**Interdisciplinary Bibliography of the World’s Peer-Reviewed**

**Literature on Physical and Psychological Aspects of Stillbirth**

**Compiled by the International Institute for Reproductive Loss**

**(April 5, 2025)**

**Priscilla K. Coleman, Ph.D.**

**Samuel A. Coleman**

1. **Adane, A. A., Bailey, H. D., Marriott, R., Farrant, B. M., White, S. W., Morgan, V. A., & Shepherd, C. C. (2020). Role of maternal mental health disorders on stillbirth and infant mortality risk: a protocol for a systematic review and meta-analysis. BMJ Open, 10(5), e036280. https://doi.org/10.1136/bmjopen-2019-036280**

Psychological problems related to maternity, according to the authors of this study, are “major public health concerns” worthy of closer examination. Evidence has indicated that there is a link between preterm birth or low birth weight and mental health disorders during pregnancy. The authors examined existing literature due to inconsistent findings in the past regarding this link in order to examine if mental health disorders do, in fact, have an impact on the risk of stillbirth and other forms of infant mortality. While adding to the public wealth of information, this particular review does not put forward any concrete new findings. It does add context, however, to the findings of previous studies and synthesizes the pertinent data.

1. **Adeoye, I. A., Unogu, C. O., Adediran, K., & Gbadebo, B. M. (2025). Determinants of Adverse Perinatal Outcomes in Ibadan, Nigeria: The influence of maternal lifestyle. PLOS global public health, 5(1), e0004199.** [**https://doi.org/10.1371/journal.pgph.0004199**](https://doi.org/10.1371/journal.pgph.0004199)

APO or adverse perinatal outcomes contain the following “low birth weight, preterm delivery, stillbirths, neonatal deaths, and perinatal deaths”. Additionally, they significantly increase the likelihood of infant morbidity/mortality, abnormalities in development, and other chronic impairments. Due to a lack of studies regarding the impact of a mother's lifestyle on APO, the authors of this study set out to take a close look at possible “determinants” by examining previous research and the cases of 1339 mothers delivering in hospitals. They found that for low birth weight associated factors included the infant being female, the mother having an emergency C-section, and hypertension during pregnancy. For pre-term birth, the related factors were found to have a lower socioeconomic status/poverty, prior stillbirths, and antepartum depression. Additionally, they looked at lifestyle factors and found that high protein diets were associated with preterm birth, but the association between lifestyle factors was generally low. The authors suggest that a greater understanding of these risk factors helps inform policymakers and healthcare professionals so that they can implement viable interventions**.**

1. **Aggarwal, N., & Moatti, Z. (2022). "Getting it right when it goes wrong - Effective bereavement care requires training of the whole maternity team." Best Practice & Research. Clinical Obstetrics & Gynaecology, 80, 92–104.** [**https://doi.org/10.1016/j.bpobgyn.2021.10.008**](https://doi.org/10.1016/j.bpobgyn.2021.10.008)

It’s well known that the loss of a wanted baby (through stillbirth or neonatal death) is “one of the most traumatic and distressing life experiences with negative psychosocial effects,” as the authors of this article put it. While this perinatal grief is extremely understandable and natural, it cannot go unrecognized and without treatment, or it may result in long-term psychological issues, and those issues may bring harm not just to the grieving parent but also to their other children, partner, friends, and other family. Because of this, “bereavement care,” as it’s referred to, is vital in the wake of loss and needs to incorporate compassion, the authors suggest. They also suggest that this work incorporates comprehensive team training and evidence-based practices. More research is needed in areas where the available information still has gaps in regard to bereavement care.

1. **Al Khalaf, S. Y., Heazell, A. E. P., Kublickas, M., Kublickiene, K., & Khashan, A. S. (2024). Risk of stillbirth after a previous caesarean delivery: A Swedish nationwide cohort study. BJOG: An International Journal of Obstetrics and Gynaecology, 131(8), 1054–1061. https://doi.org/10.1111/1471-0528.17760**

This study aimed to investigate the risk associated with stillbirth relative to previous c-sections (CD) and compare that with vaginal birth (VB). For this population-based cohort study, they examined 1,771,700 births from 885,850 women. It was found that CD delivered 13.2% of women’s first pregnancy, and about half that number had VB in the second pregnancy. Increased odds of stillbirth based on CD were found to be 37% higher than VB. From their various findings, the authors concluded that their study confirms CD has a more significant association of risk for stillbirth. However, they indicate that more research is needed to understand why this association exists entirely. This could help patients and healthcare providers make more informed decisions when CD is performed but isn’t medically necessary.

1. **Aminu, M., Unkels, R., Mdegela, M., Utz, B., Adaji, S., & van den Broek, N. (2014). Causes of and factors associated with stillbirth in low- and middle-income countries: a systematic literature review. BJOG: An International Journal of Obstetrics and Gynaecology, 121 Suppl 4, 141–153. https://doi.org/10.1111/1471-0528.12995**

For context, worldwide, there are around 2.6 million stillbirths every year, with an alarming 98% occurring in developing countries. The authors of this study sought to understand the causes and contributing factors. A systematic review of studies reported on factors associated with the causes of stillbirth in these communities. Results indicated that of the 142 studies examined, 2.1.% % were from low-income settings. Factors that could be linked to stillbirth included “poverty and lack of education, maternal age (>35 or <20 years), parity (1, ≥5), lack of essential care, prematurity, low birth weight, and previous stillbirth”. The authors concluded that to build the capacity for a proper audit of perinatal deaths, clearer guidelines and a better classification system are needed, in addition to better data.

