

EARLY GESTATIONAL LOSS: THE INVISIBILITY OF MOURNING AND THE WOMAN'S EXPERIENCE IN THE PROCESS

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Abstract: Objectives: To understand the experiences and feelings of bereaved women who experienced early gestational loss. Materials and Methods: This is a qualitative study based on social phenomenology. The research was carried out in the city of Montes Claros-MG. The population composed per women who suffered early gestational loss and used the snowball technique. The sample was by theoretical saturation. Individual interviews were carried out conducted by telephone, with the use of a questionnaire of characterize of profile and script with open guiding questions. Results: Were collected 6 interviews lasting approximately 30 minutes were collected. The women interviewed had an average age of 36 years old, most of them married, with a university degree. Thematic categories were listed: Maternal experience in the face of early gestational loss and grief experienced, recognition and appreciation of the bereaved woman by friends, family and health professionals, and the impact of gestational loss on the woman's life. Most reports deal with regarding the invisibility of gestational loss. Conclusion: It was possible to perceive, through the positive feedback of the participants, the importance of this research, as it represented a form of recognition of gestational loss as a significant event.

Keywords: Grief. Miscarriage. Social Support.

INTRODUCTION

Pregnancy is highly valued socially, being considered one of the most memorable experiences in a woman's life. When the loss of the baby occurs, the grieving process begins, since facing the experience of death can be quite painful for the mother (Freitas et al., 2017).

The grief resulting from early pregnancy loss is still surrounded by incomprehension, which adds a burden and quality of suffering that distinguishes it from other forms of grief (Tavares; Tavares, 2016).

The classification of abortion is initially based on its origin: natural, accidental, or induced (Costa, 2017). "Abortion is the interruption of pregnancy up to the 20th-22nd week and with the product of conception weighing less than 500g" (MS, 2005).

The death of a child, even in the early stages of gestation, causes great emotional distress to the parents, especially the mother, as she is the one who experiences the bodily changes (Rosa, 2020). Grief is considered a natural reaction, but it triggers feelings of suffering, anguish, and inadequacy. In early pregnancy loss, in particular, the woman enters a symbolic mourning process, since the pregnancy occurs in the imagination, due to the scarcity of physical evidence of the baby's existence (Oliveira, 2019). There are comments that babies can be replaced, forcing the mother to hasten the grieving process or even not characterizing this pain as real or significant.

In cases of early pregnancy loss, there is generally no ritual or procedure performed to process grief individually or in a social setting. This occurs because it is an unauthorized grief, one where there is no appreciation or even acceptance of the experience of this grief socially. And the absence of recognition of the bereaved as such causes many harms to the mother who lost her child and makes it difficult to process the grief (Tavares; Tavares, 2016).

The silence and the idea that it is a subject to be avoided makes it more difficult for the bereaved person to face the situation, as they may not consider their pain as valid suffering (Monteiro, 2020). This can trigger psychological shocks that will likely affect future pregnancies, such as the fear that the new pregnancy will have the same outcome as the previous one, even leading to an initial repulsion of a new baby (Souza, 2020).

Pregnancy loss is a socially taboo subject, becoming an obstacle in the grieving process and potentially leading to psychological disorders such as depression and post-traumatic stress, destabilizing the woman. The role of the family is of paramount importance at this time, since when the family validates the grief, it also leads to acceptance of the mother's feelings (Rosa, 2020).

The approach and assistance provided by healthcare professionals to women who have suffered early pregnancy loss plays a crucial and fundamental role, from primary care to hospital and specialist care. They have a duty to welcome these women, respecting and understanding each one individually, as well as the painful process they are going through, without judging their principles and values, and always prioritizing the woman's autonomy and thus promoting humanized care (Araújo et al., 2020).

As stated above, this research aims to understand how women who have experienced early pregnancy loss experience grief.

MATERIALS AND METHODS

This is a qualitative study based on social phenomenology. This type of study was chosen because it allows for the understanding and analysis of the subject's experiences, expressions, and perceptions regarding the topic being researched. Grief can be understood here as a phenomenon that affects various areas of a woman's life, including her relationship with the world around her.

Qualitative phenomenological research allows researchers to understand the essential characteristics of the phenomenon they will be studying through empirical investigation, with

interviews using open-ended questions that allow the subject to describe their experiences, thus bringing meaning to them (Bastos, 2017).

