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Review Article

Pregnancy after perinatal loss: A meta-ethnography from a women's perspective

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ABSTRACT

Objective: This study uses a meta-ethnography to synthesize qualitative research on the experiences of women during pregnancies after one or more perinatal losses.
Design: This interpretive meta-ethnography followed the Noblit and Hare approach and the eMERGe Meta-ethnography Reporting Guidance. Manual searches and a comprehensive systematic search were conducted in Pubmed, Scopus, Cinahl, Web of Science, and Psycinfo. Eleven studies met the research objective and inclusion criteria.
Results: After reciprocal and refutational translations, the metaphor "The rainbow in the storm" and the following three themes emerged: (i) Between ambivalent feelings; (ii) being careful in the new pregnancy; and (iii) leaning on others. CERQual assessment showed that the results are (highly) reasonable representations of the phenomenon of interest.
Conclusions: Most women experienced their subsequent pregnancy with ambivalent feelings and needed to reduce expectations, continuously monitor the pregnancy's viability, and eliminate risky behavior to protect themselves. Understanding and recognition by others is needed and appreciated.
Implications for practice: Nurses and midwives play a crucial role in subsequent pregnancies and need to establish a care communion and ethical care during their encounters with affected women whose specific needs need to be incorporated into the guidelines and training curricula of care professionals to equip them with the necessary gender and cultural competences.

Introduction

The World Health Organization's (World Health Organization, 2006) definition of perinatal loss includes stillbirths (from 22 weeks gestation with a birth weight over 500 g) and neonatal death (loss up to 7 days after birth). However, the literature tends to expand this concept to include any spontaneous loss until 28 days after birth (Fenstermacher and Hupcey, 2013). Therefore, miscarriages, stillbirths, or neonatal deaths are included within the perinatal loss concept (Berry, 2022). Despite advances in the science and quality of health care for pregnant women and newborns, perinatal losses are still relatively common and impact millions of women worldwide, although the exact prevalence is difficult to estimate (Heazell et al., 2019; Hutti, 2005). Previous research establishes that between 20 and 30% of pregnancies end in miscarriage worldwide, an estimated 2.6 million babies were stillborn in 2015 worldwide, while 2.5 million children died worldwide in the first month of life in 2018 (Heazell et al., 2019; Liu et al., 2015; Magnus et al., 2019). Stillbirth rates per 1000 births range from one in 18.4 births worldwide to one in 3.4 births in developed countries, implying that prevalence is higher in low- to middle-income countries (Blencowe et al., 2016; Flenady et al., 2014).

These losses generate a varied, dynamic, and highly individualized response in parents (Dias et al., 2017) and their significance is very difficult to predict (Hutti et al., 2017). Especially in desired pregnancies, the parents suffer multiple losses: the loss of an expected child, of aspects of themselves, of a stage of life, of a dream, and of a creation (Dallay, 2013). Nevertheless, their suffering can-

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not be openly acknowledged, expressed in public, or supported by their social network (Doka, 1999; Fernández-Basanta et al., 2020a).

More than half the women who experienced perinatal losses become pregnant again within 22 months and have special psychological needs during the next pregnancy (Tektaş and Çam, 2017). Many women feel an overwhelming need to get pregnant again, as they feel empty. While some families want another child, others fear experiencing the pain of loss again (Perry et al., 2017). For this reason, subsequent pregnancies can be a time of great suffering (Côté-Arsenault and Donato, 2007). Some women experience emotional flashbacks of the previous pregnancy, which can be scary and confusing. In addition, women may consciously reduce expectations of the subsequent pregnancy for fear of what may happen next, regardless of the type of perinatal loss they previously experienced (Wheeler, 2000). Despite this, there may be differences depending on the geographical context regarding care, with differences regarding pregnancies without previous perinatal losses (Wojcieszek et al., 2018). Furthermore, if adjustments in care are made, they are mostly based on obstetric and psychological risk factors (Meredith et al., 2017a).

Care after involuntary losses is essential, although this does not usually extend beyond the acute moment of loss, nor without contemplating the care of pregnancy following the loss. In addition, emotional aspects are not usually taken into account, and care typically focuses on the woman's physical aspects (Fernández-Basanta et al., 2019; Wojcieszek et al., 2018). Therefore, women can fill this attention gap by seeking nearby resources, such as support groups (Shakespeare et al., 2019, 2020). Feelings of loneliness during and after the loss typically persist until the next pregnancy (in pregnancies without previous losses women also usually demand more emotional support and accompaniment) (Widarsson et al., 2012). Moreover, a woman's response to loss can extend to and impact on a subsequent pregnancy. Therefore, providing women with emotional support is important for their long-term well-being and subsequent pregnancy (Crawley et al., 2013; DeBackere et al., 2008). Subsequent pregnancies are usually approached like any pregnancy, in that complications need to be ruled out, although with the added peculiarity that fear needs to be considered and addressed (Côte-Arsenault and Marshall, 2000; Meaney et al., 2017). Nurses and midwives play a key role in the care of these pregnancies, where emotional support is required (Côte-Arsenault and Marshall, 2000).

A previous review has evaluated the effects of interventions or models of care prior to and during subsequent pregnancies following a pregnancy or infant loss (Wojcieszek et al., 2018). Other article has aggregately reviewed the parental responses to pregnancy after perinatal loss (DeBackere et al., 2008). However, the international stillbirth research community reported that a more comprehensive understanding of parents' perceptions and experiences of pregnancy following perinatal loss is required (Heazell et al., 2015; Minton et al., 2022; Wojcieszek et al., 2019).

Our meta-ethnography delves into the experience of women during pregnancy after one or more perinatal losses. This methodology is considered a useful tool for examining the meanings, experiences, and perspectives of participants, both deeply and broadly. Its use is appropriate to identify research gaps; inform the development of primary studies; and provide evidence for the development, implementation, and evaluation of health interventions (Bondas et al., 2017). This methodology contributes to provide a conceptual development regarding the experiences of women during pregnancy after a perinatal loss, beyond the narrative and systematic review of the literature. The knowledge resulting from this meta-ethnography will allow health professionals to anticipate and provide care according to the experience described by the women.

Table 1
Inclusion and exclusion criteria.

Inclusion criteria	Exclusion criteria
Articles focused on the experience of women during pregnancy after one or more perinatal losses	Gray literature
Original articles	Discussion manuscripts
Fully/partially qualitative	Review articles

Aim

To synthesize the available body of qualitative work regarding the experiences of women during pregnancy after one or more perinatal losses.

Methods

This meta-ethnography followed the 7-step Noblit and Hare approach (Noblit and Hare, 1988), combining an interpretive approach with an inductive process to obtain new insights (Bondas et al., 2017): (1) getting started, (2) devise search strategy, (3) literature search, (4) determine how included studies are related, (5) translate the studies into one another, (6) synthesize translations, and (7) formulate the synthesis. The eMERGe Reporting Guidance (France et al., 2019) was followed to improve the quality, transparency, and comprehensiveness of this meta-ethnography.

Search methods

The PubMed, Scopus, CINAHL, PsycINFO, and Web of Sciences databases were systematically searched in December 2020 using a range of search terms organized according to the PEO tool (Moola et al., 2015). The P (patient or problem) incorporated terms related to "women" and "pregnant women", the E (exposure) relations with "subsequent pregnancy after one or more perinatal losses", and O (outcome) focused on their "experiences". In addition, qualitative research terms were used to filter results from qualitative or mixed studies. We combined search terms with medical subject headings and truncations to broaden the search, considering articles in English, Spanish, and Portuguese, included back-and-forth tracking during the meta-ethnographic process (Supplementary File 1).

Articles were included if they were original, fully/partially qualitative, and focused on the experience of women during pregnancy after one or more perinatal losses (Table 1).

Search outcomes

The Preferred Reporting Items for Systematic-Reviews and Meta-Analyses (PRISMA) flow diagram (Moher et al., 2010) (Fig. 1) illustrates the filtering process and exclusion criteria. A total of 264 records were found in the main databases and 5 in supplementary searches in related journals. After removing 171 duplicates, the titles and abstracts of the remaining 98 articles were analyzed, leaving 28 for full-text analysis. This resulted in a final sample of 11 included articles. While the selection process was conducted by SFB and CDC, inclusion was based on consensus by all authors.