1. **Asim, M., Karim, S., Khwaja, H., Hameed, W., & Saleem, S. (2022). The unspoken grief of multiple stillbirths in rural Pakistan: an interpretative phenomenological study. BMC Women's Health, 22(1), 45. https://doi.org/10.1186/s12905-022-01622-3**

For context, of all South Asian countries, Pakistan has the highest stillbirth rate, with an average of 30.6 stillbirths for every 1000 total births in the country. As is true for many countries, there is a severe lack of national literature on the effect of stillbirths on Pakistani women, even though there is a lot of literature on the subject in general. The objective of this study was to gain a better understanding of the experiences of Pakistani women who had had more than one stillbirth. A total of 8 women from the region of Thatta were interviewed regarding their experiences. Results indicated that there was a “devastating” impact on these women as a result of their stillbirths. Their mental health suffered greatly, as well as their social health. There was stigmatization of the stillbirths involving the women being seen as “child-killers” and fearing condemnation from God. A sad reality is that these women’s needs are not being met by society or by a mental healthcare system. The authors conclude that this subgroup of women’s well-being is direly at stake. They are considered pariahs in their community and not victims. They suggest it would be helpful to do something to address and push back against the stigma they unfairly face and that the community. They also recommend counseling family members to properly understand the issue and avoid future stigma.

1. **Ayebare, E., Lavender, T., Mweteise, J., Nabisere, A., Nendela, A., Mukhwana, R., Wood, R., Wakasiaka, S., Omoni, G., Kagoda, B. S., & Mills, T. A. (2021). The impact of cultural beliefs and practices on parents' experiences of bereavement following stillbirth: a qualitative study in Uganda and Kenya. BMC Pregnancy and Childbirth, 21(1), 443.** [**https://doi.org/10.1186/s12884-021-03912-4**](https://doi.org/10.1186/s12884-021-03912-4)

For context, the authors put forward that the “traumatic and distressing” nature of stillbirth comes with “profound and long-lasting negative impacts”. Despite this being well known, there is reportedly a dearth of studies exploring “cultural influences surrounding stillbirth in an African context.” This study aimed to look into these influences on bereaved parents in Kenya and Uganda in urban settings. A subject pool of 134 parents with experience with stillbirth was interviewed. Results showed commonalities among cultural beliefs and practices in the subject pool. Additionally, it was found that a sense of kinship and well-established social support were important mitigating factors. The authors state that there is “an urgent need to develop culturally sensitive community programs geared towards demystifying stillbirths and providing an avenue for parents to grieve in their way.”

1. **Behboudi-Gandevani, S., Bidhendi-Yarandi, R., Panahi, M. H., Mardani, A., Gåre Kymre, I., Paal, P., & Vaismoradi, M. (2022). A Systematic Review and Meta-Analysis of the Risk of Stillbirth, Perinatal and Neonatal Mortality in Immigrant Women. International Journal of Public Health, 67, 1604479.** [**https://doi.org/10.3389/ijph.2022.1604479**](https://doi.org/10.3389/ijph.2022.1604479)

The stated objective of this study was to gain insight into any discrepancy in mortality rates pertaining to pregnancy in immigrant women versus women in their country of origin. This includes stillbirth, perinatal, and neonatal infant death. For methodology, the authors conducted a systemic review of literature relevant to the topic was conducted and 45 studies were included, representing a total of over 8 million immigrant women and 40 million national women. Results showed that immigrant women were at higher risk for all three forms of infant mortality. The authors conclude that policymakers need to consider these immigrant women more.

1. **Berry, S.N. (2022). The Trauma of Perinatal Loss: A Scoping Review. Trauma Care,**

 **2, 392-407.** [**https://doi.org/10.3390/traumacare2030032**](https://doi.org/10.3390/traumacare2030032)

For context, perinatal loss impacts millions worldwide yearly, often leading to the grief of the expectant parent(s); regardless of the cause of bereavement, 60% of bereaved parents show signs of “depression, anxiety, and posttraumatic stress disorder.” Despite the clarity in fact that this grief exists, perinatal loss is generally not classified as traumatic loss. The purpose of this study was to gain insight into trauma experienced from perinatal loss so that the concept of it being a form of traumatic loss can be forwarded.

1. **Blocksidge, H., Heazell, A. E. P., Wittkowski, A., & Smith, D. M. (2024). The sorrow comes when I'm having moments of joy-experiences of parenting a live baby following a previous stillbirth: an interpretative phenomenological analysis. Frontiers in Psychology, 15, 1485278. https://doi.org/10.3389/fpsyg.2024.1485278**

Because of the complex nature of stillbirths and negative outcomes for mothers and families, there can often be a lingering impact that causes subsequent pregnancies to be particularly difficult for women, though there is a dearth of information serving as a motivation for this study. The authors interviewed families who included biological parents of a stillborn child and one live child under the age of 5. Four themes emerged from their findings, along with several subthemes. The first primary theme identified was “Back to the starting line: pregnancy as a means to an end,” which incorporated the feelings of those who had the desire to bring their baby home alive but were experiencing anxiety and grief. The second theme was “Reality hits,” intended to emphasize the experiences of those who felt overwhelmed by their emotions after arriving home from the hospital. The third theme was “being a living and lost parent,” which related to parents who felt connections to both their child that was gone and the child they still had; many of them experienced difficulty in squaring the two as acceptable. The final theme was “Protection” and was named so concerning the fear parents felt when parenting their subsequent child and the hyper protective nature they felt was necessary to keep the child safe. Implications were that there is a lack of quality postnatal care.

1. **Bradford, B.F., Hayes, D. J. L., Damhuis, S. et al. (2024). Decreased fetal movements: Report from the International Stillbirth Alliance conference workshop. Int J Gynecol Obstet., 165: 579-585. doi:10.1002/ijgo.15242**

Reports by women of decreased fetal movement (DFM) are often a reason for pregnant women to seek maternity care and have been associated with stillbirth as well as other serious adverse outcomes. The authors put forward that promoting better awareness of DFM and a higher level of attention to fetal movements has been a way to reduce stillbirths somewhat. Further evidence is needed to persuade clinical management of these presentations. A workshop in Sydney, Australia, called “The International Stillbirth Alliance Virtual Conference” allowed experts in fetal movements worldwide to share their findings and raise awareness of current trials. After this workshop, summaries were made, and the information shared was compiled so that the information could be used to guide further DFM research.