The research was conducted in a medium-sized city in Northern Minas Gerais. The population consisted of women who had experienced early pregnancy loss. The interview was conducted using the snowball sampling technique. This technique involves asking each research participant to nominate a next participant until the research objective is achieved. The researchers had personal contact with some women who met the inclusion criteria, and after being interviewed, these women indicated the next interviewee, and so on.

The inclusion criteria were women who had experienced pregnancy loss; aged between 18 and 45 years. The exclusion criteria: Women who had induced abortion.

The interviews were recorded until theoretical saturation was reached. Theoretical saturation is understood as the stage or point in the analysis of qualitative data where the researcher, as a result of sampling and data analysis, verifies that no new facts have emerged and that all the concepts of the theory are well developed (Souza, 2018).

The woman's first contact with the research was made by telephone. The interviews were conducted individually, guided by a script with open-ended questions and audio recording, also by telephone. Subsequently, the responses were transcribed in full, organized, and analyzed.

The collected data were analyzed using Bardin's (2004) content analysis technique, which allows the obtaining of indicators that enable researchers to understand the conditions of production of the speeches. The presentation of the collected socioeconomic data was done through text.

All ethical aspects of research involving human beings were followed, in accordance with resolution number 466 of December 12, 2012, thus guaranteeing confidentiality, respect, dignity, and autonomy of the participants, and was approved with CEP/SOEBRAS opinion No. 4.984.705/2021. All participants had access to the Informed Consent Form online.

RESULTS AND DISCUSSION

Six interviews were collected, each lasting approximately 30 minutes. The interviewees were women with an average age of 36 years, most of whom were married and had completed higher education. Based on the interviewees' statements and analyses, thematic categories were constructed for the presentation and discussion of the results, which are presented below.

Maternal Experience Facing Early Pregnancy Loss and Grief

When experiencing pregnancy loss, each woman has a unique and individual experience; however, suffering and grief over the loss of a child are inherent to this process. Thus, in some way, they all expressed this in their accounts:

“I felt like a grieving woman, because my son was very much wanted and losing him was very sad, you know, I suffered a lot, I cried a lot.” (Inês)
“We live through a moment of powerlessness, and sometimes even guilt, asking myself why and where I went wrong, could I have tried to prevent it?” (Maria)

The fact that the pregnancy does not end in the much-desired “happy ending,” the birth of a new child, makes this experience of loss devastating, presenting particularities in each experience, however, similar in some ways, such as this sadness and helplessness reported (Andrade; Silva; Roure, 2020).

It was noticeable in all the statements that the women entered a grieving process and most went through all the phases. Grief is composed of phases, the first of which is denial, characterized by avoiding reality (Lopes et al., 2017), this phase being evidenced in the statement of the participant below:

“Everything was very complicated because of my inability to accept it. I

couldn't accept that I had gotten pregnant and lost the baby, because it caused me deep pain, a pain that I still can't explain to this day.” (Rute)

The final stage of grief is when a woman is able to accept and face the suffering day after day (Rosa, 2020). This stage was expressed by two of the participants in the following statements:

“At first I thought I was going to repeat the same thing, but I prayed and God blessed me and thank God it worked out. I overcame it, I was resilient.” (Inês)
“I think I managed to deal with it well, today I don't think I have any lasting effects, I had two miscarriages, I suffered, I cried, but now that I have my daughters here...” (Lídia)

It was observed that some women were able to go through this process and process their grief well. Faith was frequently cited as something that helped them during this period, as well as the support of family and close friends.

Recognition and appreciation of the bereaved woman by friends, family, and healthcare professionals

It is possible to observe in the accounts, various types of feelings evidenced by the women, due to the recognition and appreciation of them as grieving women, some of which are represented below:

“At the time, I remember everyone avoiding me, they avoided talking to me about it, they wouldn't talk, they wouldn't let me speak...” (Ruth)

Frequently, silence is observed on the part of family and friends, even a desire for the woman to accelerate her grieving process, especially when the pregnancy is in its early stages. And suffering this silence makes the mother feel insecure (Rosa, 2020).

