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## Experiences of Pregnancy Following Stillbirth: A Phenomenological Inquiry Expériences de grossesse à la suite d'un accouchement d'enfant mort-né : une enquête phénoménologique

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### ABSTRACT

The goal of this qualitative study was to help identify the experiences and needs surrounding a pregnancy that follows a stillbirth. Six cisgender women who had experienced a stillbirth within the past 1 to 5 years and who subsequently had given birth to a child or children that they were currently parenting were interviewed for this study. van Manen's hermeneutical phenomenological method was used in the thematic analysis of the interview transcriptions, and six common themes emerged from the participants' stories: (a) a sense of isolation, (b) an acute sense of anxiety and fear, (c) a sense of responsibility and guilt, (d) a sense of loss of control and helplessness, (e) an ongoing sense of connection to the child who was lost, and (f) a sense of transformation through loss. Implications for counselling practice, along with recommendations for future research, are discussed.

### RÉSUMÉ

Cette étude qualitative avait pour but d'aider à préciser les expériences et les besoins dans le contexte d'une grossesse qui survient à la suite d'une mortinaissance. Dans le cadre de cette étude, on a interviewé six femmes cisgenres ayant vécu une mortinaissance au cours d'une à cinq années antérieures et qui ont ensuite donné naissance à un ou plusieurs enfants qu'elles élèvent actuellement. L'analyse thématique des transcriptions d'entrevues s'est faite au moyen de la méthode herméneutique phénoménologique van Manen, ce qui a permis de dégager six thèmes communs du récit des participantes : un sentiment (a) d'isolement, (b) d'anxiété et de peur, (c) de responsabilité et de culpabilité, (d) de perte de contrôle et d'impuissance, (e) de lien avec l'enfant perdu, et (f) de transformation liée à la perte. On y discute des implications pour la pratique du counseling, ainsi que de recommandations pour les recherches à venir.

It is commonly acknowledged that the loss of a child is one of the most difficult and devastating losses that a person can experience. A great deal of research on the experiences of bereaved parents has shown that the loss of a child generates higher

rates of complicated grief compared to other types of bereavement (Bergstraesser et al., 2015). Despite medical advances, stillbirth remains a serious public health concern globally, with 2.7 million infants estimated to be stillborn worldwide in 2015 (Burden et al., 2016). In Canada, the definition of stillbirth is the death of an infant with a gestational age of at least 20 weeks or a birth weight of at least 500 grams (Statistics Canada, 2009). The stillbirth rate in Canada is estimated to be 7.3 per 1,000 live births (Statistics Canada, 2009).

Research with cisgender women has shown that after a stillbirth, many women experience profound and prolonged grief that may be comparable to the death of any child (Mills et al., 2014), yet the death of an infant in utero often is not fully acknowledged by society due to persistent social taboos against reproductive-related grief (Gatenby & Humphries, 1999; Kelley & Trinidad, 2012). Consequently, stillbirth results more commonly in disenfranchised grief, a pain that is not fully acknowledged by health professionals, family members, friends, or society (Burden et al., 2016; Hazen, 2006). Research with cisgender women shows that mothers of stillborn children report feeling isolated, noting that their identity as mothers is not recognized by society (Burden et al., 2016). As a result, many birthing parents and their partners are left to grieve a silent loss without the acknowledgement or support of significant others in their lives (Kelley & Trinidad, 2012).

Bruce and Schultz's (2001) concept of non-finite loss provides a theoretical lens through which to understand the complex experience of stillbirth. A non-finite loss is an enduring loss that remains present in a person's life without a prescribed time frame. It tends to be accompanied by intangible losses, including the hopes or ideals of what a person believes should or could have been. For many individuals who have experienced stillbirth, this non-finite loss refers not only to the relationship they have with their unborn child during pregnancy but also to the relationship they have with their own identity as parents, their growing concept of family, and their sense of generativity or purpose in life (Üstündağ-Budak et al., 2015).

Since approximately 50% of those who have experienced stillbirth will become pregnant again within 12 months (Hughes et al., 2002), the psychological impact of loss on one's experience of subsequent pregnancies and parenting is of considerable importance. The limited available research shows that anxiety and grief are likely to persist in most individuals who have experienced perinatal loss and subsequently become pregnant (Campbell-Jackson et al., 2014; Kersting & Wagner, 2012). Those who become pregnant again after a loss report high levels of fear of experiencing another loss (Côté-Arsenault et al., 2014), and delayed emotional attachment is commonly reported during a subsequent pregnancy after the death of an infant due to fears of losing another baby (Warland et al., 2011).

There is a small but growing body of research focused on understanding the psychological impact of stillbirth on gestational parents. A meta-analysis

conducted on the psychosocial impact of stillbirth by Burden et al. (2016) is the first of its kind to analyze the short- and long-term effects of stillbirth. The authors found stillbirth to be associated with significantly higher rates of psychological and emotional disorders among those who had eventually become parents to living children, including depression (both self-reported and clinical), general anxiety disorder, social phobia, agoraphobia, anger, post-traumatic stress disorder, and suicidal ideation. Long-term guilt and a sense of failure were cited as common negative cognitive appraisals resulting from the loss, as were strong feelings of social isolation and disconnection. For some parents, mental health issues arose decades after the loss, pointing to the lack of a prescribed time frame for stillbirth-related grief. Moreover, in this meta-analysis, the single factor found to have a positive influence on reducing negative psychological symptoms was the access to counselling or professional support.

