

The Impact of Pregnancy Loss on Women's Adult Relationships



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Abstract

Previous research has identified that women feel isolated and in need of emotional support following pregnancy loss. However, little previous research has focused on how pregnancy loss affects a woman's relationships with her partner, family and friends. Fifteen South Australian women (31 to 71 years old) were interviewed about their experience of pregnancy loss. Thematic analysis identified that the women's family and friends were not always an available support following pregnancy loss, either due to the presentation of their own grief, or a lack of understanding of what the women were experiencing.

The Psychological Effects of Pregnancy Loss

Pregnancy loss is a devastating but relatively common experience. There is consensus in the medical literature that an estimated 50% of all conceptions result in miscarriage, the majority before a pregnancy is recognised, and that 15–20% of all known pregnancies end in miscarriage, most commonly before the seventh week of pregnancy (Storck, 2012; Wang et al., 2003). In Australia, one in 170 pregnancies result in a stillbirth, classified as a death in utero between 20 and 40 weeks gestation (Australian Bureau of Statistics, 2013).

For the purposes of this study, pregnancy loss was defined as any foetal death in utero, including miscarriage, ectopic pregnancy, stillbirth, and termination of pregnancy for foetal abnormality, irrespective of gestational age. While it is acknowledged that women's experience of pregnancy loss are heterogeneous, there is little evidence to suggest that the gestation period at the time of loss is a useful predictor of a woman's psychological experience (Peel, 2010; Swanson, Connor, Jolley, Pettinato, & Wang, 2007).

The psychological literature on pregnancy loss has largely focused on the risk of developing psychopathology, such as depression, anxiety or posttraumatic stress disorder, following a loss (Badenhorst & Hughes, 2007; Lok & Neugebauer, 2007; Mann, McKeown, Bacon, Vesselinov, & Bush, 2008; Toffol, Koponen, & Partonen, 2013; Turton, Hughes, Evans, & Fainman, 2001). However, this approach tends to understate the feelings of sadness and grief experienced by women, many of whom experience the loss as a bereavement – the birth and death of a member of their family (Lee, 2012; McCreight, 2008).

The death of an unborn child brings with it a number of specific difficulties for women who experience such loss. One of these is that the loss of a pregnancy incorporates many "losses" for a woman, such as the loss of an anticipated relationship with the expected child, the loss of the maternal role, and the loss of being pregnant (Adolfsson & Larsson, 2010; Brier,

2008). Also, while the end of the pregnancy is itself a loss, women may also grieve the change or loss of their relationship with their partner, especially in cases where a pregnancy loss results in the breakdown of a relationship (Kimport, 2012). Such relationship breakdown may occur due to incongruent forms of grief between the woman and her partner, potentially due to the unique physical relationship that a pregnant woman has with a foetus during pregnancy (Callister, 2006; Cholette, 2012; Peppers & Knapp, 1980). In addition, the grief a woman feels is not socially recognised in the same way that the loss of a born child or family member might be, which leads some researchers to describe the sadness associated with pregnancy loss as disenfranchised grief (Cacciatore, 2012; Robson & Walter, 2012), in which the grief is not adequately recognised or validated by others.

Few studies have focused on the phenomenological experience of pregnancy loss for women. Those that do have found that women who experience pregnancy loss frequently feel isolated and express an unmet need for emotional support after pregnancy loss (Harvey, Moyle, & Creedy, 2001; Lee, 2012; McCreight, 2008; Rowlands & Lee, 2010; St John, Cooke, & Goopy, 2006). Studies suggest that emotional support is a key protective factor in helping women to cope with loss. However, little is known about how pregnancy loss impacts upon a woman's relationships with those who might be in a position to offer emotional support – primarily her partner, family members and close friends. This study aims to describe how women perceive their relationships to be affected by their loss, and how this affects their access to emotional support.

Method

Study design

Individual, semistructured interviews with women who had lost a pregnancy at least two years prior to the interview were conducted, either in person or by telephone by the first author. Questions included "Can you share your story of pregnancy loss?"; "What did the loss of a child mean to you?"; and "Did you have a partner at the time of your loss, and if so, how did the pregnancy loss affect your relationship with your partner?". Demographic information on the participant's age and reproductive history was also gathered. Interviews were audio-recorded and transcribed verbatim by the first author. Informed consent was gained from participants, and no remuneration was made for participants' time. The study was granted ethical approval by the University of Adelaide Human Research Ethics Committee.