Quality appraisal

SFB and CDC independently evaluated each article using the Critical Appraisal Skills Program (CASP) tool (Critical Appraisal Skills Programme, 2018) (Table 2) (corresponding to steps 2 and 3

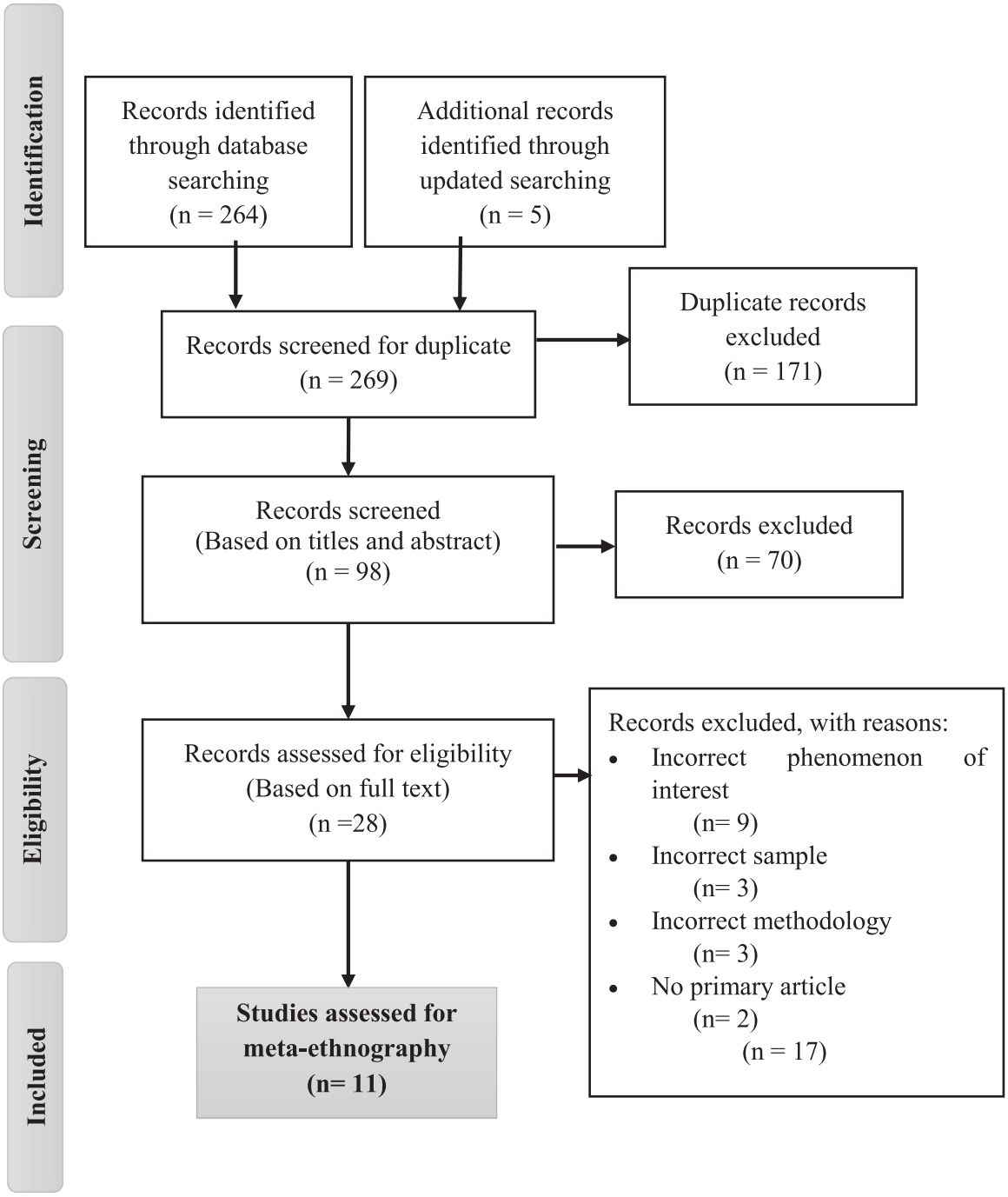

Fig. 1. PRISMA flowchart.

of the Noblit and Hare approach, Noblit and Hare 1988), which was accompanied by regular consensus meetings involving all authors. Primary articles were considered to have sufficient quality to be included in the synthesis. No study was excluded after quality assessment, for this meta-ethnography is not focused on eliminating articles due to their methodological weakness, but rather to verify the richness and strengths of their findings.

Data abstraction and synthesis

Each included study was described to extract pertinent information relevant to provide context (Table 3).

First-order (participant quotations) and second-order (author interpretations) concepts (Schütz, 1962) were extracted from all included studies and recorded in Microsoft Word tables containing a brief description of each construct and the line-by-line code (step 3). This step began with the most data-rich article (Côte-Arsenault and Marshall, 2000). These tables facilitated intra- and inter-study comparison (step 4), and Table 3 was used for the comparisons. Translating the studies into one another consisted of comparing the findings from one study with those from another to verify the presence or absence of commonalities. Translation tables (See an example on supplementary File 2) allow incorporating the studies' findings by reciprocal (concepts in one study can in-

Table 2
Quality assessment of included studies.

Articles	Questions									
	1	2	3	4	5	6	7	8	9	10
Adolfsson et al. (2012)	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Andersson et al. (2012)	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Bailey et al. (2019)	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Côte-Arsenault and Marshall (2000)	✔	✔	✔	✔	✔	–	✔	✔	✔	✔
Côte-Arsenault and Morrison-Beedy (2001)	✔	✔	✔	✔	✔	–	✔	✔	✔	✔
Lee et al. (2013)	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Meredith et al. (2017a)	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Moore and Côte-Arsenault (2018)	✔	✔	✔	✔	✔	–	✔	✔	✔	✔
Ockhuijsen et al. (2014)	✔	✔	✔	✔	✔	–	✔	✔	✔	✔
Sun et al. (2011)	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Van et al. (2004)	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔

Abbreviations: ✔ Yes – Unclear ✗ No; **Critical appraisal questions**: (1) Was there a clear statement of the aims of the research? (2) Is the qualitative methodology appropriate? (3) Was the research design appropriate to address the aims of the research? (4) Was the recruitment strategy appropriate? (5) Were the data collected in a way that addressed the research issue? (6) Has the relationship between researcher and participants been adequately considered? (7) Have ethical issues been taken into consideration? (8) Was the data analysis sufficiently rigorous? (9) Is there a clear statement of findings? (10) How valuable is the research?

corporate those from another) and refutational (concepts in different studies contradict one another) translations, to form new third-order concepts (step 5) (Schütz, 1962). During an iterative analysis we moved back and forth in the data to compare and contrast the different findings and translate them into one another. Finally, we developed a storyline of the phenomenon to form the basis for the line of argument synthesis (France et al., 2019; Noblit, 2016). By synthesizing the translations, we could go beyond the findings of individual studies and reach a second level of synthesis (Bondas and Hall, 2007; France et al., 2019; Noblit and Hare, 1988).

All steps were actively developed by CDC. The role of SFB and MJMF allowed to triangulate the analytical process, giving rise to a comprehensive and integrated image based on the interpretive knowledge of all team members. All authors agreed on the themes and the overarching metaphor. Results were evaluated using the Confidence in the Evidence from Reviews of Qualitative research (CERQual) tool to obtain the degree of confidence in the review findings (Lewin et al., 2015) (Table 4).

Results

We included 11 original qualitative research articles, predominantly from Western countries, involving a total of 151 women who had suffered a miscarriage, stillbirth, or neonatal death (cf., Table 3).

The metaphor "The rainbow in the storm" emerged from the analysis through reciprocal and refutational translations and provides information about the women's experience during a subsequence pregnancy. In many cases, the rainbow pregnancy symbolizes optimism for this new, desired pregnancy. The rainbow becomes visible once the storm has passed and the sky begins to clear. For these women, the storm corresponds to the previous loss and the fear that it can happen again. The new pregnancy causes the storm to dissipate, although vulnerable moments persist and, to continue the metaphor, the storm and dark clouds continue to be present. This metaphor was built on three main themes: (1) Between ambivalent feelings the emotional dilemma experienced during their new pregnancy emerges; (2) Women are more careful and control their emotions and expectations during the new pregnancy to protect themselves from a possible new loss; (3) By leaning on others they can release those emotions.