To date, only one qualitative study has examined specifically the psychological experience of pursuing a subsequent pregnancy after experiencing a stillbirth. Lee et al. (2013) used a grounded theory approach in interviews with 11 cisgender women who had experienced a stillbirth within 6 to 12 months before the study. Women who were pregnant at the time of the interview ( $n = 8$ ) as well as those who were not yet pregnant ( $n = 3$ ) were invited to discuss their thoughts and feelings about deciding to pursue another pregnancy after stillbirth. At the time of the interview, all the participants had agreed that they would like to have a subsequent pregnancy, although not all participants had yet become pregnant. The women described three factors contributing to their decision to conceive after stillbirth: aspirations to be a mother and to have a family, honouring the memory of the stillborn child, and evaluating their ability to cope with another pregnancy and potential loss. While this study is the first of its kind to explore the subjective experiences of pregnancy after stillbirth, the authors acknowledge several limiting factors, including the variability in participants' parental status before the loss as well as pregnancy status at the time of the interview, which may limit the applicability of the findings.

Given that 15% to 25% of cisgender women who experience stillbirth will seek professional support for adjustment difficulties (Lee et al., 2013), counsellors can be an important part of the health care team supporting the psychological well-being of these bereaved parents. However, the literature in counselling psychology has yet to describe the experience of pregnancy after stillbirth.

This study aimed to address this gap and to add to the limited existing knowledge base by documenting the subjective experiences of pregnancy for those who have previously experienced a stillbirth and were childless at the time of the loss. The question that guided this inquiry was: "What is the meaning and experience of pregnancy for childless persons who have previously experienced a stillbirth?"

## Method

### Interpretative Phenomenological Analysis

Phenomenology is a research approach rooted in a philosophy that is concerned with understanding more deeply the meaning of lived experiences. Interpretative phenomenological analysis (IPA) differs from descriptive phenomenology in that it moves away from seeking to describe essential, shared features of experience and instead aims to reveal the meaning embedded in individuals' lived experiences (Lopez & Willis, 2004). As such, IPA moves beyond mere description and toward what an individual's narrative reveals about their relation to the experience being examined. IPA was chosen to guide this research due to its non-intrusive approach and its ability to allow an under-researched phenomenon to speak for itself, rather than be intruded upon or coerced by a priori assumptions (Colaizzi, 1978).

van Manen's (1997) hermeneutical phenomenological method was used in the thematic analysis of the interview transcriptions. According to van Manen, the in-depth interview is a useful method of data collection to explore and gather experiential narrative material to help gain a deeper understanding of a little-known experience as it is lived.

### Participants

The participants in this study were six heterosexual, cisgender women (aged 27–43,  $M$  age = 34) who had experienced a stillbirth within the past 1 to 5 years, had not previously experienced multiple perinatal losses such as miscarriage, and were childless at the time of the stillbirth. Participants were required to have subsequently experienced a pregnancy that resulted in the birth of a child or children whom they were currently parenting, and it was also required that participants did not have children living at home before the loss.

All participants identified as White Canadians and were married at the time of the interview. Participants' demographic information is summarized in Table 1. Ethics approval was obtained from the research ethics board of the university before participant recruitment.

### Data Collection and Analysis

Participant interviews began with an orientating statement to help focus participants on the research question by inviting them to share their experiences of pregnancy after a stillbirth and to encourage them to reflect on the meaning of this experience in their lives. As participants shared their stories, a list of guiding questions was consulted to help deepen the exploration of topics raised. After each interview, the recordings were transcribed verbatim and analyzed for thematic content by hand using van Manen's (1997) thematic analysis procedure. Under this procedure, each transcript was read and listened to simultaneously, from beginning to end, to elicit an overall sense of the content—what van Manen refers

Table 1  
*Summary of Participants' Demographic Information*

Pseudonym	Age	Age at time of stillbirth	Cause of stillbirth	Gestational age of child who was stillborn	Number of subsequent living children
Brin	34	33	Placental clotting	38 weeks	1
Tess	35	33	Umbilical cord abnormality	31 weeks	1
Jasmine	34	32	Chorioamnionitis	40 weeks	1
Ana	32	28	Unknown	36 weeks	3
Alex	27	24	Umbilical cord knot	40 weeks	1
Naomi	43	38	Unknown	40 weeks	2

to as the wholistic or sententious approach (p. 94)—and a phrase was developed with the intent of expressing the overall meaning of the particular interview.

The analysis then progressed to a more detailed approach (referred to as the selective or highlighting approach) in which each text was read individually to highlight the statements or phrases that appeared to be most essential to the meaning and experience of pregnancy after stillbirth. As common themes and statements began to emerge from the texts, these were grouped and the development of thematic descriptions followed, using the masked words of the participants whenever possible to highlight the feelings and meanings attributed to each theme.