Recruitment and data collection

Respondents were recruited by advertising the study on two online forums (www.bubhub.com.au and www.BellyBelly.com.au) and in the July 2013 *Stillborn and Neonatal Death Support South Australia* (Sands SA) newsletter. A media release was issued by The University of Adelaide on 27 June 2013 promoting awareness of the study. To be eligible, participants needed to be over 18 years old, fluent in English, resident in South Australia at the time of their loss, and have experienced at least one pregnancy loss at any stage between conception and birth. Women who had experienced multiple losses were eligible to participate. There was no upper limit on the time since loss. Data were collected in July and August 2013. Interviews were conducted with the first 15 women who made contact with the researchers and satisfied the inclusion and exclusion criteria. A recent examination of 566 qualitative studies found that 80% involved a minimum sample of 15 per cohort, and that data saturation is typically achieved by such a sample size (Mason, 2010).

Respondents

The women ranged in age between 31 and 71, ($M = 47$). Table 1 gives a summary of each participant's reproductive history. The losses occurred between 5 weeks and 40 weeks ($M = 18$ weeks). The number of years since loss ranged from 2 years to 47 years ($M = 16$ years). All 15 women had a male partner at the time of their loss(es), and 11 of the women were still with that partner.

Analytic approach

The interview transcripts were analysed thematically (Braun & Clarke, 2006). This analysis took an inductive, realist epistemological standpoint, treating respondents' accounts as indicative of their lived reality and identifying themes from a thorough reading of the data rather than from a predetermined theoretical perspective. A data set was extracted from the data corpus by selecting all paragraphs in which reference was made to the participant's adult relationships. This data set was repeatedly read and coded and organised into themes. Women and their family members were allocated pseudonyms and identifying information was excluded from the published extracts.

Table 1.
Participant characteristics.

Pseudonym	Age	Number of pregnancies			Gestation when loss occurred in weeks (years since loss)				
		Total	Live births	Losses	1 st	2 nd	3 rd	4 th	5 th
Clare	71	10	5	5	<20w (47y)	<20w (39y)	<20w (36y)	<20w (34y)	>20w (33y)
Margaret	50	4	2	2	33w (26y)	24w (26y)			
Frances	64	5	4	1	40w (28y)				
Susie	32	2	0	2	9w (3y)	35w (2y)			
Lauren	51	2	1	1	20w (11y)				
Abby	47	4	1	3	12w (10y)	12w (9y)	23w (8y)		
Jenny	46	2	0	2	10w (7y)	11w (6y)			
Rachel	40	7	3	4	11w (11y)	14w (9y)	9w (8y)	12w (2y)	
Tracy	37	1	0	1	19w (7y)				
Emma	43	4	2	2	40w (9y)	20w (7y)			
Pat	47	9	6	3	11w (15y)	12w (12y)	26w (11y)		
Karen	59	2	1	2	40w (29y)	14w (28y)			
Grace	34	3	2	1	4w (5y)	(ectopic)			
Helen	52	6	2	4	12w (21y)	10w (20y)	10w (20y)	7w (19y)	
Vicky	31	3	1	2	39w (3y)	6w (2y)			

Results

The analysis identified four themes. The themes of “Emotional isolation” and “A deeper connection” reflect the impact of pregnancy loss on a woman’s relationships with her partner. The theme of “Compromised relationships with friends and family” highlights the ways in which the women’s adult relationships, outside that with their partner, were also affected by the loss, and the theme, “Personal transformations”, focuses on ways in which the loss affected the women’s sense of identity and ability to relate to others. The prevalence of each theme in the data is outlined in Table 2.

Table 2.
Prevalence of themes in data corpus.

Themes	No. of participants who made reference to theme
Emotional isolation	10
A deeper connection	5
Compromised relationships with friends and family	12
Personal transformations	11

Theme 1: Emotional isolation

Previous research into the experience of pregnancy loss has highlighted that partners can be a source of valued emotional support, and that women seek emotional support from their partners (Corbet-Owen, 2003; Nazaré, Fonseca, & Canavarró, 2013). However, the strain that a pregnancy loss places on the relationship can result in feelings of emotional isolation within a partnership (Jaffe & Diamond, 2011; Rowlands & Lee, 2010).