CERQual assessment (Lewin et al., 2015) showed high confidence on theme 1 and moderate confidence on the remaining two, suggesting that our results are (highly) reasonable representations of the phenomenon of interest (Table 4).

1 Between ambivalent feelings

Pregnancy after having suffered at least one perinatal loss was difficult for women who experience ambivalent feelings, such as hope and excitement about the new pregnancy but also fear, worry, vulnerability, and uncertainty about a possible new loss.

Memories of the previous loss remained present throughout the pregnancy, which made them relive previous experiences (Adolfsson et al., 2012; Côte-Arsenault and Marshall, 2000; Lee et al., 2013; Van et al., 2004). This loss not only resulted in losing the baby but it became an integral part of their existence and affected their expectations regarding the new pregnancy, which might not end with the birth of a living and healthy baby. As a consequence, some women lost the innocent joy of pregnancy, and felt that they could not be in control of this important goal in their lives (Andersson et al., 2012; Côte-Arsenault and Marshall, 2000; Côté-Arsenault and Morrison-Beedy, 2001; Lee et al., 2013; Ockhuijsen et al., 2014; Sun et al., 2011).

While they initially experienced joy at the news of the pregnancy, this feeling would fade and give way to fear of a new loss, preventing them from feeling happy and confident about being pregnant, especially during the initial stages (Moore and Côté-Arsenault, 2018; Ockhuijsen et al., 2014; Sun et al., 2011).

Some women also felt responsible for previous losses, causing them to reflect on past actions that could have triggered the loss, e.g., consuming tobacco and alcohol or previous abortions. In addition, they felt guilty for disappointing their partner and family, and because this new pregnancy meant that people forgot about their previously lost baby (Bailey et al., 2019; Lee et al., 2013).

A recurring theme found in many studies was the women's constant concern over a new pregnancy loss which caused them to picture worst case scenarios (Bailey et al., 2019; Côte-Arsenault and Marshall, 2000; Côté-Arsenault and Morrison-Beedy, 2001; Sun et al., 2011), as illustrated by this quote:

> *"Every day, I woke up and (thought) ... this is going to be the day that the baby dies, this is going to be the day I get bad news"* (Côté-Arsenault and Morrison-Beedy, 2001).

While this uncertainty regarding the outcome of the pregnancy was fairly persistent, it could disappear or be reduced once it became evidenced that the pregnancy was proceeding correctly (Bailey et al., 2019; Sun et al., 2011). During pregnancy, women were not only concerned about the likelihood of having to suffer another perinatal loss, but also that the baby would not be healthy, that there would be complications during the pregnancy, or about

Table 3
Paper characteristics.

Authors, (year), Location	Methods	Aim	Sample	Type of loss	Data collection method	Key findings
Adolfsson et al. (2012) Sweden	Qualitative study	To evaluate how Swedish women describe their emotional state of being during the eighth week through the eleventh week after they have become pregnant again after suffering a previous miscarriage	14 women	One or more miscarriages	Interview	The emotional state of women who become pregnant again after experiencing a previous miscarriage is often characterized by a number of conflicting tendencies to indulge in excessive worrying and the desire to feel optimistic about the future outcome of the pregnancy. Even though women may distance themselves from the reality of their pregnancy out of a defence mechanism behaviour, they still are keen to experience the joy and happiness of child-bearing. Midwives should be aware of each individual woman's obstetric history and give them the necessary support based on their individual needs. It is very important for the women to feel that their feelings are respected and that their concerns are taken seriously. The loss that they have experienced with a previous miscarriage is substantial and often they need professional support, in addition to their social network, to resolve their concerns.
Andersson et al. (2012) Sweden	Qualitative study (Inductive approach)	To investigate how women who have experienced one or more miscarriages manage their feelings when they become pregnant again	13 women	One or more miscarriages	Individual qualitative interviews	The analysis of the material ended up in five categories: distancing herself from her pregnancy, focusing on her pregnancy symptoms, searching for confirming information, asking for ultrasound examination and asking for professional and social support. Because of their past experience with miscarriage, it could be painful to have another pregnancy terminate in disappointment. Therefore, the women manage their feelings by distancing themselves from their pregnancies. Simultaneously, they are managing their emotions by seeking affirmation that their current pregnancy is normal.
Bailey et al. (2019) UK	Qualitative study	To investigate how women experience the initial period of a new pregnancy after suffering recurrent miscarriage	14 women	Recurrent miscarriage	Semi-structured face-to-face interviews	Awaiting confirmation of an ongoing, viable pregnancy after having experienced recurrent miscarriage is a traumatic period marked by an intense struggle between hope and despair, hypervigilance of pregnancy symptoms and bracing for another miscarriage. This all occurring in a context of social isolation and feeling relatively unsupported by health professionals. Nevertheless, women were shown to adopt diverse coping strategies aimed at achieving a state of cautious optimism that served to maintain hope while bracing for the possibility of failure.
Côté-Arsenault and Marshall (2000) USA	Qualitative study	To gain insights into women's pregnancy after perinatal loss experiences, including major features and helpful provider responses	13 women	1 or 3 perinatal losses, included some with living children and other with none; Some currently pregnant at various gestational ages and other having completed their pregnancies	3 focus group and 2 interviews	From these stories emerged a metaphor, One Foot In-One Foot Out, that provides an analogy or picture of women's experiences of pregnancy after loss. Women found themselves living within the contexts of (a) reliving the past, (b) trying to find balance in the present, (c) recognizing their changed reality, and (d) living with wavering expectations. They were able to navigate the pregnancy through seven activities or themes: (1) setting the stage, (2) weathering the storm, (3) gaging where I am, (4) honouring each baby, (5) expecting the worst, (6) supporting me where I am, and (7) realizing how I've changed.

(*continued on next page*)

Table 3 (*continued*)

Authors, (year), Location	Methods	Aim	Sample	Type of loss	Data collection method	Key findings
Côté-Arsenault and Morrison-Beedy (2001) USA	Phenomenology	To describe women's experiences of pregnancy after loss and their long-term effects of perinatal loss.	21 women	1 or 7 perinatal losses which occurred throughout the third trimester of pregnancy and at birth	3 focus groups	Women's stories portrayed perinatal loss as a life-altering event. Women did not feel emotionally safe in their pregnancies after loss and were afraid that those babies too would die. Despite the differences in their obstetrical and loss histories and time since loss, similarities in their responses to pregnancy far outweighed their differences. These commonalities contained in six themes: (a) dealing with uncertainty, (b) wondering if the baby is healthy, (c) waiting to lose the baby, (d) holding back their emotions, (e) acknowledging that loss happened and that it can happen again, and (f) changing self.
Lee et al. (2013) USA	Modified grounded theory	To improving the understanding of women's thoughts and feelings in relation to subsequent pregnancy following stillbirth and what factors, if any, influenced this over time.	11 women	Stillbirth (intrauterine death after 24 weeks' gestation)	Interview	Three factors contributed to a woman's decision making about subsequent pregnancy: aspirations to become a mother or have a family, honouring the stillborn infant's memory, and evaluating her own ability and capacity to cope with another pregnancy loss. Different emphasis was placed on each of the factors depending on women's views of how much each of these contributed to healing. This was defined as a reduction in emotional pain or distress associated with foetal loss and for women in the study was closely linked to subsequent pregnancy. As a result of weighing these 3 factors, women could be divided into 3 groups: those who had immediate thoughts about wanting a subsequent pregnancy who tried to conceive as soon as possible, those who had immediate thoughts of wanting a subsequent pregnancy but wanted to wait until they felt ready, and those who had immediate thoughts of not wanting a subsequent pregnancy.
Meredith et al. (2017a) Australia	A descriptive, interview-based, qualitative content analysis design	To understand the experience of pregnancy and birth for mothers in a pregnancy following perinatal loss, and to understand their experience of the specialised Pregnancy After Loss Clinic provided at the Mater Mothers' Hospital in Brisbane, Australia	10 women	Perinatal loss (Stillbirth and neonatal death)	Semi-structured interview	The overall experience of these mothers' of the Pregnancy After Loss Clinic was extremely positive, and participation in the Clinic returned a range of favourable outcomes. Support for anxieties over their subsequent pregnancy, and the desire for other health professionals to be more understanding, were frequently raised.
Moore and Coté-Arsenault (2018) USA	Qualitative study	To gain insights into women's experiences over the course of pregnancy subsequent to prior perinatal loss	19 women	Perinatal loss (Miscarriages, stillbirth and neonatal death)	Diary entries	A metaphor of navigating a pregnancy journey that feels scary and uncertain, toward the goal of reaching their desired destination, a healthy infant, was identified from women's personal accounts. Six themes were identified: (a) Staying Alert: Noting Physical Symptoms, (b) Dealing with Uncertainty: Expressing Emotions, (c) Dreaming of the Destination: Evolving Thoughts of Baby, (d) Traveling Together: Connecting with Others, and (e) Moving Forward: Reflecting on Sense of Self. The interaction of several themes is described as (f) Staying on Track: Navigating through Pregnancy. Women may find journaling helpful in dealing with the anxiety and fear that characterize pregnancy after loss. Viewing pregnancy after perinatal loss as similar to navigating an uncertain journey may provide greater understanding of the emotional, physical, and social challenges that women may experience.

