S., & Adolfsson, A. (2012). How women who have experienced one or more miscarriages manage their feelings and emotions when they become pregnant again - a qualitative interview study. *Scandinavian Journal of Caring Sciences*, 26(2), 262–270. <https://doi.org/10.1111/j.1471-6712.2011.00927.x>
- Andipatin, M. G., Naidoo, A. D., & Roomaney, R. (2019). The hegemonic role of biomedical discourses in the construction of pregnancy loss. *Women and Birth*, 32(6), e552–e559. <https://doi.org/10.1016/j.wombi.2019.03.006>
- Boyden, J. Y., Kavanaugh, K., Issel, L. M., Eldeirawi, K., & Meert, K. L. (2014). Experiences of African American parents following perinatal or pediatric death: a literature review. *Death Studies*, 38(6), 374–380.

Furtado-Eraso, S., Escalada-Hernández, P., & Marín-Fernández, B. (2020). Integrative Review of Emotional Care Following Perinatal Loss. *Western Journal of Nursing Research*, 31008, 019394592095444. <https://doi.org/10.1177/0193945920954448>

<https://doi.org/10.1080/07481187.2013.766656>

Brierley-Jones, L., Crawley, R., Lomax, S., & Ayers, S. (2014). Stillbirth and stigma: the spoiling and repair of multiple social identities. *OMEGA - Journal of Death and Dying*, 70(2), 143–168. <https://doi.org/10.2190/OM.70.2.a>

Camacho-Ávila, M., Fernández-Medina, I. M., Jiménez-López, F. R., Granero-Molina, J., Hernández-Padilla, J. M., Hernández Sánchez, E., & Fernández-Sola, C. (2020). Parents' experiences about support following stillbirth and neonatal death. *Advances in Neonatal Care*, 20(2), 151–160. <https://doi.org/10.1097/ANC.0000000000000703>

Campbell-Jackson, L., Bezance, J., & Horsch, A. (2014). “A renewed sense of purpose”: Mothers' and fathers' experience of having a child following a recent stillbirth. *BMC Pregnancy and Childbirth*, 14(1), 423. <https://doi.org/10.1186/s12884-014-0423-x>

Cassidy, P. R. (2018). Estadísticas y tasas de mortalidad intrauterina, neonatal y perinatal en España. *Revista Muerte y Duelo Perinatal*, 6(May-June), 23–34. <http://www.umamanita.es/wp-content/uploads/2018/06/Muerte-y-Duelo-Perinatal-Numero-4.pdf#page=25>

Catlin, A. (2017). Creation of interdisciplinary guidelines for care of women presenting to the emergency department with pregnancy loss. *Journal of Perinatology*, 37(7), 757–761. <https://doi.org/10.1038/jp.2017.61>

Chalco, K., Wu, D. Y., Mestanza, L., Muñoz, M., Llaro, K., Guerra, D., Palacios, E., Furin, J., Shin, S., & Sapag, R. (2006). Nurses as providers of emotional support to patients with MDR-TB. *International Nursing Review*, 53(4), 253–260. <https://doi.org/10.1111/j.1466-7657.2006.00490.x>

Cholette, M. E. (2012). Through the eyes of a father: a perinatal Loss. *International Journal of Childbirth Education*, 27(2), 33–38.

Druguet, M., Nuño, L., Rodó, C., Arévalo, S., Carreras, E., & Gómez-Benito, J. (2018).

Furtado-Eraso, S., Escalada-Hernández, P., & Marín-Fernández, B. (2020). Integrative Review of Emotional Care Following Perinatal Loss. *Western Journal of Nursing Research*, 31008, 019394592095444. <https://doi.org/10.1177/0193945920954448>

Emotional effect of the loss of one or both fetuses in a monochorionic twin pregnancy.

*Journal of Obstetric, Gynecologic & Neonatal Nursing*, 47(2), 137–145.

<https://doi.org/10.1016/j.jogn.2018.01.004>

Druguet, M., Nuño, L., Rodó, C., Arévalo, S., Carreras Moratonas, E., & Gómez-Benito, J.

(2019). Influence of farewell rituals and psychological vulnerability on grief following perinatal loss in monochorionic twin pregnancy. *The Journal of Maternal-Fetal &*

*Neonatal Medicine*, 32(6), 1033–1035. <https://doi.org/10.1080/14767058.2017.1395013>

Due, C., Chiarolli, S., & Riggs, D. W. (2017). The impact of pregnancy loss on men's health and wellbeing: a systematic review. *BMC Pregnancy and Childbirth*, 17(1), 380.

<https://doi.org/10.1186/s12884-017-1560-9>

Due, C., Obst, K., Riggs, D. W., & Collins, C. (2018). Australian heterosexual women's experiences of healthcare provision following a pregnancy loss. *Women and Birth*,

31(4), 331–338. <https://doi.org/10.1016/j.wombi.2017.11.002>

Duke, W., Shin, M., Correa, A., & Alverson, C. J. (2010). Survey of knowledge, attitudes, and practice management patterns of Atlanta-area obstetricians regarding stillbirth.