Once all interviews had been thematically analyzed, each participant was contacted by email with a description of common themes to review. Participants were then required to participate in a 30-minute follow-up phone call with the researcher 2 to 4 weeks after receiving the common themes to validate the degree to which the themes reflected their experiences accurately. Five out of six participants completed a review of the themes and all five confirmed that the common themes resonated with their personal experiences. The remaining participant was unable to be reached throughout 6 weeks of attempted contact due to a cancelled telephone number, and multiple attempts to reach her via email were also unsuccessful.

## Results

The participants' lived experiences of pregnancy after stillbirth were captured by the following six themes: (a) a sense of isolation, (b) an acute sense of anxiety and fear, (c) a sense of responsibility and guilt, (d) a sense of loss of control and helplessness, (e) an ongoing sense of connection to the child who was lost, and (f) a sense of transformation through loss. Whenever possible, the women's own words have been used to describe their experiences.

### **Sense of Isolation**

A strong theme that was present in all the participants' accounts was a deep sense of isolation after the loss. The experience of isolation varied in terms of its intensity and duration, but all participants reported a sense of aloneness in the aftermath of their stillbirth and subsequent pregnancy. This sense of isolation was described as feeling "alone," "silenced," "very lost," "a disconnect," and "continually feeling misunderstood." Many of the women noted that the experience of stillbirth is a "taboo topic" in which expressions of grief are something that "makes some people very uncomfortable" and that "nobody wants to see," resulting in others distancing themselves in response to such a loss.

The participants described this sense of isolation as "tough," "crippling," "disappointing," and "such a hard thing to cope with." This sense of isolation after the stillbirth was contrary to what these women had experienced before their loss, when people, even strangers, seemed to embrace them and their pregnancy. This is prominently reflected in the words of one participant:

The experience of being pregnant with [my first child] had felt like this sort of expansion and this connection with lots of people. I connected with a lot of mothers who were due at the same time as me. . . . You smiled at every young family you saw; it was this wonderful kind of blossoming in my life. And then, there was this horrible contraction afterwards, where people didn't really want to talk about your child, they didn't want to talk about your loss, [and] sometimes they'd avoid talking to you at all.

The participants felt that a variety of factors seemed to contribute to their sense of isolation. Some felt there was little opportunity to connect with anyone in their communities who could truly understand what they were going through, given the relative infrequency of stillbirth. Furthermore, many women acknowledged the social taboos that exist around child loss and a societal discomfort in talking about death that contributed to a sense of being alone in their grief. As reflected in the words of one participant, invalidating or dismissive comments from others and avoidant behaviours that other people displayed also contributed to their sense of isolation:

If they know about it, then they just want to get away. Because it's not normal—it's an out-of-order death to the extreme. There's little skill in our society with dealing with death, let alone dealing with an out-of-order death. So, you run into somebody where that's happened, and for most people, they just shy away. They deny. Some people finally said to us, "Well, we didn't say anything to you because we didn't know what to say." You can actually just say that: "I have no idea what to say."

The participants responded in a variety of ways to these experiences of having others distance themselves socially or respond with invalidating comments. Some learned to internalize their feelings and became selective with whom they would allow themselves to share their grief. Others learned to act as if everything was fine to avoid upsetting interactions. A typical reaction was to withdraw socially to protect themselves from having to re-experience the loss with others: “We didn’t want to go out anywhere because we didn’t want to see anyone we knew that didn’t know what happened.”

For some of the women, the feelings of isolation that they experienced after the loss continued to endure into their subsequent pregnancy, particularly when others appeared to assume that the subsequent pregnancy should and would resolve their feelings of grief and loss following the stillbirth. During her subsequent pregnancy, one woman said,

I was terrified . . . but I felt with everyone I spoke to about it, they thought I was pregnant again, so everything was fine. So, it felt like I was going silently crazy. . . . I didn’t feel like I could tell [my fears] to anyone. I felt like I’d used up my supply of bad news.

In response to these recurrent feelings of isolation, all the women sought to find safe and welcoming spaces where they could talk about their experiences. Each of them felt that it was important to be able to talk about the child they lost and about what they were going through and to find a connection with others who had a shared experience. They sought to find a connection in various ways. Five of the six women accessed individual counselling, which most found helpful in understanding grief and how to talk about their experiences with others.

All of the women obtained peer support, either through in-person support groups or online communities. The importance of online support to decrease their sense of isolation and to normalize their feelings was emphasized by most of the women. These online communities also appeared to help reduce barriers of access to support, foster a greater sense of self-understanding, and facilitate the ability to share feelings and fears with loved ones:

[Online support] normalized everything I was feeling, and it gave me more confidence to speak to friends and family about what I was feeling. Because my thoughts—at first, people would say, “That’s sort of weird,” or they seemed confused by my reactions. But when I went on the forum, I was like, “Everyone feels this, pretty much.” . . . It was helpful to speak to friends and say, “This sounds weird, but it’s actually completely common after loss.”