The majority of women interviewed discussed a substantial strain on their relationship with their partner as a result of their pregnancy loss. Although the majority of women interviewed (73%) were still in the same relationship that they had been at the time of the loss, most of them described a period of emotional isolation within the partnership:

My husband didn't deal with it very well at all, either. He just kind of clammed up and we just didn't talk about it. There was no talking, there was no getting out, it was all kind of very quiet. (Karen)

This period of emotional isolation, however, was not necessarily brief. For two women – whose losses had occurred over 25 years ago – the feeling of isolation from their partners persisted for over 20 years:

Because he did eventually unbend and talk about James. There was a piece of music, and he started crying and he couldn't stop, and that was when we started talking about James. I came to understand a bit better about his regrets about not seeing him and over time, probably after 2008, he has been able to talk to me a lot better. But that's not a very long time. For most of our marriage he has never been able to express himself very much. (Clare)

For a very long time he didn't show it, but recently – we did go to the cemetery last weekend – you know, a bit more open about it etc., etc. And have spoken about it a little bit more. But it has taken 29 years. It takes a very, very long time. It was almost, like I said, a taboo subject, it was just something... And with other people too. (Karen)

A repeated pattern in the data was that the women made sense of their feeling of isolation within their relationship by observing that men and women grieve differently, and that their partner did not understand what they were experiencing:

We grieved extremely differently which created a lot of tension, a lot of anxiety and a lot of angst. You know, that's the thing, talking to people at support groups, doing some reading, men and women grieve completely differently and I expected the loss to affect my husband as much as it did me. And I couldn't understand why he wasn't as upset and devastated by it as I was.... For us, even now I don't think he knows the depths of the grief I went through. (Emma)

The idea that “we grieved differently” was common in the data, and this contains within it a tacit acknowledgement that the partners of the women were also grieving and also had emotional needs. This idea reflects previous literature concerning “incongruent grief”; a term used in the literature to describe the different grief experience that a woman and her male partner have following a pregnancy or perinatal loss (Callister, 2006; Cholette, 2012; Peppers & Knapp, 1980).

The women who did not feel understood, or emotionally supported, often nonetheless described an appreciation of their partner’s physical presence and demonstrations of comfort:

He was quite good in terms of when I was upset or feeling miserable, he gave me the comfort that I needed at the time, but I didn't really feel like it was something that I could talk to him about it, not because I couldn't talk about it, but because he had trouble listening to stuff like that. I felt that I had lost OUR baby, and that we should be pulling together, but I guess a lot of the time I felt like it was something I was going through fairly alone. (Jenny)

He was always there if I started to cry or whatever, he would be a shoulder to cry on but he probably wouldn't understand how I was feeling that much but was prepared to just be there and be compassionate and whatever. (Clare)

These extracts demonstrate the strain that losing a pregnancy placed on the relationship. Although the majority of partnerships endured the loss, this was sometimes at the cost of a level of intimacy. While the partners were frequently described as present and well intentioned, there was a gulf between the emotional support that the women sought, and the support that their partners, who were probably also grieving, were able to provide.

Theme 2: A deeper connection

A less common theme in the data suggested that for some couples, the loss of a pregnancy was a bonding experience that deepened their relationship:

I think it bonded us. Our relationship sort of evolved in a way that I guess we sort of ... It's an odd thing that a tragedy can bond you so much. (Susie)

I think we probably started out, to be really frank, a little bit shallow almost. I think we loved each other, but I think it was based on sort of mutual enjoyment of you know going out for dinner, and social life and all that kind of thing. There wasn't really a deep core of anything there. I think getting through those pregnancies did give us that. (Margaret)

For these women, there was recognition that as a couple they had been able to support and comfort each other, and this strengthened their relationship. A common factor for these women was that they did not describe their partner as emotionally absent, as compared to women in the previous theme.