*Women's Health Issues*, 20(5), 366–370. <https://doi.org/10.1016/j.whi.2010.06.004>

Ellis, A., Chebsey, C., Storey, C., Bradley, S., Jackson, S., Flenady, V., Heazell, A., &

Siassakos, D. (2016). Systematic review to understand and improve care after stillbirth: a review of parents' and healthcare professionals' experiences. *BMC Pregnancy and*

*Childbirth*, 16(1), 16. <https://doi.org/10.1186/s12884-016-0806-2>

*Childbirth*, 16(1), 16. <https://doi.org/10.1186/s12884-016-0806-2>

Emond, T., Montigny, F., & Guillaumie, L. (2019). Exploring the needs of parents who

experience miscarriage in the emergency department: A qualitative study with parents and nurses. *Journal of Clinical Nursing*, 28(9–10), 1952–1965.

<https://doi.org/10.1111/jocn.14780>

Evans, R. (2012). Emotional care for women who experience miscarriage. *Nursing Standard*,

Furtado-Eraso, S., Escalada-Hernández, P., & Marín-Fernández, B. (2020). Integrative Review of Emotional Care Following Perinatal Loss. *Western Journal of Nursing Research*, 31008, 019394592095444. <https://doi.org/10.1177/0193945920954448>

26(42), 35–41. <https://doi.org/10.7748/ns2012.06.26.42.35.c9160>

Fenstermacher, K., & Hupcey, J. E. (2013). Perinatal bereavement: a principle-based concept analysis. *Journal of Advanced Nursing*, n/a-n/a. <https://doi.org/10.1111/jan.12119>

Fernandez, R., Harris, D., & Leschied, A. (2011). Understanding grief following pregnancy loss: A retrospective analysis regarding women's coping responses. *Illness, Crisis & Loss*, 19(2), 143–163. <https://doi.org/10.2190/IL.19.2.d>

Glinianaia, S. V., Obeyesekere, M. A., Sturgiss, S., & Bell, R. (2011). Stillbirth and neonatal mortality in monochorionic and dichorionic twins: a population-based study. *Human Reproduction*, 26(9), 2549–2557. <https://doi.org/10.1093/humrep/der213>

Hopia, H., Latvala, E., & Liimatainen, L. (2016). Reviewing the methodology of an integrative review. *Scandinavian Journal of Caring Sciences*, 30(4), 662–669. <https://doi.org/10.1111/scs.12327>

Hughes, P., Turton, P., Hopper, E., & Evans, C. (2002). Assessment of guidelines for good practice in psychosocial care of mothers after stillbirth: a cohort study. *The Lancet*, 360(9327), 114–118. [https://doi.org/10.1016/S0140-6736\(02\)09410-2](https://doi.org/10.1016/S0140-6736(02)09410-2)

Hutti, M. H., Armstrong, D. S., Myers, J. A., & Hall, L. A. (2015). Grief intensity, psychological well-being, and the intimate partner relationship in the subsequent pregnancy after a perinatal loss. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 44(1), 42–50. <https://doi.org/10.1111/1552-6909.12539>

Hutti, M. H., Myers, J. A., Hall, L. A., Polivka, B. J., White, S., Hill, J., Grisanti, M., Hayden, J., & Kloenne, E. (2018). Predicting need for follow-up due to severe anxiety and depression symptoms after perinatal loss. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 47(2), 125–136. <https://doi.org/10.1016/j.jogn.2018.01.003>

Hutti, M. H., Polivka, B., White, S., Hill, J., Clark, P., Cooke, C., Clemens, S., & Abell, H. (2016). Experiences of nurses who care for women after fetal loss. *Journal of Obstetric*,

Furtado-Eraso, S., Escalada-Hernández, P., & Marín-Fernández, B. (2020). Integrative Review of Emotional Care Following Perinatal Loss. *Western Journal of Nursing Research*, 31008, 019394592095444. <https://doi.org/10.1177/0193945920954448>

*Gynecologic & Neonatal Nursing*, 45(1), 17–27.

<https://doi.org/10.1016/j.jogn.2015.10.010>

Joanna Briggs Institute. (2015). *The Joanna Briggs Institute reviewers' manual 2015:*

*Methodology for JBI scoping reviews*. The Joanna Briggs Institute.

Johnson, O. P., & Langford, R. W. (2015). A Randomized trial of a bereavement intervention

for pregnancy loss. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 44(4), 492–

499. <https://doi.org/10.1111/1552-6909.12659>

Jones, K., Robb, M., Murphy, S., & Davies, A. (2019). New understandings of fathers'

experiences of grief and loss following stillbirth and neonatal death: A scoping review.

*Midwifery*, 79, 102531. <https://doi.org/10.1016/j.midw.2019.102531>

Larivière-Bastien, D., DeMontigny, F., & Verdon, C. (2019). Women's experiences of

miscarriage in the emergency department. *Journal of Emergency Nursing*, 45(6), 670–

676. <https://doi.org/10.1016/j.jen.2019.06.008>

Lizcano Pabón, L. del M., Moreno Fergusson, M. E., & Palacios, A. M. (2019). Experience

of perinatal death from the father's perspective. *Nursing Research*, 68(5), E1–E9.