1. **Branjerdporn, G., Meredith, P., Wilson, T., & Strong, J. (2021). Maternal–fetal attachment: Associations with maternal sensory processing, adult attachment, distress, and perinatal loss. Journal of Child and Family Studies, 30, 528–541.**

This research explores the associations between maternal-fetal attachment (MFA) and factors such as maternal sensory processing patterns, adult attachment styles, psychological distress, and history of perinatal loss. The study found that favorable MFA quality was linked to lower sensory sensitivity and higher sensory seeking behaviors. Additionally, women with previous perinatal loss exhibited similar levels of MFA but experienced greater psychological distress. These findings highlight the complex interplay between sensory processing, attachment styles, and past reproductive experiences in shaping MFA.

1. **Brasileiro, M., Metelus, S., Griggio, T. B., Vieira, M. C., Dias, M. A. B., Leite, D. F., da Cunha Filho, E. V., Schreiner, L., Ramos, J. G. L., Haddad, S. M., Osanan, G., Mayrink, J., de Jesús, G. R., Fernandes, K. G., Pasupathy, D., Cecatti, J. G., & Souza, R. T. (2025). Causes and investigation of stillbirths in Brazil: A multicentre cross-sectional study in 10 referral maternity hospitals. International Journal of Gynaecology and Obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics, 168(1), 220–229. https://doi.org/10.1002/ijgo.15839**

The authors of this study purport that understanding the related characteristics of stillbirth “may be the first step” when it comes to the sequence of strategies we should use to attempt to curb stillbirth. For this study, they sought to get an estimation of the ratio of fetal mortality as well as grade the process of investigation for each infant death. They conducted a cross-sectional study of 10 care centers. They accessed medical records of women who had instances of stillbirth between 2009 and 2018 and analyzed and classified the childbirth and stillbirth data. They found 3390 stillbirths to analyze among their sample, and it was shown that the ratio of stillbirths varied from 2009 to 2018, with 10.74 recorded per 1000 successful births in 2009 and less at 9.31 in 2018. They also found that 40.8% of deaths were filed as unspecified and that diabetes was present in 61.4% of deaths. They concluded from their findings that the investigation of stillbirth is still lacking, especially given the large portion of unidentified causes of death among stillbirths.

1. **Burden, C., Bradley, S., Storey, C., Ellis, A., Heazell, A. E., Downe, S., Cacciatore, J., & Siassakos, D. (2016). From grief, guilt pain and stigma to hope and pride - a systematic review and meta-analysis of mixed-method research of the psychosocial impact of stillbirth. BMC Pregnancy and Childbirth, 16, 9.**

In excess of 2.7 million babies worldwide are stillborn each year. The authors of this study aimed to systematically review, evaluate, and summarize the available evidence on the psychosocial impact of stillbirth on parents and their families, aiming to improve guidance in bereavement care worldwide with the information derived. This was a systematic review and meta-summary of quantitative, qualitative, and mixed-methods studies. All languages and countries were included among the 144 studies included. Derived themes ranged from negative psychological symptoms post-bereavement and in subsequent pregnancies to disenfranchised grief and incongruent grief. The impact on siblings and in the broader family was also revealed. These included mixed feelings about decisions when the baby died, avoidance of memories, anxiety over other children, chronic pain and fatigue, and a different approach to the use of healthcare services. Some themes were particularly prominent among fathers. These included grief suppression (avoidance), employment difficulties, financial debt, and increased substance use. Themes specific to mothers included altered body image and impact on quality of life. Some themes had mixed connotations. These included parental pride in the baby, motivation for engagement in healthcare improvement, changed approaches to life and death, self-esteem, and own identity, in studies from low/middle-income countries, stigmatization and pressure to either prioritize or delay conception.

1. **Burden, C., Merriel, A., Bakhbakhi, D., Heazell, A., Siassakos, D., & Royal College of Obstetricians and Gynaecologists (2025). Care of late intrauterine fetal death and stillbirth: Green-top Guideline No. 55. BJOG : an international journal of obstetrics and gynaecology, 132(1), e1–e41. https://doi.org/10.1111/1471-0528.17844**

The Royal College of Obstetricians and Gynaecologists’ Green-top Guideline No. 55 provides a comprehensive framework for caring for women and families affected by late intrauterine fetal death (IUFD) and stillbirth, which typically occurs after 24 completed weeks of gestation. The clinical, psychological, and organizational considerations essential for delivering consistent and empathetic care are addressed. Accurate confirmation of fetal demise using ultrasound, sensitive communication, and compassionate support are immediate priorities. The guideline authors recommend individualized plans, including expectant management or induction of labor, with informed discussions on potential benefits, risks, and timings. Thorough investigations, including placental examination, maternal testing, and postmortem, are recommended to identify causes, improve future care, and expand understanding of risk factors. There is also an emphasis on bereavement care, offering emotional support, follow-up appointments, and multidisciplinary collaboration. The guideline standardizes best practices and ensures holistic support for parents and healthcare professionals involved in stillbirth management.

1. **Cacciatore J. (2010). The unique experiences of women and their families after the death of a baby. Social Work in Health Care, 49(2), 134–148. https://doi.org/10.1080/00981380903158078**

The purpose of this study was to look into the various impacts that a woman’s experience with the death of a baby has both on an individual level and regarding their “family system.” This study posed the question, “Does a woman’s experience of stillbirth appear to have long-lasting effects, and what variables influence such changes?”. These answers were sought through women’s own narratives. The authors found that important variables impacting a woman’s perceived experience” included “social support, legitimization of her loss, opportunities for rituals, and existential emotions such as shame and guilt.”. The authors conclude by noting that a better understanding of the experiences of these women and improved psychosocial support could alleviate the repercussions of loss.