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Table 3 (*continued*)

Authors, (year), Location	Methods	Aim	Sample	Type of loss	Data collection method	Key findings
Ockhuijen et al. (2014) UK	Qualitative study	To inform future interventions to respond to the emotions and enhance the coping strategies of women with a history of miscarriage.	24 women	Miscarriages	Semi-structured, face-to-face interviews	The experience of miscarriage, conception, and pregnancy waiting period was a cyclical process. After miscarriage, women felt that they had lost control over a very important goal in their lives, namely "having a child." During a subsequent cycle, they feared to be confronted with the same emotions again. The resulting emotions led to uncertainty and imbalance during the different waiting periods. Uncertainty could be intensified due to factors such as the number of miscarriages, being older, a long conception waiting period, duration of pregnancy, absence of clear pregnancy symptoms, and fertility problems in the immediate environment. In each waiting period, women realized there was little they could do to influence the outcome but they searched for control, using coping strategies to increase the feeling of control to deal with the uncertainty. However, when they thought that they found a balance, for instance by becoming pregnant again, new uncertainties arose. In order to deal with the renewed uncertainties and feeling of losing control, women searched for new strategies to find a balance again.
Sun et al. (2011) Taiwan	Interpretative phenomenological approach	To understand the experiences of Asian women in Taiwan who are adjusting to motherhood following previous pregnancy loss.	6 women	1 to 2 pregnancy losses from 9 to 37 weeks of gestation	2 interviews (initial in-depth interviews and follow-up interviews)	"Sailing against the tide" was chosen to show that the women's journeys were never the same as their previous pregnancies. It encapsulates three key stages of their difficult journey: (1) remembering the previous pregnancy journey ending in "loss" (the failed pregnancy); (2) the rising sun bringing new life within (the new pregnancy); (3) changing tide (the new birth), along with subthemes for each.
Van et al. (2004) USA	Qualitative study	To describe those dream experiences that disturb sleep in a diverse group of women pregnant subsequent to a pregnancy loss.	20 women	Pregnancy loss (First-, second- and third-trimester)	Semi-structured interview	Pregnancy is a status that is usually celebrated by women and their families and friends; however, the possibility of an unexpected adverse outcome presents a challenge for each woman to confront and work through. As in other important events, women's previous experiences with losses, the coping strategies they employ when challenged, and the availability of sources of support all contribute to how a woman will proceed through pregnancy and transition to a parenting role. Dreams that have an emotional or psychological reaction by the women may be an integral part of this process because they provide a mechanism by which women can express and confront anxieties or concerns that they may not be able to acknowledge on a more conscious level.

Abbreviations: United Kingdom (UK); United States of America (USA).

Table 4
Confidence in the Evidence from Reviews of Qualitative research (CERQual) evidence profile.

Summary of review findings		Studies contributing to the review findings	Methodological limitations	Coherence	Relevance	Adequacy of data	Overall CERQual assessment of confidence		Explanation of decision
Between ambivalent feelings		Adolfsson et al. (2012), Andersson et al. (2012), Bailey et al. (2019), Cote-Arsenault and Marshall (2000), Côté-Arsenault and Morrison-Beedy (2001), Lee et al. (2013), Meredith et al., (2017a), Moore and Coté-Arsenault, (2018), Ockhuijsen et al. (2014), Sun et al. (2011), Van et al. (2004)	Minor concerns regarding methodological limitations, (There is a lack of clarity regarding the relationship of the researcher and the participants)	Minor concerns regarding coherence (Data extracted from primary articles and findings are consistent)	Moderate concerns about relevance, since women belonged to different cultural contexts. Furthermore, not all had experienced the same type of perinatal loss or during the same week of pregnancy. One of the articles talks only about the experience with dreams.	No or very little concern about adequacy of data (rich data support this finding)	High confidence		Minor concerns about coherence, and methodological limitations; Very minor concerns about adequacy of data; Moderate concerns about relevance
Being careful in the new pregnancy	**Emotional distancing from the new pregnancy**	Adolfsson et al. (2012), Andersson et al. (2012), Bailey et al. (2019), Cote-Arsenault and Marshall (2000), Côté-Arsenault and Morrison-Beedy, (2001), Lee et al. (2013), Meredith et al. (2017a), Moore and Coté-Arsenault (2018), Ockhuijsen et al. (2014), Sun et al. (2011)	Minor concerns regarding methodological limitations, since in 3 articles there is a lack of clarity regarding the relationship of the researcher and the participants	Minor concerns regarding coherence (Data extracted from primary articles and findings are consistent)	Moderate concerns about relevance, since women belonged to different cultural contexts. Furthermore, not all had experienced the same type of perinatal loss or during the same week of pregnancy.	No or very little concern about adequacy of data (rich data support this finding)	High confidence	Moderate confidence	Low confidence in *Changes in lifestyle*; High confidence in *Emotional distancing with the new pregnancy* and *Looking for confirmatory information*
	Looking for positive information	Adolfsson et al. (2012), Andersson et al. (2012), Bailey et al. (2019), Cote-Arsenault and Marshall (2000), Côté-Arsenault and Morrison-Beedy (2001), Lee et al. (2013), Meredith et al. (2017b), Moore and Coté-Arsenault (2018), Ockhuijsen et al. (2014), Sun et al. (2011)	Minor concerns regarding methodological limitations, since in 3 articles there is a lack of clarity regarding the relationship of the researcher and the participants	Minor concerns regarding coherence (Data extracted from primary articles and findings are consistent)	Moderate concerns about relevance, since women belonged to different cultural contexts. Furthermore, not all had experienced the same type of perinatal loss or during the same week of pregnancy.	No or very little concern about adequacy of data (rich data support this finding)	High confidence		

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Table 4 (*continued*)

Summary of review findings		Studies contributing to the review findings	Methodological limitations	Coherence	Relevance	Adequacy of data	Overall CERQual assessment of confidence	Explanation of decision
	Changes in lifestyle	Adolfsson et al. (2012), Bailey et al. (2019), Ockhuijsen et al. (2014)	Minor concerns regarding methodological limitations, since in one article, there is a lack of clarity regarding the relationship of the researcher and the participants	Minor concerns regarding coherence (Data extracted from primary articles and findings are consistent)	Moderate concerns about relevance, since women belonged to different cultural contexts. Furthermore, not all had experienced the same type of perinatal loss or during the same week of pregnancy.	Moderate concerns about adequacy of data	Low confidence	
Leaning on others		Adolfsson et al. (2012), Andersson et al. (2012), Bailey et al. (2019), Cote-Arsenault and Marshall (2000), Côté-Arsenault and Morrison-Beedy (2001), Lee et al. (2013), Meredith et al. (2017a), Moore and Coté-Arsenault (2018), Ockhuijsen et al. (2014), Sun et al. (2011)	Minor concerns regarding methodological limitations, since in 3 articles there is a lack of clarity regarding the relationship of the researcher and the participants	Minor concerns regarding coherence (Data extracted from primary articles and findings are consistent)	Moderate concerns about relevance, since women belonged to different cultural contexts. Furthermore, not all had experienced the same type of perinatal loss or during the same week of pregnancy.	Moderate concerns about adequacy of data	Moderate confidence	Minor concerns about coherence, and methodological limitations; Moderate concerns about relevance and adequacy of data

*Definitions of levels of confidence from the CERQual evaluation (Lewin et al., 2015).
- **High confidence**: It is highly likely that the review finding is a reasonable representation of the phenomenon of interest.
- **Moderate confidence**: It is likely that the review finding is a reasonable representation of the phenomenon of interest.
- **Low confidence**: It is possible that the review finding is a reasonable representation of the phenomenon of interest.
- **Very low confidence**: It is not clear whether the review finding is a reasonable representation of the phenomenon of interest.

their ability as a mother of the future baby and already living children (Moore and Côté-Arsenault, 2018; Sun et al., 2011). This fear and concern would often manifest itself during sleep (Van et al., 2004):

> *"I was having dreams more about birth defects. There were quite a few times of waking up after a dream and thinking ... that she would be born with Down's syndrome ...why would I trust that she would be healthy?"* (Van et al., 2004).