<https://doi.org/10.1097/NNR.0000000000000369>

López García de Madinabeitia, A. P. (2011). Duelo perinatal: Un secreto dentro de un

misterio [Perinatal Grief: A secret within a mystery]. *Revista de La Asociación Española*

*de Neuropsiquiatría*, 31(109), 53–70.

<http://www.ww.revistaaen.es/index.php/aen/article/view/16118>

McSpedden, M., Mullan, B., Sharpe, L., Breen, L. J., & Lobb, E. A. (2017). The presence

and predictors of complicated grief symptoms in perinatally bereaved mothers from a

bereavement support organization. *Death Studies*, 41(2), 112–117.

<https://doi.org/10.1080/07481187.2016.1210696>

Meaney, S., Corcoran, P., & O'Donoghue, K. (2017). Death of one twin during the perinatal

Furtado-Eraso, S., Escalada-Hernández, P., & Marín-Fernández, B. (2020). Integrative Review of Emotional Care Following Perinatal Loss. *Western Journal of Nursing Research*, 31008, 019394592095444. <https://doi.org/10.1177/0193945920954448>

period: An interpretative phenomenological analysis. *Journal of Palliative Medicine*, 20(3), 290–293. <https://doi.org/10.1089/jpm.2016.0264>

Meaney, S., Corcoran, P., Spillane, N., & O'Donoghue, K. (2017). Experience of miscarriage: an interpretative phenomenological analysis. *BMJ Open*, 7(3), e011382. <https://doi.org/10.1136/bmjopen-2016-011382>

Meaney, S., Everard, C. M., Gallagher, S., & O'Donoghue, K. (2017). Parents' concerns about future pregnancy after stillbirth: a qualitative study. *Health Expectations*, 20(4), 555–562. <https://doi.org/10.1111/hex.12480>

Meyer, A. C., Opoku, C., & Gold, K. J. (2018). “They say I should not think about it”: a qualitative study exploring the experience of infant loss for bereaved mothers in Kumasi, Ghana. *OMEGA - Journal of Death and Dying*, 77(3), 267–279. <https://doi.org/10.1177/0030222816629165>

Moon Fai, C., & Gordon Arthur, D. (2009). Nurses' attitudes towards perinatal bereavement care. *Journal of Advanced Nursing*, 65(12), 2532–2541. <https://doi.org/10.1111/j.1365-2648.2009.05141.x>

Munn, Z., Peters, M. D. J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology*, 18(1), 143. <https://doi.org/10.1186/s12874-018-0611-x>

Nash, M., Barry, M., & Bradshaw, C. (2018). Midwives' experiences of caring for women with early pregnancy loss in an Irish maternity hospital. *British Journal of Midwifery*, 26(12), 796–805. <https://doi.org/10.12968/bjom.2018.26.12.796>

Obst, K. L., & Due, C. (2019). Men's grief and support following pregnancy loss: A qualitative investigation of service providers' perspectives. *Death Studies*, 1–9. <https://doi.org/10.1080/07481187.2019.1688430>

- Furtado-Eraso, S., Escalada-Hernández, P., & Marín-Fernández, B. (2020). Integrative Review of Emotional Care Following Perinatal Loss. *Western Journal of Nursing Research*, 31008, 019394592095444. <https://doi.org/10.1177/0193945920954448>
- Palmer, A. D., & Murphy-Oikonen, J. (2019). Social work intervention for women experiencing early pregnancy loss in the emergency department. *Social Work in Health Care*, 58(4), 392–411. <https://doi.org/10.1080/00981389.2019.1580237>
- Paris, G. F., Montigny, F. de, & Pelloso, S. M. (2017). Cross-cultural adaptation and validation evidence of the Perinatal Grief Scale. *Texto & Contexto - Enfermagem*, 26(1). <https://doi.org/10.1590/0104-07072017005430015>
- Pölkki, T., Kanste, O., Kääriäinen, M., Elo, S., & Kyngäs, H. (2014). The methodological quality of systematic reviews published in high-impact nursing journals: a review of the literature. *Journal of Clinical Nursing*, 23(3–4), 315–332. <https://doi.org/10.1111/jocn.12132>
- Punches, B. E., Johnson, K. D., Gillespie, G. L., Acquavita, S. A., & Felblinger, D. M. (2018). A review of the management of loss of pregnancy in the emergency department. *Journal of Emergency Nursing*, 44(2), 146–155. <https://doi.org/10.1016/j.jen.2017.11.001>
- Ramirez, F. D., Bogetz, J. F., Kufeld, M., & Yee, L. M. (2019). Professional bereavement photography in the setting of perinatal loss: a qualitative analysis. *Global Pediatric Health*, 6. <https://doi.org/10.1177/2333794X19854941>
- Ranjbar Ezzatabadi, M., Bahrami, M. A., Hadizadeh, F., Arab, M., Nasiri, S., Amiresmaili, M., & Ahmadi Tehrani, G. (2012). Nurses' emotional intelligence impact on the quality of hospital services. *Iranian Red Crescent Medical Journal*, 14(12), 758–763. <https://doi.org/10.5812/ircmj.926>
- Ratislavová, K., Beran, J., & Lorenzová, E. (2016). Decision-making of Czech mothers about contact with their baby after perinatal loss. *Kontakt*, 18(1), e30–e35. <https://doi.org/10.1016/j.kontakt.2016.02.003>
- Ratislavová, K., Bužgová, R., & Vejvodová, J. (2019). Perinatal palliative care education: An

Furtado-Eraso, S., Escalada-Hernández, P., & Marín-Fernández, B. (2020). Integrative Review of Emotional Care Following Perinatal Loss. *Western Journal of Nursing Research*, 31008, 019394592095444. <https://doi.org/10.1177/0193945920954448>

integrative review. *Nurse Education Today*, 82, 58–66.