1. **Calder, G. (2022). Legislating emotion, reading grief: Bereavement leave for miscarriage and stillbirth in New Zealand law. Dalhousie Law Journal, 45(2), 335–357.**

This paper aimed to take a close look at a bill, “New Zealand’s Holidays (Bereavement Leave for Miscarriage) Amendment Bill (No.2)”, the purpose of which was to better allow women to take leave when dealing with a recent miscarriage, as well as their partners. The bill also included stillbirth. The author was influenced and guided by Carol Sanger's suggestion, “Legislation as a mechanism of emotional influence,” as they examine what can be illuminated by this change in the law in terms of “the intersections of grief, gender, caregiving, and work.”

1. **Campbell-Jackson, L., & Horsch, A. (2014). The Psychological Impact of Stillbirth on Women: A Systematic Review. Illness, Crisis & Loss, 22(3), 237-256. https://doi.org/10.2190/IL.22.3.d**

The authors of this systematic review considered the psychological impact of stillbirth (from 20 weeks gestation) on mothers. An extensive systematic search identified 26 articles (8 qualitative and 18 quantitative studies), and the findings were synthesized. Stillbirth was found to be a distressing experience with the potential to evoke the following: anxiety, depression, distress, and negative well-being. Symptoms were the highest in the first few months following the loss, although there was evidence suggesting that for some women, symptoms persist up to 3 years. Risk factors for higher levels of anxiety and depressive symptoms included higher parity and not being married. Social support was identified as beneficial to women post-loss. The authors recommended additional research on risk and protective factors, cultural beliefs, and the impact on partner relationships.

1. **Cena, L., Lazzaroni, S., & Stefana, A. (2021). The psychological effects of stillbirth on parents: A qualitative evidence synthesis of psychoanalytic literature. Zeitschrift fur Psychosomatische Medizin und Psychotherapie, 67(3), 329–350. https://doi.org/10.13109/zptm.2021.67.3.329**

The objective of this study was to utilize existing literature on the psychological effects that stillbirth can have on parents. The authors followed four specific sets of guidelines, “The Preferred Reporting Items for Systematic Reviews and Meta-Analyses” (PRISMA), "The Psychoanalytic Electronic Publishing Archive,” the “Single Case Archive, and “PsycINFO (1999-2019)” in order to locate articles pertaining to their research needs. Results yielded 46 articles and data regarding parents' grief, including gender differences, how the event impacted their relationship, the effect on subsequent pregnancies, and many more aspects of stillbirth. The authors conclude that some of the literature examined provided useful information regarding the psychological well-being of parents after stillbirth. A very common theme throughout the literature on this topic, and one the authors of this paper wanted to highlight, was the therapeutic need for parents to create a mental space to honor or bring to life their lost child.

1. **Cersonsky, T. E. K., Pinar, H., Silver, R. M., Goldenberg, R. L., Dudley, D. J., Saade, G. R., & Reddy, U. M. (2023). Holding a baby after stillbirth: the impact of fetal congenital and structural abnormalities. Journal of Perinatology: Official Journal of the California Perinatal Association, 43(6), 735–740. https://doi.org/10.1038/s41372-022-01480-9**

Stillbirth is known to result in psychosocial problems in mothers potentially. Whether or not a mother should hold her baby after it is stillborn is not a fully agreed-upon part of maternal healthcare. In addition, not many studies have been conducted to gauge the impact that fetal abnormalities have on the outcomes of holding the baby. For this study, a review was conducted of a database, and the authors located survey information gathered from patients who have had this particular experience (holding a stillborn child with deformations) as well as from patients who experienced typical stillbirth and chose to hold the child. Results indicated no major difference between the experiences of these two sets of women, and visible abnormality did not seem to be linked with a worse outcome psychologically.

1. **Charrois, E. M., Mughal, M. K., Arshad, M., Wajid, A., Bright, K. S., Giallo, R., & Kingston, D. (2022). Patterns and predictors of depressive and anxiety symptoms in mothers affected by previous prenatal loss in the ALSPAC birth cohort. Journal of Affective Disorders, 307, 244–253. https://doi.org/10.1016/j.jad.2022.03.055**

For context, studies that have previously investigated predictors and patterns of psychological distress in mothers following a stillbirth have been limited. The goal for this study was to explore the trajectory patterns for symptoms of depression and anxiety that may result from prenatal loss particularly pertaining to their subsequent pregnancies and raising of subsequent children through to pre-adolescence. Information was collected from a total of 2854 women who had experienced a stillbirth during their subsequent pregnancies and raising of children through to pre-adolescence. Information was collected from a total of 2854 women who had experienced a stillbirth during their subsequent pregnancy or raising of their next child regarding their related anxious and depressive symptoms. A total of 10 specific trajectory paths were identified for these symptoms with three being correlated to “low, subclinical, and clinical” levels of psychological distress. Low levels of distress were associated with 54% of respondents, 34% had subclinical levels, and 12% symptoms of clinical severity. Factors predicting these three trajectory patterns included a “history of severe depression or psychiatric problems, experiencing three or more stressful events from mid-pregnancy, inadequate social support, history of induced abortion, and history of abuse”. The authors concluded from the totality of their findings that factoring in predictors of long-term depressive and anxious symptoms will better enable clinicians to identify patients that could gain from intervention following prenatal loss.

1. **Chakhtoura, N. A., & Reddy, U. M. (2015). Management of stillbirth delivery. Seminars in perinatology, 39(6), 501–504. https://doi.org/10.1053/j.semperi.2015.07.016**

Chakhtoura and Reddy (2015) present a comprehensive review on the management of stillbirth delivery, emphasizing both clinical protocols and the essential supportive care required. The authors begin by outlining the diagnostic criteria and the multifactorial etiology behind stillbirth, highlighting the need for a thorough investigation to guide subsequent management. They stress that once a fetal demise is confirmed, the primary goals become ensuring maternal safety and minimizing complications while also providing compassionate care to address the psychological impact on the patient and family. The review details the various induction methods for labor in the setting of stillbirth, with a particular focus on the use of pharmacologic agents such as misoprostol. It discusses the indications, contraindications, and optimal dosing strategies, noting that the choice of method should be tailored to the individual patient’s clinical condition. Special attention is given to the risks of complications, such as disseminated intravascular coagulation (DIC), underscoring the need for vigilant monitoring during and after delivery. The article also highlights the importance of multidisciplinary collaboration among obstetricians, mental health professionals, and nursing staff in providing comprehensive care. Chakhtoura and Reddy advocate for an individualized approach that balances effective obstetric management with empathetic psychological support. This integrated approach aims to optimize outcomes while respecting the emotional needs of patients coping with stillbirth.