Many women suffered great anxiety and struggled to cope with their daily routine due to uncertainty. Some pregnant women wanted to enjoy the moment while others wanted the pregnancy to end quickly (Bailey et al., 2019; Côté-Arsenault and Morrison-Beedy, 2001; Sun et al., 2011). Nevertheless, some women showed personal growth and changes in their self-perception after experiencing loss, which could trigger the need to help other women in similar situations (Meredith et al., 2017a). Furthermore, they went from being passive recipients of care to actively demanding care that met their specific needs (Côte-Arsenault and Marshall, 2000; Meredith et al., 2017a).

2 **Being careful in the new pregnancy**

In order to find a balance between the sad memories of the previous loss and wanting to participate in and enjoy the new pregnancy, the women tried to emotionally distance themselves from the new pregnancy while seeking lifestyle changes and confirmation that the pregnancy was progressing well, which would allow them to manage their emotions. This theme is based on 3 subhtopics: (1) Emotional distancing from the new pregnancy; (2) Looking for positive information; and (3) Changes in lifestyle.

Emotional distancing from the new pregnancy

Women tried to emotionally restrict and distance themselves, avoiding to become attached to the new baby in an effort to protect themselves from a possible new loss (Adolfsson et al., 2012; Andersson et al., 2012; Bailey et al., 2019; Côte-Arsenault and Marshall, 2000; Côté-Arsenault and Morrison-Beedy, 2001; Lee et al., 2013; Meredith et al., 2017; Moore and Côté-Arsenault, 2018; Ockhuijsen et al., 2014). Some women tried not to think about the pregnancy or about a future that included their baby. They also showed detachment by referring to the baby as "it" (Côte-Arsenault and Marshall, 2000; Lee et al., 2013; Moore and Côté-Arsenault, 2018; Ockhuijsen et al., 2014), stating that they had no intention to bond with or prepare for the arrival of this baby, which was evidenced by delaying shopping for baby products and room preparation (Adolfsson et al., 2012; Andersson et al., 2012; Côte-Arsenault and Marshall, 2000; Côté-Arsenault and Morrison-Beedy, 2001; Lee et al., 2013):

> *"We didn't do anything [with the nursery] until last week when I went into labor, I started having contractions and like, 'oh no! we don't even have a bed!'. So we got the bassinet and everything else and we just have the bare necessities, just in case, and that's it!"* (Côte-Arsenault and Marshall, 2000).

News of the new pregnancy was often withheld for some time from friends and family to protect themselves if another loss occurred (Sun et al., 2011). Nevertheless, once the news could no longer be withheld, those who had told only few people of the first pregnancy would now share the new pregnancy with a greater number of people to expand the support network, while those who felt that they had told too many people during the previous pregnancy would reduce this number now (Adolfsson et al., 2012; Moore and Côté-Arsenault, 2018; Ockhuijsen et al., 2014).

Women expressed that setting and achieving goals during the new pregnancy was helpful to deal with uncertainty. Goals included setting an appointment with the midwife or for an ultrasound or dividing the pregnancy and goals into different stages. Achieving the desired goals generated relief and instilled hope and confidence of the baby's continued well-being. Furthermore, it was important to safely pass the week of pregnancy during which the previous loss had occurred as this allowed them to experience pregnancy day by day (Adolfsson et al., 2012; Andersson et al., 2012; Bailey et al., 2019; Côte-Arsenault and Marshall, 2000; Côté-Arsenault and Morrison-Beedy, 2001; Lee et al., 2013; Meredith et al., 2017a; Ockhuijsen et al., 2014).

Looking for positive information

Continuously monitoring the viability of the pregnancy through ultrasounds, keeping track of pregnancy symptoms, and searching for information from different sources allowed them to manage their feelings of anxiety and worry.

Since ultrasounds provide direct information on the health status of the baby and the pregnancy, it was important for women to have the first ultrasound (Adolfsson et al., 2012; Andersson et al., 2012; Bailey et al., 2019; Côte-Arsenault and Marshall, 2000; Ockhuijsen et al., 2014; Sun et al., 2011), although some preferred to wait until they had passed the pregnancy week during which the suffered the previous loss (Andersson et al., 2012). Women were typically very nervous and anxious prior to the first ultrasound (Adolfsson et al., 2012; Bailey et al., 2019), experienced temporary relief upon hearing the baby's heartbeat and reassurances from the doctor that everything was fine, with feelings of anxiety returning soon after:

> *"I was very anxious before routine check-ups and after hearing the fetal heartbeat I would feel reassured, but two or three days later, I became anxious again."* (Sun et al., 2011).

Due to experiencing temporary relief, women reported the need for frequent (in some cases weekly) ultrasounds to ascertain the well-being of the baby. Some asked for ultrasounds every time they were referred to the hospital and, if this was not possible, considered doing it in a private clinic (Ockhuijsen et al., 2014; Sun et al., 2011).

Experiencing characteristic symptoms or signs of pregnancy such as nausea, breast swelling, or the perception of fetal movements, were considered indicators confirming the viability of the pregnancy (Adolfsson et al., 2012; Andersson et al., 2012; Bailey et al., 2019; Côte-Arsenault and Marshall, 2000; Côté-Arsenault and Morrison-Beedy, 2001; Lee et al., 2013; Moore and Côté-Arsenault, 2018; Ockhuijsen et al., 2014; Sun et al., 2011). However, any slight change in these symptoms or bodily sensations would cause stress and worry (Andersson et al., 2012; Moore and Côté-Arsenault, 2018). Women felt safer if the signs and symptoms were severe (Bailey et al., 2019; Ockhuijsen et al., 2014). Sometimes, women would wish the symptoms to be more severe or for different symptoms to be present, simply to make this pregnancy different from the previous experience (Bailey et al., 2019; Côte-Arsenault and Marshall, 2000; Ockhuijsen et al., 2014). Furthermore, women regularly checked for signs of vaginal bleeding as an indicator of miscarriage (Andersson et al., 2012; Bailey et al., 2019).

Finally, consulted the internet, books, people in similar situations, or health professionals for additional information about their pregnancy to try and alleviate doubts and concerns about the health and status of their baby (Adolfsson et al., 2012; Andersson et al., 2012; Sun et al., 2011):

> *"I tried to find information about the things that concerned me…to convince myself that it was not a miscarriage, so I read everything I could find about it...to find logical explanations about the things*

that worried me certainly made me feel calmer" (Andersson et al., 2012)

Changes in lifestyle

Women tried to reduce the risk of a new loss by changing their habits, e.g., improving their diet, reducing physical effort or avoiding intense physical exercise, and eliminating alcohol or sources of stress (Adolfsson et al., 2012; Bailey et al., 2019; Ockhuijsen et al., 2014):

"You stop more and more things. So, you'll stop doing extra work, you'll start relaxing more. You'll stop doing some parts of your exercise, you'll stop eating different foods. You go through the most illogical things in your head – if I stay calm it will be alright, if I just do walking it will be fine"(Bailey et al., 2019).

3 Leaning on others

Some women verbalized the need to talk to someone about their previous experience, specifically the wished to share their experiences with other women who had been through the same situation to gain a greater understanding (Adolfsson et al., 2012; Andersson et al., 2012; Lee et al., 2013). Support from their partner or closest social circle was also considered essential (Adolfsson et al., 2012; Moore and Côté-Arsenault, 2018; Sun et al., 2011). Encouraging comments that did not downplay the previous loss were beneficial. However, the occasional unfortunate comment or empty word would provoke feelings of loneliness and incomprehension leading to emotional withdrawal. Some also reported difficulties in expressing their feelings, believing that their friends wanted to pretend that nothing had happened (Adolfsson et al., 2012; Andersson et al., 2012; Côté-Arsenault and Morrison-Beedy, 2001; Meredith et al., 2017a; Ockhuijsen et al., 2014; Sun et al., 2011).