<https://doi.org/10.1016/j.nedt.2019.08.003>

Ravaldi, C., Levi, M., Angeli, E., Romeo, G., Biffino, M., Bonaiuti, R., & Vannacci, A.

(2018). Stillbirth and perinatal care: Are professionals trained to address parents' needs?

*Midwifery*, 64, 53–59. <https://doi.org/10.1016/j.midw.2018.05.008>

Richards, J., Graham, R., Embleton, N. D., Campbell, C., & Rankin, J. (2015). Mothers'

perspectives on the perinatal loss of a co-twin: a qualitative study. *BMC Pregnancy and*

*Childbirth*, 15(1), 143. <https://doi.org/10.1186/s12884-015-0579-z>

Ridaura, I., Penelo, E., & Raich, R. M. (2017). Depressive symptomatology and grief in

Spanish women who have suffered a perinatal loss. *Psicothema*, 29(1), 43–48.

<https://www.redalyc.org/articulo.oa?id=72749498006>

Rosenblatt, P. C. (2008). Grief across cultures: A review and research agenda. In *Handbook*

*of bereavement research and practice: Advances in theory and intervention*. (pp. 207–

222). American Psychological Association. <https://doi.org/10.1037/14498-010>

Shorey, S., André, B., & Lopez, V. (2017). The experiences and needs of healthcare

professionals facing perinatal death: A scoping review. *International Journal of Nursing*

*Studies*, 68, 25–39. <https://doi.org/10.1016/j.ijnurstu.2016.12.007>

Sisay, M. M., Yirgu, R., Gobeze, A. G., & Sibley, L. M. (2014). A qualitative study of

attitudes and values surrounding stillbirth and neonatal mortality among grandmothers,

mothers, and unmarried girls in rural Amhara and Oromiya regions, Ethiopia: unheard

souls in the backyard. *Journal of Midwifery & Women's Health*, 59(s1), S110–S117.

<https://doi.org/10.1111/jmwh.12156>

Steen, S. E. (2015). Perinatal death: bereavement interventions used by US and Spanish

nurses and midwives. *International Journal of Palliative Nursing*, 21(2), 79–86.

<https://doi.org/10.12968/ijpn.2015.21.2.79>



Furtado-Eraso, S., Escalada-Hernández, P., & Marín-Fernández, B. (2020). Integrative Review of Emotional Care Following Perinatal Loss. *Western Journal of Nursing Research*, 31008, 019394592095444. <https://doi.org/10.1177/0193945920954448>

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., ... Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Annals of Internal Medicine*, 169(7), 467. <https://doi.org/10.7326/M18-0850>

Tseng, Y.-F., Chen, C.-H., & Wang, H.-H. (2014). Taiwanese women's process of recovery from stillbirth: a qualitative descriptive study. *Research in Nursing & Health*, 37(3), 219–228. <https://doi.org/10.1002/nur.21594>

Videbeck, S. (2013). *Psychiatric Mental Health Nursing*. Lippincott Williams & Wilkins.

Whitaker, C., Kavanaugh, K., & Klima, C. (2010). Perinatal grief in Latino parents. *MCN, The American Journal of Maternal/Child Nursing*, 35(6), 341–345. <https://doi.org/10.1097/NMC.0b013e3181f2a111>

Whittemore, R., & Knafl, K. (2005). The integrative review: updated methodology. *Journal of Advanced Nursing*, 52(5), 546–553. <https://doi.org/10.1111/j.1365-2648.2005.03621.x>

Williams, A. M., & Kristjanson, L. J. (2009). Emotional care experienced by hospitalised patients: development and testing of a measurement instrument. *Journal of Clinical Nursing*, 18(7), 1069–1077. <https://doi.org/10.1111/j.1365-2702.2008.02586.x>

Willis, P. (2019). Nurses' perspective on caring for women experiencing perinatal loss. *MCN, The American Journal of Maternal/Child Nursing*, 44(1), 46–51. <https://doi.org/10.1097/NMC.0000000000000490>

Wilson, P. A., Boyle, F. M., & Ware, R. S. (2015). Holding a stillborn baby: the view from a specialist perinatal bereavement service. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 55(4), 337–343. <https://doi.org/10.1111/ajo.12327>

Furtado-Eraso, S., Escalada-Hernández, P., & Marín-Fernández, B. (2020). Integrative Review of Emotional Care Following Perinatal Loss. *Western Journal of Nursing Research*, 31008, 019394592095444. <https://doi.org/10.1177/0193945920954448>