1. **Coggins, S. A., Triebwasser, J. E., & Puopolo, K. M. (2025). Diagnostic evaluation to identify infection-attributable stillbirth. Journal of Perinatology: Official Journal of the California Perinatal Association, 10.1038/s41372-025-02253-w. Advance online publication. https://doi.org/10.1038/s41372-025-02253-w**

The authors stated the objective of this study was to characterize the evaluations made of stillbirth, such as by measuring how often infections are screened for and found in populations impacted by stillbirth. To do this they studied a cohort which contained 399 instances of stillbirth and they discovered that placental pathology screening was done in 387 of the stillbirth cases, genetic testing of the fetus was done in 163 or 40.9% of cases within the cohort, and fetal autopsy was performed in 126 cases (31.6%). The authors concluded that “adherence to core stillbirth evaluation recommendations was poor, and infection testing was infrequent”. They also noted that death attributed to infection may be underreported due to a lack of screening for the issue.

1. **Das, M. K., Arora, N. K., Gaikwad, H., Chellani, H., Debata, P., Rasaily, R., Meena, K. R., Kaur, G., Malik, P., Joshi, S., & Kumari, M. (2021). Grief reaction and psychosocial impacts of child death and stillbirth on bereaved North Indian parents: A qualitative study. PloS One, 16(1), e0240270. https://doi.org/10.1371/journal.pone.0240270**

While grief following stillbirth and early child death has been well studied generally in many countries, India, in particular, has a deficit of studies pertaining to the traumatic consequences of stillbirth. This study aimed to examine and make a record of the grief and subsequent methods of coping experienced by 50 mothers and 49 fathers in India after stillbirth and early child death. Interviews and focus group discussions were used to gain insight and identify themes. The Perinatal Grief Scale was utilized to quantify and document the severity of a mother’s grief 6-9 months after the onset of the loss. The results bore four themes that the authors felt emerged from the interviews. They were “grief anticipation and expression,” “impact of the bereavement,” “coping mechanism,” and “sociocultural norms and practices.” Commonly reported symptoms of distress included “disbelief, severe pain, and helplessness”. It was also found that fathers dealt with noteworthy grief. Mothers tended to cope by tending to their regular duties like housework, childcare, or even their spirituality, and fathers often avoided discussions about the topic. They are overcompensated at work and in other professional aspects of their lives. The authors conclude that these forms of loss have “psychosomatic, social, and economic” ramifications that go untended. Better support, both sociocultural and religious, is needed to mitigate the harm of this form of loss.

1. **Davoudian, T., Gibbins, K., & Cirino, N. H. (2021). Perinatal loss: The impact on maternal mental health. Obstetrical & Gynecological Survey, 76(4), 223–233. https://doi.org/10.1097/OGX.0000000000000874**

Psychological reactions to perinatal loss may lead to significant mental illness. The authors of this review aimed to examine psychological reactions associated with perinatal loss, psychotherapy, and psychopharmacologic treatments for psychiatric illness, consider interpregnancy interval after perinatal loss and highlight brief psychological interventions. Grief is an expected, normative reaction to the experience of a perinatal loss. Major depressive disorder, generalized anxiety disorder, and posttraumatic stress disorder are also associated with perinatal loss. Risk factors for these disorders include prior psychiatric illness, childlessness, unknown causes of perinatal loss, limited social support, and marital/relationship discord. Patients with perinatal loss can benefit from psychological and possibly pharmacologic treatments. Recommended interpregnancy interval after perinatal loss should be customized by gestational age and cause of loss. The authors concluded, “Patients with perinatal loss emotionally benefit from their reproductive health care providers acknowledging the psychological aspects of reproductive loss, inquiring about their emotional needs, and providing information regarding grief and mental health referrals.”

1. **de Los Ángeles Linares-Gallego, M., Martínez-Linares, J. M., Del Mar Moreno-Ávila, I., & Cortés-Martín, J. (2024). Midwives' support for parents following stillbirth: How they practise and resources they need from a phenomenological perspective. Journal of Advanced Nursing, 10.1111/jan.16385. Advance online publication. https://doi.org/10.1111/jan.16385**

This study aimed to explore experiences and related perceptions of midwives who have cared for a couple after a stillbirth. Interviews were conducted with 18 midwives at the birth unit of a public hospital in Spain. They were audio recorded and later transcribed for clarity. Two important themes emerged to the authors: "the importance of each action of the midwife” and “the availability of resources determines the care provided”. These demonstrate a collective agreement by patients that the words and actions of a caregiver in this time are extremely important and potentially harmful or helpful depending on the level of care being given and that having the actual resources needed is a first-level priority that is not always being met. The authors conclude that stillbirth, being a very complex experience, it requires help and resource materials, and strict guidelines for care. Midwives are in a unique position to do a lot of good for grief-stricken families after a stillbirth.