After the loss of a child, people use various expressions to try to comfort the grieving woman, often trying to make the process seem easier than it is, leaving the woman in a situation where she may feel obligated not to suffer, as in the statements below:

“They told me I had to be strong, they told me I had to fight, that everything would be alright and all that, and that caused me a lot of anguish because I felt like I couldn’t cry, that I couldn’t express myself, that I couldn’t talk to anyone about it.” (Laura)

“People said: you’ll have another one, another one will come along, (and it really did, right?) it will pass, you’ll forget these things.” (Ana)

The loss of a child leaves lifelong scars on a woman, being an experience that generates anguish and adaptive difficulties, since for many women it means the end of their dreams and plans (Alves; Celestino, 2020). The words of comfort often spoken by family and friends can cause the woman even more anguish, as observed in the account above.

It is possible to see through the statements that pregnancy loss is not socially recognized, causing various emotional disorders, and there is a need for the family to provide support for the bereaved woman. From a phenomenological perspective, there is no way to “overcome” the loss, but there is a re-signification of grief.

“(…) I went to the hospital, and I got there and waited from noon until six in the afternoon to be seen, and when I was seen, a resident attended to me, and he was using WhatsApp…” (Lídia)

The ineptitude of healthcare professionals is identified by their inability to manage this grieving process (Rosa, 2020).

The undeniable deficiency on the part of healthcare professionals regarding the appreciation of grief and humanization in care is evident. The experience during the grieving process is very relevant and significant in a woman’s life.

“He didn’t give me a single bit of attention, which was disconcerting for me, I was already suffering, (...) but besides taking a long time to attend to me, when he finally did attend to me, he treated me badly.” (Lídia)
“They didn’t call a psychologist for me, they didn’t call anyone to talk to me. (...) I believe that this support from the multidisciplinary team needs to improve a lot.” (Inês)

The reaction to coping with grief is individual in nature, and support from healthcare professionals, family, and friends is necessary to offer the comfort and care needed by those experiencing this suffering (Lopes et al., 2017).

Impact of pregnancy loss on a woman’s life

It is noticeable that in most interviews, there was a profound shock caused by early pregnancy loss, in agreement with a study that observed that women who went through the process of spontaneous abortion present depressive emotional and psychological reactions, in their accounts they expressed feelings of emptiness, hopelessness, sadness, and guilt after the pregnancy loss, associating these feelings with the perception of weakened health, as well as infertility and absence of a part of themselves (Freitas et al., 2017).

“I said I didn’t have trauma, but actually I do, (...) during the other two pregnancies, I was very tense, I don’t enjoy pregnancy, to say I’m happy, because everything for me was about whether there would be a problem, I was tense in both pregnancies.” (Lídia)
“And we start thinking nonsense, that I had some problem or that my husband had some problem, that I wouldn’t be able to have children, we start having these negative thoughts, you know?” (Inês)
“I became more fearful, as I said, almost depressed, I became more anxious; there was a period when I couldn’t be in an environment with many people... it suffocated me... it made me feel very bad.” (Laura)

It also states that grief resulting from abortion proves difficult for most women to process,

and can lead to lifelong consequences and scars (Freitas et al., 2017).

FINAL CONSIDERATIONS

The relevance of this topic and the need to understand the experience of women facing early pregnancy loss and the experience of grief, observing the appreciation and recognition from family, society, and health professionals, as well as the impacts generated in the woman's life resulting from this process, represented a great challenge, but a significant and enriching experience. Carrying out this work provided learning and growth, both from an academic and human point of view.

The results of this study can contribute to problematizing the relational understanding of the grieving process in the face of this type of loss, questioning the ways in which health services and public policies operate in this field, demonstrating the need for reorganization of health services so that new practices of support and intervention are offered and the valuing of grief in the social environment.

The experience of women in the process of losing a child proved to be a very significant one, which can have lifelong consequences. It was observed that in all the experiences reported, there was a lack of recognition and invisibility of grief, expressed by one or more segments, whether by family, friends, society, or in the assistance provided by health professionals.

During the interviews, no technical or connection problems were encountered, and it was possible to perceive that the participants felt comfortable speaking. The use of communication technology facilitated access to the participants.

Consequently, through the positive feedback from the participants, the importance of this research could be perceived, since it represented a way of recognizing pregnancy loss as a significant event.

By revisiting the lived experiences of these women within the context of this research, a unique and singular body of knowledge was constructed, constituting a limitation of this present

study. Finally, this article is innovative due to the scarcity of studies on this topic in the literature. It is therefore evident that further investigations are necessary.

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