Interestingly, two of the women spoke about their feeling that there was an initial lack of support and understanding from their husbands at the time of the loss, but as time passed there were ways in which the loss brought them closer together and enabled them to share experiences. In the following extract, Rachel identifies how her relationship with her husband benefited when he supported her in a family argument:

The relationship between Mark and I has always been strained, but with the loss of the children, when he supported me against his family, that brought us close together. Sometimes I will go to leave him, and something will happen, a baby death, and it brings us closer together. (Rachel)

These first two themes demonstrate the heterogeneous nature of the experience of losing a pregnancy. For many, a pregnancy loss caused distance and loneliness within a relationship, while for others, sharing a loss with a partner was experienced as a positive influence on their relationship quality. There were also instances where the effect of a loss on the relationship became more positive with the passage of time, as both the woman and her partner moved through different ways of living with the sadness of the loss. The previous extract also introduces the theme of a woman's relationships with extended family members, as further elaborated in the following theme.

Theme 3: Compromised relationships with friends and family

Many of the women reflected that the loss of a pregnancy compromised their relationships with their wider family. For example, Abby reflected on the fact that becoming estranged from her only brother following pregnancy loss affected her more deeply than losing her pregnancies. Shortly after she experienced three losses in close succession, her brother's wife gave birth, and Abby had felt too grief-stricken to visit them in hospital when their children were born:

You know after they had the first one I really avoided my brother for quite some time. I was just not able to deal with their happiness and not wanting to diminish their happiness by having a sister in a crumpled heap in the corner. And then the third one came along just four months after my baby was born, my son Luca, and it was OK but when Luca was born, in June 2010, my brother and his egregious wife refused to come to the hospital to see us. It was pay back.... How could I have gone? He appeared to understand at the time. Anyway there was this massive thing that went on after this and I have not seen him for nearly three years. His wife has banned me from their house. (Abby)

Grace similarly experienced difficulties navigating relationships with her partner's family. At the time of her loss, her sister-in-law announced her own pregnancy to the family. Grace was hurt by a comment made by her mother-in-law about how the sister-in-law's planned pregnancy was more "deserving" than Grace's unplanned pregnancy. However, her sadness was misinterpreted by the family:

And so on top of everything else, I had a mother-in-law who thought I was very cruel. And the rest of the family had made up their minds that I was just upset that this other girl was pregnant. But it had nothing to do with that. (Grace)

This extract also highlights the difficulty a number of the women referred to in regards to being in the company of family members, friends or work colleagues who were pregnant, or who had just given birth. For some, as in Grace's example, this experience put pressure on family relationships. For others it increased their sense of isolation, due to the fact that friends and colleagues who might otherwise have been a source of emotional support were kept at a distance (due to the fact that being in their presence reminded the women of their own loss), as the following extracts demonstrate:

Oh, it was devastating. I lot of my friends were having second babies at the time. I was going and visiting them all in hospital. It was devastating. (Helen)

He found it difficult to talk to family and some of his friends whereas I found it hard to talk to my friends, but a lot of them were pregnant at the time, which made it difficult. (Vicky)

The women's relationships with others were therefore compromised in a number of ways. There were challenges in being in the company of friends and family who were pregnant or who had babies, and this narrowed the availability of emotional support and served to exaggerate the women's own losses. Additionally, the women faced a lack of comprehension from friends and family about the magnitude and duration of their grief. This is further highlighted in the following extracts:

Also, when James was born, the youngest then was three and because there was no support and my friends didn't understand what I was going through. They expected me to get over it in six weeks and unfortunately my mother didn't understand either because she had never had any pregnancy losses. (Clare)

After six months the rawness subsides, but after six months, no-one wants to hear about it anymore. Even people who have been terrifically supportive of you. I mean, what do they continue to say? (Abby)

Furthermore, some of the women talked about their perception that other people were uncomfortable around them because they did not know what to say:

And I found that friends and family, they kept away. Well not so much family, well some of my family did keep away as well. But no-one knew what to say. And that's the hardest thing, it's a very lonely experience. (Karen)

After about four and a half months off work I returned and didn't actually cope very well after that either. It was really challenging because it was dealing with people, which was the hard part. Because I had gone away and come back and I had about 20 people who didn't know how to behave around me. (Susie)

The grief that the women described, which extended beyond the time that other people thought appropriate, was something that other people were uncomfortable addressing and found difficult to understand, further supporting the concept of disenfranchised grief (Cacciatore, 2012). Cacciatore describes disenfranchised grief in the context of pregnancy loss as grief experienced by the women that is incongruent with the way that the loss is socially recognised, leaving them feeling isolated in their sadness.