Zamanzadeh, V., Jasemi, M., Valizadeh, L., Keogh, B., & Taleghani, F. (2015). Effective factors in providing holistic care: A qualitative study. *Indian Journal of Palliative Care*, 21(2), 214. <https://doi.org/10.4103/0973-1075.156506>

**Table 1.** *Studies examining Emotional Care in Perinatal Loss (1)*

<b>FIRST AUTHOR, YEAR &amp; COUNTRY</b>	<b>OBJECTIVES</b>	<b>METHODS</b>	<b>STUDY POPULATION AND SAMPLE SIZE</b>
<b>Richards 2015 UK</b>	To provide an in-depth understanding of the experiences of mothers who have had a loss from a twin pregnancy and subsequently continued visiting hospital whilst their surviving twin was cared for.	Qualitative study. Interpretivist epistemology, using a generative thematic approach to data saturation.	14 mothers with a twin pregnancy from which the loss of a twin had occurred either during pregnancy (five participants) or in the neonatal period (nine participants).
<b>Wilson 2015 Australia</b>	To document parents' experiences and outcomes in relation to seeing and holding a stillborn baby at a hospital with a specialist perinatal bereavement service.	Quantitative study. Prospective cohort study.	26 mothers and 11 fathers who experienced a stillbirth at the Mater Mothers' Hospital, Brisbane from September 2007 to December 2008.
<b>Johnson 2015 USA</b>	To examine the effects of a secondary bereavement intervention on grieving in women who experienced a miscarriage (pregnancy loss) at 12–20 weeks gestation.	Quantitative study. Experimental design.	40 women who experienced complete spontaneous miscarriages in the first or second trimester (8–20 weeks gestation).
<b>Hutti 2015 USA</b>	To examine the construct validity of the Perinatal Grief Intensity Scale and the associations of grief intensity with psychological well-being, and the quality of partner relationships of women in the subsequent pregnancy after perinatal loss.	Quantitative study. A correlational, descriptive research design was used to collect survey data in this cross-sectional, web-based study.	227 currently pregnant women who experienced perinatal loss in their immediate past pregnancies.

<b>Al Maharma 2016 Jordan</b>	To examine the relationship between maternal grieving for perinatal loss (PL) and the perception of and attachment to children born subsequent to a recent PL among mothers in Jordan.	Quantitative study. A cross-sectional, descriptive correlational design was used.	A convenience sample of 190 mothers of full-term, healthy newborns born subsequent to a recent PL was recruited from seven Maternal and Child Health Care Centers in Jordan.
<b>Camacho-Ávila 2020 Spain</b>	To describe and understand the experiences of parents in relation to professional and social support following stillbirth and neonatal death.	Qualitative study based on Gadamer's hermeneutic phenomenology.	Twenty-one parents (13 mothers and 8 fathers) from 6 families participated in the study.
<b>Lizcano-Pabón 2019 Colombia</b>	To understand and describe the meaning of perinatal death in a sample of fathers from northeastern Colombia.	Qualitative descriptive phenomenological design.	15 participants from northeastern Colombia who agreed to participate.
<b>Meyer 2018 Ghana</b>	To better understand the complex process of grieving and how social and cultural frameworks shape mothers' experience of infant loss.	Qualitative. As part of a larger study, this 1-year follow-up study reinterviewed 8 mothers from the original cohort whose infant died since the study began.	8 mothers from the original cohort whose infant died since the study began.
<b>Druguet 2017 Spain</b>	To analyze whether the absence of farewell rituals and previous psychological vulnerability are associated with the intensity of grief following perinatal loss in monochorionic twin pregnancy	Mixed-methods study.	28 women who experienced perinatal loss following fetal surgery.
<b>Hutti 2018 Louisville, KY</b>	To evaluate the ability of the Perinatal Grief Intensity Scale (PGIS) when used within 8 weeks of perinatal loss to predict intense anxiety and severe depression symptoms in women 3 months later (Time 2 [T2]).	Quantitative. Prospective survey.	Women (N = 103) who experienced perinatal loss.

<b>Druguet 2018 Spain</b>	To examine the psychological effect on women of the loss of one or both fetuses during a monochorionic twin pregnancy and to identify associated protective and risk factors.	Mixed-methods. Descriptive, cross-sectional, correlational study.	Twenty-eight White Spanish women who lost one or both fetuses during a monochorionic twin pregnancy.
<b>Meaney 2017 Ireland</b>	To explore the experiences of those who have experienced miscarriage, focusing on men's and women's accounts of miscarriage.	This was a qualitative study using a phenomenological framework.	A purposive sample of 16 participants, comprising 10 women and 6 men, was recruited.
<b>Meaney 2017 Ireland</b>	This study aims at gaining insight into parents' views to explore the impact of death of one twin in the perinatal period.	A qualitative study was undertaken by utilizing interpretative phenomenological analysis.	Nine parents who have experienced perinatal loss, all of whom had a prenatal diagnosis of congenital abnormality.
<b>McSpedden 2017 Australia</b>	To determine the presence and predictors of complicated grief in a sample of perinatally bereaved mothers.	Quantitative. Cross-sectional study.	Seven hundred and fifty bereaved parents who were clients of SIDS and Kids in three regions of eastern Australia were invited by letter or e-mail to complete a questionnaire as part of the review of these services.
<b>Steen 2015 Spain</b>	To identify needs and concerns of US and Spanish nurses and midwives who have worked with perinatal death and to identify the bereavement interventions they use to help families with this experience.	Quantitative. A cross-sectional study.	Data were collected in 2011 from US (n=44) and Spanish (n=15) nurses and midwives via a questionnaire.
<b>Andipatin 2019 South Africa</b>	To demonstrate the role that biomedical discourses play in shaping both women's experiences of reproductive loss as well as how those close to them respond to these losses. The study was located within a social constructionist framework.	A qualitative approach using in-depth interviews was used to gain insight into the discursive resources women draw on to	Seven South African women were recruited via snowball sampling to participate in in-depth interviews. A discourse analysis was conducted to deconstruct hegemonic discourses implicit in the participants' dialogues.