### **Acute Sense of Anxiety and Fear**

Present throughout the participants' stories of their experience of pregnancy after stillbirth was an acute sense of anxiety and fear. Amid the profound grief, they endured after the loss of their first child a persistent sense of fear about their ability to conceive, to carry a child again, and to parent. While the trajectory of anxiety and the types of fears faced by the women in this study were unique for each individual, the pervasiveness of this sense of fear was shared by all. Women in this study described this sense of anxiety as "terrifying," "nerve-wracking," "constant," and "debilitating." The participants described their sense of fear and anxiety as stemming from their first-hand experience with the knowledge that loss was a possibility in subsequent pregnancies. In the words of one participant, "I felt constantly anxious that he might die at any moment. . . . At each ultrasound, I thought, 'Oh gosh, they're not going to find a heartbeat, and I'll lose him.'"

Many of the women in this study spoke about the "innocence" they felt they had lost after their stillbirth, in terms of a loss of the ability to believe that their subsequent child would live, along with a deeply felt sense of how precarious life can be. This fear of experiencing another loss was a consideration for most of these women in their decision to try to conceive again. As reflected in the words of one participant: "I was definitely terrified to get pregnant again. But I wanted to get pregnant again. So, knowing I wanted to get pregnant again and then knowing what I would do once I got pregnant again were totally different things."

The sense of fear and anxiety for many of the women was sometimes debilitating. These feelings also did not appear to be resolved by the birth of their subsequent child. As one participant noted, "Once she arrived, strangely enough, I did not have a whole bunch of relief." In the words of another participant, "The worry was still there, and it doesn't really go away." Parenting their second child brought on a new set of concerns for many of the participants, which included the weight of knowing that loss is a possibility at any time: "Would I be able to keep her safe afterwards? . . . You're just still far too aware of what can go wrong, what did go wrong for you, and that it is possible for things to go wrong." Many of the participants also worried about the impact that their anxiety would have on the well-being of their subsequent child, during and following their pregnancy.

For this reason, many of the women expressed intentionally taking steps to reduce their ongoing anxiety. In the words of one participant,

Pregnancy after loss—it's an immersive experience where you're reliving the events that led to the most traumatic things that I've ever lived in. And it sort of felt like being in a car and knowing you were going to crash. But then, there's this dollop of guilt on the side because this might be the only time you get with the child, and you feel guilty that you're not treasuring every moment of it. And you feel guilty that you're feeling anxious, in case that impacts the child,



because you read somewhere that it can cause changes in how the child turns out, so . . . I think it's really difficult. I love my children, but the experience of worrying whether they'll continue to live is terrible.

The women in this study described using a variety of coping strategies to manage their sense of fear and anxiety during their pregnancy. Some of the participants used distracting techniques to avoid dwelling on their worries, such as watching a lot of television during their pregnancy or attempting to ignore their fears altogether: "I didn't want to worry about it—I didn't want to deal with it." None of the participants in this study reported regrets about how she expressed or dealt with her anxiety. Instead, all of the women described feeling as though they did the best they could to manage their fears. In the words of one participant, "I feel kind of proud of myself because I really tried, and I continue to try to prioritize my mental health, and it matters to me that [my first child's] legacy isn't leaving me as a wreck."

### **Sense of Responsibility and Guilt**

Many of the women in this study expressed feeling a sense of responsibility and guilt related to the loss of their first child. For some, this sense was described as a bodily betrayal, a perception that their body had let them down and failed to keep their child safe. These sentiments are poignantly reflected in the words of one participant: "The fact that I felt my body had been part of my child's death made me feel really strange. It made a difficult relationship with me and my body." Some of the participants appeared to have been able to distance themselves from this sense of responsibility and guilt and had done a lot of intentional work to deal with these feelings. For other women in the study, these feelings of responsibility and guilt appeared to be very significant in the way they experienced pregnancy and perceived their bodies during their subsequent pregnancy. In the words of one participant,

When you're pregnant, before you suffer a loss, you are confident that your body will do what it's supposed to do. That your body will grow this baby and birth this baby, and that is how, you know, nature intended for it to work, and that's how it will happen. But when you lose a baby, and with regards to [my first child], it was my body that caused the loss. It wasn't her.

It is worth noting that the cause of stillbirth appeared to mediate the degree to which participants expressed feeling responsible for their child's death. For the women in the study whose cause of stillbirth was unknown or due to unpreventable fetal factors (such as a cord knot), the presence of feelings of guilt and responsibility appeared to be less intense. For the women who saw their stillbirth

as being caused by maternal factors (such as a maternal infection), their feelings of guilt and responsibility appeared to be intensified. As one participant expressed,

It's me. It's my body that failed at getting her here safely, and I can do nothing to stop that from happening again . . . and I felt sick to my stomach and guilty because it was the protection system of my body that was supposed to keep her safe and didn't. Which makes me feel very responsible for it, despite having nothing to do with conscious decisions or not noticing something I should have, or anything like that. . . . For me, one of the worse parts is that I didn't pay the price physically, at all. [My first child] paid with her life. When we faced [my second child's] pregnancy, had we just literally condemned her to die?

The sense of responsibility and guilt that participants felt regarding the loss of their first child appeared to be connected to how they felt during their subsequent pregnancy. For many of the participants, this was expressed as a loss of confidence in their bodies: "I sort of didn't trust my body to keep him alive." The self-blame that women in this study experienced after their stillbirth was sometimes expressed as anger, as one participant poignantly described:

I did blame myself for it. It was just really hard. And someone had brought us an orchid, as a gift after [my first child] passed away, and I killed it. I couldn't keep it alive. I don't know if I watered it too much, or if I didn't give it enough sun, or what—but it died. And I lost it on this orchid. I was just so mad at myself, and the thoughts that I had were, "I can't even keep a plant alive, like, I can't keep a baby alive."