For some women, religion was an additional source of hope. These women reported feeling better after going to a temple or praying for a healthy pregnancy (Sun et al., 2011).

Nonetheless, health professionals and especially nurses and midwives were important because they could answer many questions and alleviate concerns (Adolfsson et al., 2012; Côte-Arsenault and Marshall, 2000; Moore and Côté-Arsenault, 2018). A good relationship with them gave women peace of mind. Most of the women valued understanding, feeling heard, and having their entire story known. In addition, the professional's ability to communicate in simple language rather than terminology was appreciated (Côte-Arsenault and Marshall, 2000).

"But the nurse is there for me, knows my name...and always asks (when I call on the phone) it's okay, do you want to come in?" (Côte-Arsenault and Marshall, 2000).

Some women experienced what they saw as a lack of concern, empathy, or involvement from healthcare professionals (Côté-Arsenault and Morrison-Beedy, 2001), feeling intimidated by the professional and thus inferior which prevented them from asking questions while feeling reduced to having toe passively listen to the professional's speech during a consultation. Failure to heed certain requests or awkward previous conversations were also considered a source of displeasure (Meredith et al., 2017a).

The prior loss allowed them to be more aware of the type of care they needed. In their meetings with health professionals, they sought sensitive and comprehensive care that was adapted to their needs. Some pregnant women urged professionals to recognize the challenges and stresses posed by the new pregnancy and demanded more specific advice on how to prepare them physically and emotionally (Lee et al., 2013). Although they understood that the professional's level of interest did not affect the outcome of their pregnancy, they still need to feel more supported throughout the process (Andersson et al., 2012; Bailey et al., 2019).

Discussion

We analyzed 11 qualitative research articles on pregnancies following perinatal loss. The metaphor "the rainbow in the storm" emerged, with the storm symbolizing the suffering of the previous loss and the rainbow the new pregnancy. The new pregnancy is experienced with ambivalent feelings. While it rekindles memories of previous loss and suffering, inciting fear and anxiety, it also triggers feelings of hope and excitement to achieve the desired outcome. Women needed constant positive feedback assuring them that the new pregnancy was progressing well. They tried to distance themselves emotionally from the new pregnancy to protect themselves in case of a new loss. While support by peers, the partner, close family, and health professionals was essential to overcome their fears, these encounters also exposed them to damaging and insensitive/inconsiderate comments and care.

Our results show ambivalent feelings in women, because of the feelings of longing to be a mother, to love, and to build an ideal family versus the fear that the loss will happen again. Most felt deep disappointment because of not having succeeded previously. This could be due to social norms and conventions according to which marriage and motherhood are fundamental to femininity and therefore integral parts of the female identity (Choi et al., 2005; Stoppard, 2014). Cultural norms encourage reproduction and motherhood and celebrate parenthood. Couples, and specially women, without children can receive defamatory labels that can negatively affect their identity and interpersonal relationships (Alamin et al., 2020; Fernández-Basanta et al., 2020b; Gerber-Epstein et al., 2009). In certain cultural contexts, becoming a mother is perceived as the hallmark of femininity (Barlow and Chapin, 2010; Gopichandran et al., 2018; Green, 2015). Stillbirths are highly stigmatized and considered a failure of femininity (Gopichandran et al., 2018).

According to this ambivalence of feelings, gender could also contribute to greater social pressure on women. Considering that motherhood is a social construct (Barlow and Chapin, 2010; Green, 2015), we need to break with the stereotypical belief that reduces women to their biological function of becoming a mother and that this function is a product of a "maternal instinct". This construct sees women as a mother figure, caregiver, protector, and sole person responsible for the care of children, at the same time reducing the responsibility of men (Brunton et al., 2011; Rivera, 2016). While motherhood is based on the natural and biological relationship, fatherhood is constructed as a social function (Rivera, 2016).

Although biological reproduction is obviously shared by both sexes, society still sees reproduction as a responsibility of women, often converting the natural ability of being able to give birth into a mandate. In this way, biological motherhood becomes sociological motherhood (Bailey, 2001; Choi et al., 2005; Sørensen, 2017). Our results showed that this responsibility appears at an early stage and persists throughout the pregnancy. Women need to bear the larger weight compared to men which would explain why they feel guilty for having suffered a loss and for disappointing people that are close to them.

In general, pregnancy is seen as a time of happiness and joy, although this does not mean that it is without suffering, often associated with the uncertainty that accompanies this important phase on one's life, of course exacerbated by experiences of one or more perinatal losses (Larsson et al., 2017). Our results showed that women still suffered from their previous loss which caused them to fear a similar outcome of their new pregnancy. The previous experience constitutes an unresolved internal conflict that

causes an emotional dispute which is exacerbated by the stereotypes and idealization of motherhood that still continue to exist (Choi et al., 2005; Rivera, 2016). Consequently, women could feel guilty about feeling joy for the new pregnancy.

Our results showed that some women would emotionally distance themselves from the pregnancy and the baby, especially before the first ultrasound, to protect themselves against a possible new loss. In addition, their previous experience made them more rigorous regarding their lifestyle, causing them to avoid any actions that could pose a risk to pregnancy. The first trimester assessment represents a milestone after which women expect to be less concerned (Lou et al., 2017). In pregnancies following perinatal losses, women constantly monitored their pregnancy symptoms and compared them with their previous experiences. And while these symptoms represent a source of (desired) tranquility, any variation can cause an emotional imbalance (Bondas and Eriksson, 2001).

The Caritative Caring Theory (Eriksson, 1992) has allowed us to understand the complexity of women's experience during pregnancies after one or more perinatal losses. In this theory, the ontological concept of suffering is described as a human being's struggle between good and evil in a state of becoming (Eriksson et al., 2006). Our results show that women suffer both from the non-fulfillment of becoming a mother and from the care received that does not meet their expectations and increases their suffering. According to caring science, care is something human by nature, whose basic category is suffering, so the objective of care is to alleviate it (Eriksson et al., 2006).

Implications for practice and research

Health professionals and nurses and midwives play a fundamental role in maintaining the emotional balance of women during this new stage. During interactions with a woman they need to establish a care communion or bond and ethical care (Eriksson, 1994). By establishing an intimate connection with both the woman and her partner, the healthcare professional needs to create an absolute and lasting presence. Ideally, care for this type of pregnancies should begin following the previous pregnancy loss, where the planning of the new pregnancy is accompanied and supported. On the other hand, we found that women need to resolve their doubts, while trying to understand and recognize the challenges posed by the new pregnancy. Especially during the first trimester, women experience fear of suffering another loss and remain distant from the baby. Therefore, care must be individualized, considering the needs of the parents. This care should also be aimed at emotional accompaniment and not exclusively focus on the greatest risk of an adverse outcome. Furthermore, guidelines for healthcare professionals could not consider the specific needs of pregnancies following a loss (Côte-Arsenault and Marshall, 2000; Meaney et al., 2017), which may force the professional to improvise. This also endures during the COVID-19 pandemic, as no specific guidelines or evidence have been developed to provide evidence-based guidance for pregnancy care after loss and COVID-19 (Pollock et al., 2020). Guidelines should be revised to account for this special circumstance in the recommended action protocols, and training curricula should be revised to incorporate the needs of women in these pregnancies, providing the trainees with the necessary gender, cultural and psychosocial competences. Further research in other cultural contexts and examining the perspective and experiences of caregivers, nurses, and midwives would provide valuable insights to inform these changes.

It would be interesting to delve deeper into the specific experiences of couples who suffered recurring losses or had difficulties in becoming pregnant. The care experiences of nurses and midwives would provide relevant information for their important role in this process.

Strengths and limitations

The strengths of this study are based on conducting an exhaustive and systematic bibliographic search. The studies were critically appraised the CASP tool (Critical Appraisal Skills Programme, 2018). The eMERGe reporting guidance (France et al., 2019) was followed in the development of this meta-ethnography, providing methodological rigor and greater confidence in the results. In addition, the use of the CERQual tool (Lewin et al., 2015) provides greater transparency and confidence in the results.

Despite being considered various types of losses, voluntary interruptions of pregnancy due to fetal anomalies or other causes are not included. In addition, no difference has been made between having suffered an isolated loss or several, nor has the experience of the women's partners been considered. Another limitation refers to the generalization of the findings to countries outside western contexts.