		construct meaning of their pregnancy loss.	
<b>Larivière-Bastien 2019 Canada</b>	To identify characteristics of care management that may have contributed to the difficulties experienced by women presenting with miscarriage in the emergency department.	Qualitative phenomenological study.	Forty-eight women treated at 4 emergency departments in different regions of Quebec, Canada.
<b>Emond 2019 Canada</b>	To understand how parents experienced miscarriage in an emergency department.	A descriptive, exploratory, qualitative approach.	A total of 26 participants were interviewed (17 parents, 7 emergency department nurses and 2 emergency department nurse managers).
<b>Agwu 2018 Ireland</b>	To explore within an Irish context, the psychosocial factors that impact on midwives' confidence to provide bereavement support to parents who have experienced a perinatal loss.	A mixed methods sequential explanatory design.	A total number of 277 midwives comprising of 273 females and 4 males.
<b>Due 2018 Australia</b>	To contribute to the literature on women's engagement with healthcare professionals by exploring the experiences of an Australian sample.	Qualitative study.	Fifteen heterosexual women living in South Australia were interviewed about their experiences of pregnancy loss. A thematic analysis was undertaken, focused on responses to one interview question that explored experiences with healthcare professionals.
<b>Meaney 2016 Ireland</b>	To gain insight into the consideration and planning of a subsequent pregnancy by parents in the weeks following stillbirth.	A qualitative phenomenological study.	The recruitment strategy focused on couples whereby the parents of ten stillborn babies were contacted; however, five men declined to participate in the study. The final sample of 15 parents were all Irish: ten of whom were female and five of whom were male.

<b>Allahdadian 2016 Iran</b>	To explore stillborn mothers' suggested strategies to provide maternal mental health in the experience of stillbirth.	Qualitative study.	Twenty women who had experienced stillbirths participated in this qualitative content analysis study.
----------------------------------	---	--------------------	---

---

\*Data of the 22 studies included in the integrative review.

**Table 2.** *Studies Examining Emotional Care in Perinatal Loss (2)*

<b>FIRST AUTHOR, YEAR COUNTRY</b>	<b>DATA COLLECTION/ TYPE OF INTERVENTION</b>	<b>KEY FINDINGS</b>
<b>Richards 2015 UK</b>	In-depth, semi-structured interviews.	Three key themes were identified: the status of ‘special’; the importance of trust; control and empowerment.
<b>Wilson 2015 Australia</b>	Decisional Regret Scale (DRS); Perinatal Grief Scale (PGS); Mental Health Inventory (MHI)	More intense grief does not equate with poorer mental health for mothers who choose to see and hold a stillborn infant. Fathers’ experiences warrant further study. Supported decision-making is important for bereaved parents, and rigorous evaluation of bereavement care is essential.
<b>Johnson 2015 USA</b>	Demographic questionnaire and Perinatal Grief Scale (PGS): completed during a routine follow-up visit 2 weeks following the loss. Intervention based on the Guidelines for Medical Professionals Providing Care to the Family Experiencing Perinatal Loss, Neonatal Death, SIDS or other Infant Death	A bereavement intervention administered immediately after the miscarriage promotes women’s ability to cope with early pregnancy loss.
<b>Hutti 2015 USA</b>	5 questionnaires: POQ, IES, CESDS, ARI, and PGIS. Instruments included the Pregnancy Outcome Questionnaire (pregnancy-specific anxiety), Impact of Event Scale (post-traumatic stress), Center for Epidemiologic Studies-Depression Scale (depression symptoms), the Autonomy and Relatedness Inventory (quality of the intimate partner relationship), and the Perinatal Grief Intensity Scale.	Greater grief intensity was associated with higher pregnancy-specific anxiety, depression symptoms, and post-traumatic stress, as well as poorer quality of the intimate partner relationship.