The participants talked about recognizing the importance of repairing their relationship with their bodies after stillbirth. In the words of one participant: "I think it's really important to figure out how to find your power again and to find that confidence in your body again because that's really what's lost. And that's what makes pregnancy after loss so difficult." The women coped with their feelings of guilt and responsibility in various ways. For several, these feelings decreased throughout the process of parenting their subsequent child. For others, accessing counselling and speaking to others with shared experiences was an important part of letting go of their feelings of guilt. One participant reflected on how counselling was helpful in that process of letting go:

Sometimes you get tunnel vision when this happens because it is so scary and because you do feel like your body has failed you. You have all of that shame and guilt and fear. You need someone to, kind of, put that into perspective for you because you're so caught up in it, you can't do it for yourself.

### **Sense of Loss of Control and Helplessness**

Woven into each of the participants' experience of pregnancy after stillbirth was the sense of a loss of control and helplessness. Women in this study described the experience of losing control with words or phrases such as "helpless," "a rollercoaster," "no reassurance," "totally out of my control," and "uncertainty." This sense of a loss of control appeared to vary in duration for each participant. For some, the loss of control was connected to periods during their pregnancy and/or labour and subsided once their child arrived in the world safely. For others, the loss of control appeared to represent a more profound and long-lasting shift in how they viewed their ability (or lack thereof) to protect their children.

While receiving regular checkups and medical information helped some participants to feel an increased sense of control during the pregnancy, many of the participants expressed feeling like nothing could help reduce their sense of helplessness. This appeared to be stronger for participants whose cause of stillbirth was either unknown or undetectable. As one participant articulated, "It's living in uncertainty all the time. I found throughout the whole pregnancy, you're constantly vigilant for something that you can't possibly prepare against. You can't possibly do anything to stop the same thing from happening again. It feels very helpless."

Many participants also described feeling a loss of control concerning their sense of being in the world, as individuals and as mothers. For some participants, this was the most challenging aspect of pregnancy after stillbirth. As one participant expressed, "I think that's probably the biggest challenge, knowing that there are always going to be risks and that there are things that you can't control." The women addressed this sense of loss of control in various ways. Some coped with feeling powerless by engaging in the process of "letting go" of the need to feel a sense of control. Some participants engaged in active coping strategies to help gain a greater sense of control, including making plans if they experienced another loss. In the words of one participant: "I thought that if [my second child] didn't make it, then I'd cremate him and put him in the little urn. Which sounds really macabre, but it sort of made me feel more in control to have plans."

Some participants described their experience of losing control as an emotional rollercoaster with unpredictable ups and downs that they were powerless to anticipate or to prevent. This sense of precarity, in terms of not being able to know what would happen next, persisted for some into their parenting of their subsequent child(ren). In learning first-hand that there were aspects of life that were not in their control, many of the women described finding ways to integrate this knowledge into a way of moving through life that helped them to gain a sense of agency and restore a sense of trust in themselves and the world. As expressed by one participant,

I think that that provides a way to move forward: just knowing that, you know, maybe there is a reason and that I don't need to know the reason. Thinking that there is a purpose and that I can use what happened for something good, and choose to see it in a positive way, I'd rather do that than think that, you know, everything's random and terrible things happen to good people for no reason at all.

### **Ongoing Sense of Connection to the Child Who Was Lost**

The experience of pregnancy after stillbirth for these women involved a deep, ongoing sense of connection to the child who was lost. All the participants named the baby who was stillborn and felt deeply connected to the child as an important part of their family. As one participant expressed, "I feel like [my first child] influenced everything I do and think. He feels just as much a part of my mental world. Like, in my mind, he's equal to [my second child]." Many of the women in this study included the child they lost in their responses when strangers would ask how many children they had. It was important for these women that the child they lost be acknowledged and remembered by others on the *outside* in the same way that they existed on the *inside* for these women. All the participants referred to their first child by name, reflected on a deep sense of missing them, and expressed a continual desire to engage with the memory of the child they had lost.

Participants commented frequently on how the relationship with their second child was informed by the deep connection they felt with their first child. For example, several of the women described having conflicting emotions during their pregnancy with their second child while still grieving the loss of their first child. In the words of one participant, "It was complicated grieving her and trying to be excited for another pregnancy at the same time." On the other hand, for some of the women, their prior experience of loss appeared to strengthen the degree to which they cherished their pregnancy and relationship with their second child. Cherishing the second pregnancy included activities such as taking pregnancy photos, recording the sound of their child's heartbeat, and writing the child love letters throughout the pregnancy. As one participant expressed,

Having lost [our first child], I was more aware that he was there, right then, and that everything we experienced he was experiencing. And so, I was more aware of the fact that the time we were spending together while I was pregnant was still time spent together. So, that shaped a lot of how I was when I was pregnant.