Conclusion

"The rainbow in the storm" metaphor succinctly summarized the experiences of women in pregnancy after perinatal losses. They experience the new pregnancy in a state of emotional dilemma, alternating between feelings of joy and excitement, and fear, worry and uncertainty. While these emotional changes also occur in pregnancies without previous loss, these emotions appear amplified as previous fears are rekindled while new ones appear because of the loss. Consequently, women experience pregnancy cautiously, especially until its viability has been confirmed. Others can be of great help simply by listening to them and acknowledging their feelings, although they can also be the source of damaging comments. These findings add to the existing knowledge in nursing science and should encourage change in clinical practice and education, especially since the results appear to be (highly) representative of the phenomenon of interest.

Ethical statement

Not applicable.

Declaration of Competing Interest

The authors have no conflicts of interest to disclose.

CRediT authorship contribution statement

Sara Fernández-Basanta: Conceptualization, Methodology, Formal analysis, Investigation, Resources, Data curation, Writing – original draft, Writing – review & editing, Visualization, Supervision. **Celtia Dahl-Cortizo:** Conceptualization, Methodology, Formal analysis, Investigation, Visualization. **Carmen Coronado:** Conceptualization, Methodology, Formal analysis, Investigation, Resources, Data curation, Visualization, Supervision. **María-Jesús Movilla-Fernández:** Conceptualization, Methodology, Formal analysis, Investigation, Resources, Data curation, Writing – review & editing, Visualization, Supervision.

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References

Adolfsson, A., Johansson, C., Nilsson, E., 2012. Swedish women's emotional experience of the first trimester in a new pregnancy after one or more miscarriages: a qualitative interview study. Adv. Sexual Med. 2 (3), 38–45.

Alamin, S., Allahyari, T., Ghorbani, B., Sadeghitabar, A., Karami, M.T., 2020. Failure in identity building as the main challenge of infertility: a qualitative study. J. Reprod. Infertil. 21 (1), 49.

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. Scand. J. Caring Sci. 26 (2), 262–270. doi:10.1111/j.1471-6712.2011.00927.x.

Bailey, L., 2001. Gender shows: first-time mothers and embodied selves. Gend. Soc. 15 (1), 110–129.

Bailey, S.L., Boivin, J., Cheong, Y.C., Kitson-Reynolds, E., Bailey, C., Macklon, N., 2019. Hope for the best… but expect the worst: a qualitative study to explore how women with recurrent miscarriage experience the early waiting period of a new pregnancy. BMJ Open 9 (5), e029354.

Barlow, K., Chapin, B.L., 2010. The practice of mothering: an introduction. Ethos 38 (4), 324–338.

Berry, S.N., 2022. The trauma of perinatal loss: a scoping review. Trauma Care 2 (3), 392–407.

Blencowe, H., Cousens, S., Jassir, F.B., Say, L., Chou, D., Mathers, C., … You, D., 2016. National, regional, and worldwide estimates of stillbirth rates in 2015, with trends from 2000: a systematic analysis. Lancet Global Health 4 (2), e98–e108.

Bondas, T., Eriksson, K., 2001. Women's lived experiences of pregnancy: a tapestry of joy and suffering. Qual. Health Res. 11 (6), 824–840.

Bondas, T., Hall, E., Wikberg, A., 2017. Metasynthesis in health care research. In: Research Methods in Health. Oxford University Press Australia & New Zealand, pp. 325–342.

Bondas, T., Hall, E.O., 2007. Challenges in approaching metasynthesis research. Qual. Health Res. 17 (1), 113–121.

Brunton, G., Wiggins, M., & Oakley, A. (2011). Becoming a mother: a research synthesis of women's views on the experience of first time motherhood. EPPI-Centre, Social Science Research Unit, Institute of Education ….

Choi, P., Henshaw, C., Baker, S., Tree, J., 2005. Supermum, superwife, supereverything: performing femininity in the transition to motherhood. J. Reprod. Infant Psychol. 23 (2), 167–180.

Côté-Arsenault, D., Donato, K.L., 2007. Restrained expectations in late pregnancy following loss. JOGNN J. Obstet. Gynecol. Neonatal Nurs. 36 (6), 550–557. doi:10.1111/j.1552-6909.2007.00185.x.

Côte-Arsenault, D., Marshall, R., 2000. One foot in – one foot out: weathering the storm of pregnancy after perinatal loss. Res. Nurs. Health 23 (6), 473–485.

Côté-Arsenault, D., Morrison-Beedy, D., 2001. Women's voices reflecting changed expectations for pregnancy after perinatal loss. J. Nurs. Scholarsh. 33 (3), 239–244. doi:10.1111/j.1547-5069.2001.00239.x.

Crawley, R., Lomax, S., Ayers, S., 2013. Recovering from stillbirth: the effects of making and sharing memories on maternal mental health. J. Reprod. Infant Psychol. 31 (2), 195–207.

Critical Appraisal Skills Programme. (2018). CASP checklist: 10 questions to help you make sense of a qualitative research.

Dallay, É.G., 2013. Le deuil périnatal de « l'enfant né sans vie ». Annales Médico-psychologiques, revue psychiatrique 171 (3), 182–188. doi:10.1016/j.amp.2013.01.017.

DeBackere, K.J., Hill, P.D., Kavanaugh, K.L., 2008. The parental experience of pregnancy after perinatal loss. J. Obstet. Gynecol. Neonatal Nurs. 37 (5), 525–537.

Dias, N., Docherty, S., Brandon, D., 2017. Parental bereavement: looking beyond grief. Death Stud. 41 (5), 318–327.

Doka, K.J., 1999. Disenfranchised grief. Bereave. Care 18 (3), 37–39.

Eriksson, K., 1992. Nursing: the caring practice being there. NLN Publications, pp. 201–210 (15-2465).

Eriksson, K., 1994. Theories of caring as health. NLN Publications, pp. 3–20 (14-2607).

Eriksson, K., Charles, I., Joan, E., Karl, A., Translation, E., 2006. The Suffering Human Being. Nordic Studies Press.

Fenstermacher, K., Hupcey, J.E., 2013. Perinatal bereavement: a principle-based concept analysis. J. Adv. Nurs. 69 (11), 2389–2400. doi:10.1111/jan.12119.

Fernández-Basanta, S., Van, P., Coronado, C., Torres, M., Movilla-Fernández, M.-J., 2019. Coping after involuntary pregnancy loss: perspectives of Spanish European women. Omega: J. Death Dying doi:10.101177/0030222819852849.

Fernández-Basanta, S., Movilla-Fernández, M.-J., Coronado, C., Llorente-García, H., Bondas, T., 2020a. Involuntary pregnancy loss and nursing care: a meta-ethnography. Int. J. Environ. Health Res. 17 (5), 1486.

Fernández-Basanta, S., Coronado, C., Movilla-Fernández, M.J., 2020b. Multicultural coping experiences of parents following perinatal loss: a meta-ethnographic synthesis. J. Adv. Nurs. 76 (1), 9–21.

Flenady, V., Boyle, F., Koopmans, L., Wilson, T., Stones, W., Cacciatore, J., 2014. Meeting the needs of parents after a stillbirth or neonatal death. BJOG An Int. J. Obstet. Gynaecol. 121 (s4), 137–140.

France, E.F., Cunningham, M., Ring, N., Uny, I., Duncan, E.A., Jepson, R.G., … Booth, A., 2019. Improving reporting of meta-ethnography: the eMERGe reporting guidance. BMC Med. Res. Methodol. 19 (1), 25.

Gerber-Epstein, P., Leichtentritt, R.D., Benyamini, Y., 2009. The experience of miscarriage in first pregnancy: the women's voices. Death Stud. 33 (1), 1–29. doi:10.1080/07481180802494032.

Gopichandran, V., Subramaniam, S., Kalsingh, M.J., 2018. Psycho-social impact of stillbirths on women and their families in Tamil Nadu, India - a qualitative study. BMC Pregnancy Childbirth 18 (1), 109. doi:10.1186/s12884-018-1742-0.

Green, F.J., 2015. *Re*-conceptualising motherhood: reaching back to move forward. J. Fam. Stud. 21 (3), 196–207.