<b>Al Maharma 2016 Jordan</b>	Perinatal Grief Scale, the Maternal Postnatal Attachment Scale and the Neonatal Perception Inventory II.	Perinatal grief was negatively related to maternal attachment to the subsequent child. Nurses should address bereaved mothers and their children who might be a risk for developing attachment disturbances to facilitate positive adaptation to the subsequent pregnancy and parenthood.
<b>Camacho-Ávila 2020 Spain</b>	Twenty-one semistructured interviews were carried out. Inductive analysis was used to find themes based on the data.	The analysis identified 2 main themes: (1) “professional care in dealing with parents’ grief “with the subthemes: “important aspects of professional care”, “continuing of path ways of care” , and (2) “effects of social support in parental grief”, including the subthemes: “the silence that surrounds grieving parents”, “family and other children: a key element”, and “perinatal loss support groups: a reciprocal help”.
<b>Lizcano-Pabón 2019 Colombia</b>	Data were collected through in-depth, semistructured interviews	Men suffer in solitude and hide their emotions as they feel the need to be the main supporters of their partners. Three major themes emerged: experience of loss, coming to terms with an irreparable loss, and overcoming the loss.
<b>Meyer 2018 Ghana</b>	Semi-structured interview protocol that included a quantitative survey about demographics, loss, and mental health and open-ended questions about the infant’s death, reactions of family and hospital staff, social support, and cultural issues related to loss.	Mothers were queried about mental health, coping, and cultural issues related to the loss. Mothers were often discouraged from speaking or thinking about the death due to fear of psychological harm and impact on fertility. Primary coping mechanisms involved seeking support within the community and accepting the loss as God’s will. Mothers desired more communication from health-care providers at the time of death. Despite the cultural norm of silent acceptance in the face of perinatal loss, intense maternal grief and desire to mourn may allow more opportunities for health-care workers to support bereaved mothers.

<b>Druguet 2017 Spain</b>	Sociodemographic and clinical data and information about farewell rituals were collected through interview. The women also completed a questionnaire about perinatal grief.	Women with a history of psychological difficulties are particularly vulnerable to a complicated grief reaction after experiencing perinatal loss. However, the intensity of grief did not differ significantly according to whether or not the women performed some kind of farewell ritual.
<b>Hutti 2018 Louisville, KY</b>	Data were collected using the PGIS, Beck Anxiety Inventory, and the Center for Epidemiologic Studies Depression Scale.	The PGIS accurately predicted intense anxiety and severe depression symptoms 3 to 5 months after perinatal loss. This instrument may help health care providers identify women who need further mental health evaluation after perinatal loss.
<b>Druguet 2018 Spain</b>	In an individual interview with each participant, we collected sociodemographic information, psychiatric history, and clinical data regarding the pregnancy. Participants also completed the following questionnaires: Spanish Short Version of the Perinatal Grief Scale, Impact of Event Scale–Revised, Beck Depression Inventory, and the State–Trait Anxiety Inventory.	Greater levels of grief after fetal loss during a monochorionic twin pregnancy were associated with increased symptoms of depression, anxiety, and posttraumatic stress. The intensity of grief did not depend on the number of weeks of pregnancy at which the loss occurred, a history of miscarriage, the survival of one of the twins, the presence of living children, or any of the sociodemographic variables considered.
<b>Meaney (a) 2017 Ireland</b>	In-depth semi-structured interviews.	Parents recounted how distressed they were when initially informed that there was a complication. On diagnosis, parents began a complex palliative journey, proceeding in the pregnancy and grieving one baby while trying to ensure the welfare of the co-twin. As parents were encouraged to focus on the “normal” twin, they felt their opportunity to grieve was diminished. It was important that the surviving twin would be identified as a twin and know of their sibling. However, parents conveyed feelings of deep sadness, because this was also a reminder that one twin would always be missing.

<b>Meaney (b) 2017 Ireland</b>	Following in-depth semistructured interviews, analysis was undertaken in order to identify superordinate themes relating to their experience of miscarriage.	6 superordinate themes in relation to the participant's experience of miscarriage were identified: (1) acknowledgement of miscarriage as a valid loss; (2) misperceptions of miscarriage; (3) the hospital environment, management of miscarriage; (4) support and coping; (5) reproductive history; and (6) implications for future pregnancies
<b>McSpedden 2017 Australia</b>	The questionnaire included demographic questions including age, education, employment, household income, time since loss, other perinatal losses, and the presence of other children. The 29-item revised Inventory of Complicated Grief (ICG-R; Boelen, van den Bout, Keijser, & Hoijtink, 2003) was used to measure complicated grief symptoms.	The presence of complicated grief scores in the clinical range was 12.4%, which is higher than in many other bereaved populations, and the presence of other living children may protect against the development of complicated grief symptoms. The majority of the women were able to negotiate a perinatal loss without developing complicated grief; however, there remains an important group of women who up to 5 years later score in the clinical range for complicated grief symptoms.
<b>Steen 2015 Spain</b>	The questionnaire used in this study was developed by Gardner (1999), when studying British and Japanese nurses. The questionnaire consists of six questions relating to the needs of nurses and midwives who care for families experiencing perinatal death. In addition, 30 bereavement interventions that were found to be helpful in an earlier Gardner study (1983) were listed.	Statistically significant differences between the nurses/midwives in each country were found regarding needs relating to knowledge, communication skills and managing personal feelings. Interventions of accompanying, listening, offering keepsakes, baptism discussion, and funeral planning were also found to be significantly different between the two groups.
<b>Andipatin 2019 South Africa</b>	Data was collected using semi-structured interviews which allowed the participants to narrate their stories without much prompting from the second author.	The study highlights the centrality of biomedical discourses in influencing both the experiences of our participants as well shaping social discourses. The adoption of the medical framing of miscarriage were identified in the following themes: no answers to first trimester miscarriage and the normalization of miscarriage. The social awkwardness of loss were identified as lack of cultural scripts, lack of acknowledgement and unhelpful words and actions.