Theme 4: Personal transformations

Not only were the women's relationships affected by their perceptions of how other people in their lives reacted to their grief, but most of the women also described how the experience had changed them and their ability to relate to others. Some, like Vicky, reflected on how she and her partner both had to accommodate the way that their losses changed them, and their marriage:

I think the realisation that we both have changed. It kind of has an effect on the marriage and also obviously realising that you have to try and get to know that other person, the new person. I think, oh, Mike would say, oh you know you're a bit like your old self now but sometimes I don't think.... I know that I won't be ever like I was and I don't think he really understands that I won't be like that person again. (Vicky)

This adds an extra dimension to the loss. Not only does pregnancy loss involve the prospective losses of the potential child, the state of being pregnant, and

the imagined future of being a mother (Adolfsson & Larsson, 2010), but there is also a loss of a former self, a former way of being in the world and of relating to other people:

And also, you sort of lose a whole lot of what you thought was your life's value, your personality, your role. (Margaret)

Some of the women perceived these changes in a positive light, in a way that strengthened their relationships with others over time.

Changed how I saw the world, changed my belief system and changed my values. My life is more meaningful. I have more friendships than I did in my past, prior life. I have much more friends now. I believe I am a nicer person, I am a much more connected person, I am a more grounded person than what I ever was. I see that as a positive, I think that is great. (Lauren)

I think the experience has changed me. It made me more empathetic and understanding of other people and my family. (Frances)

However, for some, the transformation of themselves, and its effect on their relationships with others, was more ambiguous. For example, Emma noted that she had become less tolerant of other people and more envious:

I was never envious before losing. I was very happy with my life, I never wished for anybody else's life. I was a fairly placid kind of person. But now I do think, jeez, I wish that could be me. And I find I don't cope with stress as much as I used to. And I don't tolerate people as much. I am like, get over it! I am a different person. Not necessarily better, but different. (Emma)

I have got a really clear perspective of what's important and what is just rubbish. It's funny at work, some people know about my background and some people don't, and they actually look to me now for guidance when things are falling apart. (Abby)

The experience of losing a pregnancy gave the women a different perspective on themselves and their interactions with the world. Previous research has identified that bereavement can bring about a greater sense of compassion and intimacy with friends and family, and an understanding of a person's own strength and resources (Tedeschi & Calhoun, 2008), but also that personal change is not always in a positive direction (Black & Sandelowski, 2010).

Discussion

This study has shown that losing a pregnancy can result in significant changes to a woman's relationship networks. For some women, losing a pregnancy resulted in a stronger, deeper relationship with their partner and an increased capacity to value and seek friendships. However, for many, the experience of pregnancy loss was isolating and lonely. While the study did support

previous research findings suggesting that relationship breakdown is a common outcome of pregnancy loss (Shreffler, Hill, & Cacciatore, 2012; Turton, Evans, & Hughes, 2009) 2012; Turton, Evans, & Hughes, 2009, it also highlighted that within a relationship some women experience a more subtle loneliness that is not captured by measuring the rate of separation or divorce.

Beyond relationships with partners, this study supports the concept of disenfranchised grief associated with pregnancy loss (Cacciatore, 2012; Lang et al., 2011) related to a societal lack of understanding about the depth and duration of grief that some women experience following a pregnancy loss. The study also identifies that women commonly report a change in identity, which for some is an additional layer of loss that compounds their grief.

A limitation of this study is that the women who participated in the study were sufficiently motivated to contact the researcher, travel and spend an hour talking about their experiences of pregnancy loss. This might indicate a selection bias towards women with more extreme grief responses.

Clinical implications

This study highlights that a woman's partner, family and friends are not always an available source of support in the context of pregnancy loss, either due to their own grief, or a lack of understanding of what a woman is experiencing. As a consequence, it should not be assumed by health care professionals that women's psychological needs can be met by their family and friends. There is a clear role for mental health professionals in offering guidance and support to women who have experienced a loss, and providing psychoeducation about grief to women and their families. In addition, there is an important role for community support groups and networks that offer ongoing support.

Note

Pseudonyms have been used to protect the identities of all participants.

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