Other women in the study found it more difficult to connect with their second child during and after their pregnancy. One participant described struggling to feel positive about her subsequent pregnancy: "I wasn't really excited the entire

pregnancy.” Other participants described feeling standoffish toward their second child. As one participant described,

Once [my second child] arrived, strangely enough, I did not have a whole bunch of relief. My first thought was it just felt very wrong, and it wasn't [my first child]. I still struggle with that, and every milestone that [my second child] makes has been a reminder of that. I'm having to work at being okay with [my second child]. I used to write myself lots of lists of: you need to talk to her; you need to respond to different things. She's a reminder. A constant reminder that [my first child's] not here.

Feelings of guilt were cited frequently when participants described struggling with how to balance their connection to the child whom they lost with their connections to their living children. In the words of one participant,

We felt quite guilty at even the thought of trying again. . . . We felt guilty that it was almost a replacement, in the sense that if we should be expecting again or have a living child, that the sheer presence of that child would put [our first child] in the shadows . . . that she would become less important simply because your attention is on the living child that needs things.

The participants talked about ultimately striving to find balance and equality in their relationships with their living children and the child they had lost. As one participant expressed,

I wanted to treat my children equally, and I didn't think that it would be fair that I celebrated [my first child] in certain ways, and I didn't with [my second child]. I think mostly it's just trying to balance my time between both of them. Because I love [my second child] and I want to give him attention and obviously be happy and jovial and that with him, but I also want to make sure that I take time to honour [my first child] and keep her memory alive. When all is said and done, and I've had all my children, whether they're here or not, I want them all to feel that I loved them and honoured them equally.

### **Sense of Transformation Through Loss**

A common theme expressed by all participants in this study was a sense of transformation through loss. These women spoke of feeling “changed” by the loss of their first child. Some of the language that they used to describe this transformation alluded to a sense of permanence, for example, a “big hole that has become the fabric of your life” and “a hole blown through our family that is there forever.” Several women described feeling like they had lost a sense of innocence or naïveté that they had held previously. The experience of loss had challenged

their assumptive worlds, therefore testing their beliefs around positive outcomes, justice, and meaning. In the words of one participant, “I had this naive belief that I was safe and that things would go well for me. And it was quite painful to let go of that.” The participants spoke poignantly about the “blissful ignorance” that they had lost. As one participant expressed, “You don’t have the innocence of going through your [second] pregnancy not knowing about the worst.”

Most of the women in this study viewed this transformation through loss as having been meaningful for them in some way. Some described having developed a greater awareness of suffering and a stronger sense of empathy for others. Some spoke of feeling that they had become “better people” in having lived through a terrible loss. As one participant expressed, “I’m aware of a world of hurt that wouldn’t otherwise have really crossed my mind as much.” Several participants also spoke about how they viewed life and parenting as having been changed by the loss of their child. In the words of one participant,

I think that having experienced loss, I’ve definitely chosen to let it shape me into somebody I think is a better person, in that I’m more patient, and I try to live in the present more often than not. And it’s definitely influenced how I parent, and just in general how I choose to live my life, just knowing that it is so fleeting.

All participants also spoke about their relationships with their partners as having been changed by the loss of their child. Many described experiencing difficulty in their marriages after the loss and differences in grieving were described as one of the greatest challenges they encountered as a couple. That said, most of the women felt that their marriage was strengthened by going through the experience of loss with their partner. They unanimously reported that their marriage was as strong or stronger now than it had been before the loss. In the words of one participant, “I think that we’re better people. You know, obviously, I would go back and change it if I could, but I think that we’ve grown from the experience [of losing our child], both as a couple and as people.”

Some participants in this study described holding “coexisting” emotions in which they felt devastated by the death of their child while simultaneously feeling grateful for having been changed by the child they had lost. They described being in the process of working on letting go of the pain and on engaging more deeply with the wisdom they felt that they had gained from the child they had lost. As one participant articulated,

When you lose a child . . . it changes you, and you become a different person. You can’t help but become a different person. I felt like that grief, and the loss just burned up who I was, and I emerged on the other side as a new person with this new-found strength and perspective with [my second child]. And I

think that without losing [my first child], I wouldn't have that strength or that perspective. I wouldn't be the person that I am now.

## Discussion

This study aimed to describe and to understand the lived experiences of pregnancy after stillbirth for those who were childless at the time of the loss. The following six themes emerged from the data: (a) a sense of isolation, (b) an acute sense of anxiety and fear, (c) a sense of responsibility and guilt, (d) a sense of loss of control and helplessness, (e) an ongoing sense of connection to the child who was lost, and (f) a sense of transformation through loss. These themes capture, in a broad sense, the outward social and relational experiences as well as the private psychological experiences of pregnancy after stillbirth. The findings are compared below with the existing literature on the experience of pregnancy after stillbirth, considering both the relational and the internal aspects of this phenomenon, and implications for counselling practice are discussed.

### **Social and Relational Experiences of Pregnancy After Stillbirth**

The study's findings shed light on some of the ways that pregnancy after stillbirth impacted participants' relationships with others. Consistent with findings from previous research (Kersting & Nagl, 2015; Lee et al., 2013), all participants spoke of a deep sense of isolation following the stillbirth that persisted, for most, into the subsequent pregnancy. The sense of isolation reported by participants in this study can be understood using the theoretical lens of non-finite loss, which is characterized as a type of loss that is accompanied by "a sense of disconnection from the mainstream and what is generally viewed as 'normal' in human experience" (Harris & Gorman, 2011, p. 3).