1. **Downe, S., Schmidt, E., Kingdon, C., & Heazell, A. E. (2013). Bereaved parents' experience of stillbirth in UK hospitals: a qualitative interview study. BMJ Open, 3(2), e002237. https://doi.org/10.1136/bmjopen-2012-002237**

The objective of this study was to learn about the views of parents after having lost a child to stillbirth before or during labor regarding their interactions with hospital staff around the time of their baby’s passing. To obtain this information, the authors studied interviews taken in 2011 for a national survey and analyzed the data. A total of 22 families participated (n=25); the authors found that there were practices that were particularly helpful to the families. One example of this was if the hospital staff was adept, they often saw their interactions with them as significantly impacting their ability to cope with the loss. This was true both around the time of labor and for the long term. Three key themes were identified as well, “enduring and multiple loss,” “making irretrievable moments precious,” and “best care possible to the worst imaginable.” A meta-theme of “One chance to get it right” also emerged from analyzing participant responses, which the authors feel briefly synthesizes their findings. For clarity, this theme refers not only to the family but also to the staff and even the organizations that indirectly provide resources for them. The authors conclude that a kind staff often facilitates positive outcomes or memories after this traumatic event as much as it is by high-end medical treatment. Because of this, the authors conclude that it is pivotal for staff to be well-trained and understanding enough to work as though they are fulfilling the ideals of the theme “One chance to get it right.”

1. **Dube, K., Marenga, F., Ayebare, E. O., Bedwell, C., Chaudhry, N., Chilinda, I., Chimwaza, A., Devane, D., Fattepur, S., Goshomi, U., Kiran, T., Laisser, R., Lavender, T., Mills, T. A., Nabisere, A., Un Nisa, Z., Vwalika, B., Wakasiaka, S., & Kirkham, J. J. (2025). A meta-core outcome set for stillbirth prevention and bereavement care following stillbirth in LMIC. BMJ Global Health, 10(1), e017688. https://doi.org/10.1136/bmjgh-2024-017688**

This study aimed to identify important factors, outcome factors that can be used to identify stillbirth risk and aid in future prevention and bereavement care, especially in low-income and middle-income countries where stillbirth disproportionately impacts women. Previous outcomes were reviewed, and surveys were conducted with parents who had experienced loss. Researchers scored the results while healthcare professionals administered the surveys. Results showed that of the 287 participants, consisting of 143 midwives, 50 mothers, 50 researchers, 32 obstetricians, and 12 fathers, a consensus was reached regarding 13 “core outcomes” covering five domains. These domains were “obstetric, fetal, perinatal and neonatal outcomes and maternal complications”. These common domains of the stillbirth experience help guide future care as they provide insight into the shortcomings of bereavement care from women and staff going through the experience firsthand.

1. **Eilat S. (2024). "Just forget about it and move on": Stillbirth ruptured and repaired narratives beyond expectant futures. Sociology of Health & Illness, 46(6), 1275–1291. https://doi.org/10.1111/1467-9566.13810**

For context, literature regarding the important sociological aspects of women who experience stillbirths has been done. However, little attention has been paid to how these explored consequences can be expressed through “narrative negotiations” over time. This article focuses on the experiences of Jewish-Israeli women with stillbirths in their history. Of note in their narratives, women disagreed with expectations held for them by professionals, family, and friends. Especially “dictation of their future”, such as wanting the woman to get pregnant again shortly after for the needs of others. A way of reshaping their narratives in a positive way is by doing something that the author refers to as “thickening a present tense” by extending caring feelings or behaviors to the stillborn in the aftermath. This article serves as a contribution to the existing literature and provides a perspective on the concept of narrative changing pertaining to stillbirth.

1. **Ezadi, Z., Sadat Hofiani, S. M., & Christou, A. (2025). Using routine data to examine factors associated with stillbirth in three tertiary maternity facilities in Kabul, Afghanistan. Reproductive health, 22(1), 1. https://doi.org/10.1186/s12978-024-01916-9**

A disproportionate number of stillbirths occur in countries that are in a state of conflict and/or humanitarian crisis (1/3 of global stillbirths, according to the author's source). In particular, Afghanistan experienced a stillbirth rate of 26 per 1000 in 2021. Due to the tremendous impact stillbirth has on those involved and the lack of information, especially from crisis countries, the authors of this study sought to utilize health facility data to determine different “socio-demographic. Maternal, fetal, and obstetric characteristics” that could be correlated with stillbirth. They studied the maternity units at three hospitals in Kabul and found a total of 487 cases of stillbirth along with 1069 live births for the control. Stillbirths after 22 weeks of pregnancy were included. From their findings, the authors concluded that better research and data are needed to understand the contributing factors better to prevent future stillbirths. This is especially true in countries with less equitable wealth and heavier pollution densities. To improve detection, we first need to identify those most at risk.

1. **Fernández-Sola, C., Camacho-Ávila, M., Hernández-Padilla, J. M., Fernández-Medina, I. M., Jiménez-López, F. R., Hernández-Sánchez, E., Conesa-Ferrer, M. B., & Granero-Molina, J. (2020). Impact of Perinatal Death on the Social and Family Context of the Parents. International Journal of Environmental Research and Public Health, 17(10), 3421.** [**https://doi.org/10.3390/ijerph17103421**](https://doi.org/10.3390/ijerph17103421)

It’s well known that perinatal death is a physically and psychologically painful experience for families, and in addition, globally, there are 2.7 perinatal deaths annually (~2000 in Spain). This study sought to look closer at and conceptualize the experiences of families in Spain grappling with perinatal death. The authors conducted interviews with “13 mothers and 18 fathers” to gain insight into the impact their experience with loss has had on them in the time since. The authors concluded that this loss uniquely impacts family dynamics, with each member processing things differently. They suggest that social, health, and education care become more involved, helpful, and aware to help families cope with grief.

1. **Gandhi, C., & Page, J. (2024). Stillbirth risk factors, causes and evaluation. Seminars in Perinatology, 48(1), 151867. https://doi.org/10.1016/j.semperi.2023.151867**

For context for this review, stillbirth impacts 5.73 per 1000 US births, a rate that is higher than comparable “high resource” countries. Some risk factors for stillbirth are medical, while some are demographic. Because of this, assessment of relevant factors can be difficult due to their prevalence throughout the population, and prevention is more difficult. Part of the reason for this is the great number of stillbirths that have undetermined causes (24%). Real-world data is lacking, and strict protocols don’t allow the inclusion of all real-world data. Furthermore, the authors conclude that these unexplained stillbirths make determining the underlying causes of stillbirth and their associated factors difficult. They state that this deficit can be improved by gathering “evidence-based, comprehensive” data on stillbirth.