Heazell, A.E.P., Whitworth, M.K., Whitcombe, J., Glover, S.W., Bevan, C., Brewin, J., … Metcalf, L., 2015. Research priorities for stillbirth: process overview and results from UK Stillbirth Priority Setting Partnership. Gynecol. Official J. Int. Soc. Ultrasound Obstet. Gynecol. 46 (6), 641–647.

Heazell, A.E., Wojcieszek, A., Graham, N., Stephens, L., 2019. Care in pregnancies after stillbirth and perinatal death. Int. J. Birth Parent Educ. 6 (2), 23–28.

Hutti, M.H., 2005. Social and professional support needs of families after perinatal loss. J. Obstet. Gynecol. Neonatal Nurs. 34 (5), 630–638.

Hutti, M.H., Myers, J., Hall, L.A., Polivka, B.J., White, S., Hill, J., … Grisanti, M.M, 2017. Predicting grief intensity after recent perinatal loss. J. Psychosom. Res. 101, 128–134.

Larsson, Å., Wärnå-Furu, C., Näsman, Y., 2017. The meaning of caring in prenatal care from Swedish women's perspectives. Scand. J. Caring Sci. 31 (4), 702–709.

Lee, L., McKenzie-Mcharg, K., Horsch, A., 2013. Women's decision making and experience of subsequent pregnancy following stillbirth. J. Midwifery Women's Health 58 (4), 431–439. doi:10.1111/jmwh.12011.

Lewin, S., Glenton, C., Munthe-Kaas, H., Carlsen, B., Colvin, C.J., Gülmezoglu, M., … Rashidian, A., 2015. Using qualitative evidence in decision making for health and social interventions: an approach to assess confidence in findings from qualitative evidence syntheses (GRADE-CERQual). PLOS Med. 12 (10), e1001895.

Liu, L., Oza, S., Hogan, D., Perin, J., Rudan, I., Lawn, J.E., … Black, R.E., 2015. Global, regional, and national causes of child mortality in 2000-13, with projections to inform post-2015 priorities: an updated systematic analysis. Lancet 385 (9966), 430–440. doi:10.1016/s0140-6736(14)61698-6.

Lou, S., Frumer, M., Schlütter, M.M., Petersen, O.B., Vogel, I., Nielsen, C.P., 2017. Experiences and expectations in the first trimester of pregnancy: a qualitative study. Health Expect. 20 (6), 1320–1329. doi:10.1111/hex.12572.

Magnus, M.C., Wilcox, A.J., Morken, N.H., Weinberg, C.R., Håberg, S.E., 2019. Role of maternal age and pregnancy history in risk of miscarriage: prospective register based study. BMJ 364, l869.

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

Meredith, P., Wilson, T., Branjerdporn, G., Strong, J., Desha, L., 2017a. Not just a normal mum": a qualitative investigation of a support service for women who are pregnant subsequent to perinatal loss. BMC Pregnancy Childbirth 17, 6. doi:10.1186/s12884-016-1200-9.

Meredith, P., Wilson, T., Branjerdporn, G., Strong, J., Desha, L., 2017b. Not just a normal mum": a qualitative investigation of a support service for women who are pregnant subsequent to perinatal loss. BMC Pregnancy Childbirth 17 (1). doi:10.1186/s12884-016-1200-9.

Minton, E.A., Wang, C.X., Anthony, C., Fox, A., 2022. Advice from bereaved parents on strategies to heal after baby loss. OMEGA J. Death Dying, 00302228221133589.

Moher, D., Liberati, A., Tetzlaff, J., Altman, D.G., Group, P., 2010. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. Int. J. Surg. 8 (5), 336–341.

Moola, S., Munn, Z., Sears, K., Sfetcu, R., Currie, M., Lisy, K., … Mu, P., 2015. Conducting systematic reviews of association (etiology): the Joanna Briggs Institute's approach. JBI Evid. Implement. 13 (3), 163–169.

Moore, S.E., Côté-Arsenault, D., 2018. Navigating an uncertain journey of pregnancy after perinatal loss. Illness Crisis Loss 26 (1), 58–74. doi:10.1177/1054137317740802.

Noblit, G., 2016. How Qualitative (or interpretive Or critical) is Qualitative Synthesis and What We Can Do About This. University of North Carolina at Chapel Hill A public lecture by Professor George W.Noblit2018.

Noblit, G.W., Hare, R.D., 1988. Meta-ethnography: Synthesizing Qualitative Studies (Vol. 11). Sage.

Ockhuijsen, H.D., van den Hoogen, A., Boivin, J., Macklon, N.S., de Boer, F., 2014. Pregnancy after miscarriage: balancing between loss of control and searching for control. Res. Nurs. Health 37 (4), 267–275. doi:10.1002/nur.21610.

Perry, S.E., Hockenberry, M.J., Alden, K.R., Lowdermilk, D.L., Cashion, M.C., Wilson, D., 2017. Maternal Child Nursing Care-E-Book. Mosby.

Pollock, D., Murphy, M.M., O'Leary, J., Warland, J, 2020. Pregnancy after loss during the COVID19 pandemic. Women Birth 33 (6), 540–543.

Rivera, M.S., 2016. Construcción social de la maternidad: el papel de las mujeres en la sociedad. Opción 32 (13), 921–953.

Schütz, A. (1962). Collected papers, vol. 1. The Hague: Martinus Nijhoff.
Shakespeare, C., Merriel, A., Bakhbakhi, D., Baneszova, R., Barnard, K., Lynch, M., … Siassakos, D., 2019. Parents' and healthcare professionals' experiences of care after stillbirth in low- and middle-income countries: a systematic review and meta-summary. BJOG Int. J. Obstet. Gynaecol. 126 (1), 12–21. doi:10.1111/1471-0528.15430.
Shakespeare, C., Merriel, A., Bakhbakhi, D., Blencowe, H., Boyle, F.M., Flenady, V., … Mills, T.A., 2020. The RESPECT study for consensus on global bereavement care after stillbirth. Int. J. Gynecol. Obstet. 149 (2), 137–147.
Sørensen, S.Ø., 2017. The performativity of choice: postfeminist perspectives on work–life balance. Gender Work Organ. 24 (3), 297–313.
Stoppard, J., 2014. Understanding Depression: Feminist Social Constructionist Approaches. Routledge.
Sun, H.L., Sinclair, M., Kernohan, G.W., Chang, T.H., Paterson, H., 2011. Sailing against the tide: taiwanese women's journey from pregnancy loss to motherhood. MCN Am. J. Matern./Child Nurs. 36 (2), 127–133. doi:10.1097/NMC.0b013e3182073629.
Tektaş, P., Çam, O., 2017. The effects of nursing care based on Watson's theory of human caring on the mental health of pregnant women after a pregnancy loss. Arch. Psychiatr. Nurs. 31 (5), 440–446. doi:10.1016/j.apnu.2017.07.002.
Van, P., Cage, T., Shannon, M., 2004. Big dreams, little sleep: dreams during pregnancy after prior pregnancy loss. Holist. Nurs. Pract. 18 (6), 284–292.
Wheeler, S.R., 2000. A loss of innocence and a gain in vulnerability: subsequent pregnancy after a loss. Illness Crisis Loss 8 (3), 310–326.
Widarsson, M., Kerstis, B., Sundquist, K., Engström, G., Sarkadi, A., 2012. Support needs of expectant mothers and fathers: a qualitative study. J. Perinat. Educ. 21 (1), 36–44.
Wojcieszek, A.M., Boyle, F.M., Belizán, J.M., Cassidy, J., Cassidy, P., Erwich, J., … Leisher, S., 2018a. Care in subsequent pregnancies following stillbirth: an international survey of parents. BJOG Int. J. Obstetrics Gynaecol. 125 (2), 193–201.
Wojcieszek, A.M., Heazell, A.E., Middleton, P., Ellwood, D., Silver, R.M., Flenady, V., 2019. Research priorities and potential methodologies to inform care in subsequent pregnancies following stillbirth: a web-based survey of healthcare professionals, researchers and advocates. BMJ Open 9 (6), e028735.
Wojcieszek, A.M., Shepherd, E., Middleton, P., Lassi, Z.S., Wilson, T., Murphy, M.M., … Flenady, V., 2018. Care prior to and during subsequent pregnancies following stillbirth for improving outcomes. Cochrane Database of Syst. Rev. (12) doi:10.1002/14651858.CD012203.pub2.
World Health Organization (2006). Neonatal and perinatal mortality: country, regional and global estimates.