<b>Larivière-Bastien 2019 Canada</b>	60- to 90-minute semistructured face-to-face interview with a female research team member.	Analyses revealed that participants' experiences were characterized particularly by a lack of information at 3 critical junctures of the miscarriage experience: the announcement of the miscarriage, the course of the miscarriage, and the ED discharge. The topics on which the women lacked information were categorized into 7 subthemes within these junctures.
<b>Emond 2019 Canada</b>	Semi-structured in-person interviews	Parents who visited the emergency department for miscarriage reported several unfulfilled needs that generated dissatisfaction with care. Emergency department organizational constraints hindered optimal nursing care practices.
<b>Agwu 2018 Ireland</b>	A self-administrated questionnaire PBCCS (Perinatal Bereavement Care Confidence Scale), and two focus groups.	The overall meta-inference of this study is that the majority of the midwives did not have adequate levels of confidence to provide bereavement support to grieving parents. The psychosocial factors that impact on midwives' confidence were identified as the midwives 'awareness of the needs of bereavement parents, their own inner strength and the organizational support they received at their place of work.
<b>Due 2018 Australia</b>	Data were collected via interviews with individual women who had experienced a pregnancy loss. Individual, semi-structured interviews were conducted, and six core questions were asked, with the question of interest to this paper being 'What support did you receive from health care professionals following the pregnancy loss?'.	Three themes were identified. The first theme involved negative experiences with healthcare providers, and included four subthemes: (1) 'confusing and inappropriate language and communication', (2) 'the hospital environment', (3) 'lack of emotional care', and (4) 'lack of follow-up care'. Under the second theme of positive experiences, the sub-themes of (1) 'emotionally-engaged and present individual staff', and (2) 'the healthcare system as a whole' _ were identified. Finally, a third theme was identified, which focused holistically on the importance of healthcare professionals.

<b>Meaney 2016 Ireland</b>	A qualitative semi-structured interview format was utilized. Interpretative phenomenological analysis was employed as the analytic strategy.	Findings revealed two superordinate themes relating to a subsequent pregnancy after stillbirth: aspirations for future pregnancy and expectations of future care. Parents disclosed how the prospect of a subsequent pregnancy was daunting with fears about the potential loss of another child. Despite these fears, parents' aspirations differed in the days following stillbirth; mothers wished to plan a future pregnancy while fathers were reluctant to consider any pregnancies. Parents were unsure of what to expect in terms of the level of care that would be provided to them in a subsequent pregnancy.
<b>Allahdadian 2016 Iran</b>	Data were gathered by individual interviews recorded on audiotapes, transcribed and then analyzed. Then, transcriptions were coded and classified. Finally, 3 main categories and 9 subcategories were emerged.	Analysis of participants' viewpoints about strategies to provide maternal mental health in the experience of stillbirth lead to development of 3 main categories: "before delivery strategies" with 3 subcategories, "during labor strategies" with 3 subcategories, and "postpartum strategies" with 3 subcategories. Analyses of findings showed that, health care providers can mitigate some of the long-term negative mental outcomes of stillborn mothers by spending extra time with grieving mothers, facilitating bonding, and validating their emotional expressions.

**Table 3.** *Articles included in the integrative review in relation with the themes generated in the analysis.*

<b>Aspects influencing the psychosocial wellbeing of women after perinatal loss</b>			
Risk of complicated grief	Cultural values	Perinatal losses in multiple pregnancies	Experience of subsequent pregnancies
Camacho-Ávila, 2020	Camacho-Ávila, 2020	Druguet, 2018	Meaney, Corcoran, Spillane & O'Donoghue, 2017
Druguet, 2018	Meyer, 2018	Druguet, 2019	Meaney, Everard, Gallagher & O'Donoghue, 2017
Meaney, Corcoran, Spillane & O'Donoghue, 2017	Steen, 2015	Meaney, Corcoran & O'Donoghue, 2017	Al-Maharma, 2016
McSpedden, 2017	Andipatin, 2019	McSpedden, 2017	Hutti, 2015
Allahdadian, 2016		Richards, 2015	
Al-Maharma, 2016			
Johnson-Langford, 2015			
Hutti, 2015			
Need of information	Contact with the deceased baby	Impact on relatives	Strategies for emotional care
Emond , 2019	Druguet, 2019	Camacho-Ávila, 2020	Hutti, 2018
Larivière-Bastien, 2019	Camacho-Ávila, 2020	Lizcano-Pabón, 2019	Steen, 2015
Camacho-Ávila, 2020	Lizcano-Pabón, 2019	Allahdadian, 2016	Johnson-Langford, 2015
Lizcano-Pabón, 2019	Meaney, Corcoran & O'Donoghue, 2017	McSpedden, 2017	Camacho-Ávila, 2020
	Wilson, 2015		Emond, 2019
			Due, 2018
			Agwu, 2018