1. **Glaser Chodik, N., & Baum, N. (2023). The experience of men following stillbirth: the case of Israeli bereaved fathers. Journal of Reproductive and Infant Psychology, 1–16. Advance online publication. https://doi.org/10.1080/02646838.2023.2237541**

For this study, the authors sought to gauge the impact that stillbirth has on Israeli men, noting that Israeli society has strong “pronatalist” norms. A total of 30 men were selected to be interviewed, and the interviews were then transcribed. Results indicated four “core themes” had emerged from the men’s responses. There were discrepancies between the pain felt and the awareness by others of this pain, that the empathetic attention of others was almost never directed at them but rather at their female partners, lack of support from parents, and the last theme was feeling a need for an emotional space that is their own to feel emotions openly. The authors conclude from their findings that most of the men interviewed (25/30) focused on their partner's suffering rather than their own, further highlighting the themes that emerged that suggest men are being overlooked and apparently by themselves as well. The authors say that this calls for more specialized intervention.

1. **Goldberg, M., Sberro-Cohen, S., Tamsot, N., Valid, T.B., & Kasten, C. (2024) From darkness to light: Accompanying women giving stillbirth in a public hospital. Int J Nurs Health Care Res, 7, 526. DOI: https://doi.org/10.29011/2688-9501.101526**

For context, the event of stillbirth is seen as traumatic, bearing long-lasting impacts both psychologically and emotionally on women and men. Sadly, the level of care and support received for those who experience a stillbirth is often lacking, leading to prolonged grief and suffering. This article aimed to examine stillbirth experiences and assess the care used to support these patients. The authors found that, among other things, communication and inadequate support from medical professionals were two pervasive issues being reported. Greater levels of distress were found to be worsened by things such as “social isolation, insensitive comments, and a lack of support groups.” The authors conclude that it is pivotal for these women that we improve their level of care and support. Better training and support for professionals to help them provide empathetic, supportive care is needed, as well as implementing more comprehensive protocols such as “respectful rituals” and memory items to facilitate a healthy grief process.

1. **Gravensteen, I. K., Helgadóttir, L. B., Jacobsen, E. M., Rådestad, I., Sandset, P. M., & Ekeberg, O. (2013). Women's experiences in relation to stillbirth and risk factors for long-term post-traumatic stress symptoms: a retrospective study. BMJ Open, 3(10), e003323. https://doi.org/10.1136/bmjopen-2013-003323**

The objective of this study was to look closely at the experiences of women who have had a previous stillbirth and learn how they assess the care they received while at the hospital and also to gauge long-term PTS symptoms (PTSS) that result from the stillbirth. A total of 379 women answered a questionnaire regarding their experiences with stillbirth and the healthcare professionals who tended to them. Data was also used from an earlier questionnaire surveying 101 women similarly. Results indicated that the majority of the women questioned (98%) saw their stillborn baby and a majority (82%) had held their baby. Most women felt respected by staff during delivery (85.6%), and 94.9% were satisfied with the level of respect shown towards their babies. The authors conclude from the totality of their findings that one in three women had presented with clinically significant levels of PTSS and that holding the baby generally helped the grief process. In contrast, induced abortion was a risk factor for PTSS.

1. **Gravensteen, I. K., Jacobsen, E. M., Sandset, P. M., Helgadottir, L. B., Rådestad, I., Sandvik, L., & Ekeberg, Ø. (2018). Anxiety, depression and relationship satisfaction in the pregnancy following stillbirth and after the birth of a live-born baby: a prospective study. BMC Pregnancy and Childbirth, 18(1), 41. https://doi.org/10.1186/s12884-018-1666-8.**

The objectives of the study were twofold: 1) to examine the prevalence of anxiety and depression in pregnancies after stillbirth, considering gestational age at stillbirth as well as inter-pregnancy interval as risk factors, and 2) to measure the course of anxiety, depression, and partner relationship satisfaction up to 3 years after the birth of a live-born child following stillbirth.

Data were from the Norwegian Mother and Child Cohort Study, a population-based pregnancy cohort. The sample was comprised of 901 pregnant women: 174 pregnant after a stillbirth, 362 pregnant after a live birth, and 365 previously nulliparous. Women pregnant after stillbirth had a higher prevalence of anxiety (22.5%) and depression (19.7%) compared with women with a previous live birth and previously nulliparous women. Gestational age at stillbirth (> 30 weeks) and inter-pregnancy interval < 12 months were not significant predictors of depression and/or anxiety. Anxiety and depression decreased six to 18 months following the birth of a live-born child but increased 36 months postpartum. Relationship satisfaction did not differ between the groups examined

1. **Gross, M. S., Ju, H., Osborne, L. M., Jelin, E. B., Sekar, P., & Jelin, A. C. (2021). Indeterminate Prenatal Ultrasounds and Maternal Anxiety: A Prospective Cohort Study. Maternal and Child Health Journal, 25(5), 802–812. https://doi.org/10.1007/s10995-020-03042-x**

For this study, the authors wanted to look at how having a history of miscarriage, preterm delivery, or stillbirth impacts a woman’s levels of anxiety in subsequent pregnancies where fetal anomaly is detected, relative to how it impacts women in a control group without extra risks involved in their pregnancy. A total of 674 women completed questionnaires that aimed to assess their anxiety. The authors found that generally all women who had pregnancies categorized as “high risk” (502) displayed high levels of anxiety after their screening, which alerted them to the issue. Additionally, anxiety tended to taper down after discovery in the following 10 to 12 weeks. The control group did not have elevated levels of anxiety. Still, women who expected they may have had an issue did, though not as significantly as women with a diagnosed problem.