As a result of this lack of acknowledgement from others, many participants in this study chose to hide their feelings from others or to withdraw socially during their pregnancy after stillbirth, which further contributed to their feelings of isolation. However, peer support from others who had also experienced stillbirth, especially from online communities, was described by participants as providing a significant source of social connection throughout this otherwise isolating experience. While previous research (e.g., Burden et al., 2016) has shown perceived social support from friends and family to mitigate the negative psychological consequences of stillbirth, this study extends our understanding by demonstrating that support from strangers, including through online interactions, can also represent an important source of support for those going through a pregnancy after stillbirth.

All participants in this study described the relationship with their child who was born after the stillbirth as having been influenced by the loss of their first child. For some participants, this manifested as a deep sense of cherishing the

pregnancy with their second child and a highly involved parenting style after birth. In contrast, others struggled to feel any excitement during the subsequent pregnancy and experienced a sense of feeling “standoffish” toward the subsequent child after birth. This builds upon prior research by Côté-Arsenault and Donato (2011) that describes how the relationship with subsequent children born after the loss can be complicated by the grief and the attachment associated with the previous infant who was lost.

Participants in this study also referred to their relationships with their partners as having been changed through the loss of their child. Previous research has shown that divorce rates are higher for couples who have experienced a stillbirth, indicating that the experience of stillbirth is particularly distressing for a marital relationship (Shreffler et al., 2012). Notably, while many women in this study spoke of the difficulties they encountered in their marriages after the stillbirth, each participant reported that she felt her marriage was as strong or stronger now than it had been before the loss.

Interestingly, one participant felt that her marriage might not have survived had she not been able to conceive again. The experience of having a child after loss appeared to have helped repair the rupture of her marriage. Differences in grieving were described as being one of the most significant marital challenges encountered by participants in this study, which is consistent with previous research with heterosexual couples that demonstrates that gender differences in grieving patterns between partners can increase marital tension after the loss of a child (Alderman et al., 1998).

### **Psychological Experiences of Pregnancy After Stillbirth**

Alongside the social experiences of pregnancy after stillbirth, participants in this study also described many psychological and emotional aspects of this phenomenon that impacted their relationships with themselves and their meaning-making processes. Previous research (Blackmore et al., 2011; Lee et al., 2013; Üstündağ-Budak et al., 2015) has shown anxiety to represent one of the most salient psychological experiences of pregnancy after stillbirth, which is supported further by the findings from this study. Consistent with the results of previous research (Campbell-Jackson et al., 2014; Üstündağ-Budak et al., 2015; Warland et al., 2011), all participants described an acute sense of anxiety and fear during their pregnancy after stillbirth that did not appear to be resolved by the birth of their subsequent child.

The women in this study described their pregnancy after stillbirth as being characterized by a sense of guilt, in that they felt they were responsible in some way for the loss or that they “should have known” that something was wrong during their first pregnancy. This is consistent with research by Burden et al. (2016), who found persistent feelings of guilt to represent one of the most common long-term effects of stillbirth. Adding to our understanding of the factors that may



contribute to a sense of guilt following a stillbirth, the participants in this study expressed feeling guilty about becoming pregnant again while also grieving the loss of their child. As participants struggled with how to balance their connection with the child they lost with their connections to their subsequent children, they expressed feeling guilty over the concern that they did not want the subsequent child to represent a “replacement” for the child who had been lost.

Experiencing feelings of grief while simultaneously having positive feelings about the subsequent pregnancy was painful for many of the women in this study to reconcile. The existence of such ambivalent feelings supports previous research by Lee et al. (2013), who found the presence of guilt due to conflicting feelings to characterize pregnancy after stillbirth, in which participants reported feeling as though enjoying a subsequent pregnancy meant they might be betraying the memory of their stillborn child. Similarly, women in this study appeared to experience guilt when they found their focus on the subsequent pregnancy and parenting to take away from their ability to spend time tending to their relationship with the child who had been lost.

Powerfully articulated in each participant’s story was a deep sense of connection to the child who had been lost. This is consistent with previous research by Üstündağ-Budak et al. (2015), who found an enduring relationship to persist between mothers and their stillborn child, even after subsequently giving birth to a living child. Bruce and Schultz’s (2001) concept of non-finite loss further aids in our understanding of the psychological experience of pregnancy after stillbirth, poignantly reflected in the stories shared by the participants in this study. Participants spoke about not only grieving the loss of their first child but also experiencing a loss of their sense of safety in the world. While specific psychological experiences remained unique to each participant, the ubiquitous nature of isolation, anxiety, guilt, and helplessness, in addition to a deep sense of connection to the child who had been lost and a feeling of transformation through loss present in all of these stories, adds to our understanding of the unique psychological needs of those who have recently experienced a stillbirth and are currently pregnant or planning to become pregnant again.

### **Limitations**

Interpretative phenomenological analysis holds an appreciation for the existence of many different and equally valid realities. As such, the findings from this study represent the unique experiences of this group of participants as interpreted by the researcher at this time. Although the participants confirmed that these findings resonated with their experiences, it must be noted that alternative interpretations of the data are possible. The participants in this study represent a relatively homogeneous group of cisgender women who were married, middle class, and in heterosexual partnerships and who identified as White Canadians. The findings elicited from this research, therefore, may not necessarily reflect or

resonate with those from diverse racial and ethnic backgrounds, gender identities, sexual orientations, relationship statuses, and socio-economic levels.

Furthermore, the small sample size of the study limits the generalizability of the findings and ought to be interpreted with caution. It is also important to consider that the self-selective and voluntary nature of this study may have yielded a group of participants who were particularly comfortable with revisiting and discussing their experiences of pregnancy after stillbirth.

Similarly, all participants in this study had access to professional support after the loss of their child and chose to seek out peer support in various forms. This may limit the ability to which these findings resonate with or reflect the experiences of other individuals who are pregnant after stillbirth but who encounter barriers that prevent them from accessing professional or peer support. Furthermore, one participant in this study was unable to complete the validation interview, which limits the trustworthiness of these findings and invites additional qualitative research on this topic.

### **Implications for Counselling Practice**

These research findings have important implications for counsellors working with clients who have experienced a stillbirth and who are currently pregnant or thinking about becoming pregnant. As noted in the literature (Burden et al., 2016), accessing counselling or professional support has been found to have a positive influence on reducing negative psychological symptoms after stillbirth. This observation is supported by these findings, in which all participants who accessed counselling described feeling that it had been helpful for them, and suggests that counsellors are a critical source of support for these individuals.

Given that the women in this study reported experiencing social isolation following their loss and during their subsequent pregnancy, it is important that counsellors working with clients who have experienced a stillbirth normalize clients' feelings of isolation and assist them in accessing social and emotional support. In the case of the women in this study, many found the online support of others who had experienced perinatal losses to be particularly helpful in normalizing their feelings and helping them to feel supported. Counsellors should consider referring to peer support groups, including online groups, to assist clients who have experienced a stillbirth.

For clients in romantic relationships, differences in the way that partners grieve may contribute further to feelings of isolation. Counsellors may help these clients by acknowledging the unique trajectories of grief for each individual and normalizing the fact that these differences in grieving frequently contribute to marital tension following the loss (Alderman et al., 1998). Furthermore, many women in this study noted that there was a lack of available support for their partners. Counsellors working with clients in relationships should also consider the importance of addressing the needs of the non-gestational parent as well.

The findings in this study underscore the complex and painful feelings that may accompany pregnancy after stillbirth. Counsellors should remain sensitive to the range of difficult and often conflicting emotions that clients facing pregnancy after stillbirth may experience and should assist clients in expressing and processing their feelings as they arise. Additionally, it may be important for counsellors to normalize the fact that clients may have complex and even distant feelings toward their subsequent child (Lee et al., 2013). Counsellors can help clients to understand such diverse, contrasting, and frequently shifting feelings as an expected part of parenting after loss. Counsellors should be mindful of viewing such feelings holistically.

All of the women in this study spoke about maintaining a deep sense of connection to the child they had lost and feeling that this child remained an important part of their family. It is important that counsellors working with clients after stillbirth recognize the significance of clients' ongoing relationship with the child who had been lost. Counsellors may assist clients in their grieving process by encouraging clients to find ways to engage with and nurture their relationship with the stillborn child, perhaps by developing their own rituals (Tseng et al, 2018).

Using the lens of non-finite loss, counsellors should acknowledge the enduring nature of the loss and be mindful not to assume a linear trajectory of grief resolution when a client is pregnant or thinking about becoming pregnant after stillbirth (Harris & Gorman, 2011). It may be important for counsellors to label the ongoing intangible losses that clients may continue to experience daily, long after the stillbirth (Bruce & Schultz, 2001). Counsellors can also help clients to manage their expectations of themselves by educating clients about the non-finite aspects of such a loss and normalizing the accompanying lack of boundedness.

### **Recommendations for Future Research**

This study was conducted with a small number of participants, which was expected given the relative infrequency of this phenomenon. However, future research with additional participants would enhance our understanding of the meaning and the experience of pregnancy after stillbirth for childless persons and illuminate previously unexamined aspects of this phenomenon. Furthermore, given that the participants in this study represented a relatively homogeneous group, it will be important to conduct future research with individuals from more diverse backgrounds. This will help to illuminate the extent to which various socio-cultural contexts and non-traditional family structures may influence the experience of pregnancy after loss, since, for example, depression rates are higher in single, divorced, or widowed cisgender women who have experienced a stillbirth (Cacciatore et al., 2009).

## Conclusion

The findings from this study extend our limited understanding of the meaning and the experience of pregnancy after a stillbirth and normalize the range of challenging and complex emotions that may arise following this type of loss. Since approximately 50% of those who have experienced stillbirth will become pregnant again within 12 months (Hughes et al., 2002), the psychological impact of stillbirth on the experience of subsequent pregnancies and of parenting is substantial. The stories shared by the participants in this study provide significant insight into the psychological and social experiences and needs of pregnant persons who have previously experienced a stillbirth. These findings help us to understand better some of the unique fears, concerns, and support needs of those who are pregnant or considering pregnancy following a stillbirth.

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