1. **Heazell, A. E., Siassakos, D., Blencowe, H., Burden, C., Bhutta, Z. A., Cacciatore, J., Dang, N., Das, J., Flenady, V., Gold, K. J., Mensah, O. K., Millum, J., Nuzum, D., O'Donoghue, K., Redshaw, M., Rizvi, A., Roberts, T., Toyin Saraki, H. E., Storey, C., … Lancet Ending Preventable Stillbirths Series study group; Lancet Ending Preventable Stillbirths investigator group. (2016). Stillbirths: Economic and psychosocial consequences. Lancet, 387(10018), 604–616. https:// doi.org/10.1016/S0140-6736(15)00836-3**

The authors of this extensive review noted that despite the frequency of stillbirths, the impact has not received the systematic attention the form of loss deserves. They combined the findings from comprehensive, systematic literature reviews and new analyses of published and unpublished data to derive comprehensive conclusions regarding the impact of stillbirth on parents, families, healthcare providers, and societies worldwide. Stillbirth was identified as needing more resources than live birth in the perinatal period and beyond, particularly during subsequent pregnancies. The authors noted, “indirect and intangible costs of stillbirth are extensive and are usually met by families alone,” commenting further that adverse effects on parental mental health might be moderated by empathic attitudes of care providers and interventions tailored to the experience. The authors concluded, “The value of the baby, as well as the associated costs for parents, families, care providers, communities, and society, should be considered to prevent stillbirths and reduce associated morbidity.”

1. **Herbert, D., Young, K., Pietrusińska, M., & MacBeth, A. (2022). The mental health impact of perinatal loss: A systematic review and meta-analysis. Journal of Affective Disorders, 297, 118–129.**

Perinatal loss can pose a significant risk to maternal mental health. This systematic review and meta-analysis pulled studies with control groups published between January 1995 and March 2020. Twenty-nine studies from 17 countries were included, representing a perinatal loss sample (n = 31,072) and a control group of women who had not experienced loss (n = 1,261,517). Compared to controls, perinatal loss was associated with increased depression and anxiety. Based on their data, the researcher stated that “Assessing mental health following loss is a maternal health priority.”

1. **Höglund, B., & Hildingsson, I. (2025). Is it possible for parents to endure a stillbirth? Initial experiences, perceptions, and strategies: individual in-depth interviews in Sweden 2021-2023. BMC pregnancy and childbirth, 25(1), 4. https://doi.org/10.1186/s12884-024-07055-0**

In Sweden, there is stillbirth 3 times out of every 1000 pregnancies. The authors of this study looked to fill in some of the dearth of information from prior studies of the experiences of parents facing an experience with stillbirth. In particular, they sought to “deepen and broadly explore parent’s initial experiences, perceptions, internal processes, and strategies from the moment of suspicion or awareness of a stillbirth until one month after the event.” For methodology, 10 separate interviews were administered between 2021 and 2023 and evaluated using a “thematic network analysis.” Results primarily yielded two significant themes, “following the journey – from suspicion to acceptance” and “Support, structured activities and processes after stillbirth” that highlighted the impact of stillbirth. From the totality of their findings, the authors concluded that stillbirth has a “profound and devastating impact” on families. They describe it as an ongoing burden that complicates mental health for many people and discuss coping strategies.

1. **Hug, L., You, D., Blencowe, H., Mishra, A., Wang, Z., Fix, M. J., Wakefield, J., Moran, A. C., Gaigbe-Togbe, V., Suzuki, E., Blau, D. M., Cousens, S., Creanga, A., Croft, T., Hill, K., Joseph, K. S., Maswime, S., McClure, E. M., Pattinson, R., Pedersen, J., … UN Inter-agency Group for Child Mortality Estimation and its Core Stillbirth Estimation Group (2021). Global, regional, and national estimates and trends in stillbirths from 2000 to 2019: a systematic assessment. Lancet (London, England), 398(10302), 772–785.** [**https://doi.org/10.1016/S0140-6736(21)01112-0**](https://doi.org/10.1016/S0140-6736%2821%2901112-0)

For context, despite increased research in the area and advances in medical science stillbirth is still considered a serious public health issue globally. The authors of this study aimed to attempt to gain standardized measurements of stillbirth rates across 195 countries between the years 2000 and 2019. For their assessment, they specifically created “2833 country-year datapoints” relevant to stillbirth rates. Their findings included that an estimated 2 million stillborn babies were birthed at past 28 weeks gestation, and the rate of stillbirth was found to be 13.9 per 1000 births. Discrepancies among countries were great, with an estimated 22.8 stillbirths per 1000 for central Africa and only 2.7 to 3 in western Europe. The global deduction rate for stillbirth over the examined period was between 2 and 3 percent and is broken down further: 114 countries experienced a decrease, with a small handful experiencing decreases of over 50%. The authors conclude from their findings that compared to reducing deaths of children under the age of 5, the decreasing rate of stillbirths has been a slower process and that there is a great need for further data collection and public awareness in countries with the highest rates.

1. **Hughes, P., Turton, P., Hopper, E., McGauley, G. A., & Fonagy, P. (2004). Factors associated with the unresolved classification of the Adult Attachment Interview in women who have suffered stillbirth. Development and Psychopathology, 16(1), 215–230. https://doi.org/10.1017/s0954579404044487**

For context, the unresolved state of those experiencing loss or trauma is an area that needs more academic investigation. People often use the “Adult Attachment Interview” to gauge some aspects of this grief. However, the authors suggest that questions remain regarding what factors can predict an unresolved state of mind. This study explored “attachment, psychiatric, and social” factors for possible association with the unresolved state. While all women may experience childhood trauma resulting in an unresolved state, this experience is unique to those who have experienced stillbirth and require different remedies. The authors found that unresolved high scores regarding traumatic loss and stillbirth were predicted somewhat by “childhood trauma, poor support from family after the loss, and having a funeral for the infant.”

1. **Hvidtjørn, D., Wu, C., Schendel, D., Thorlund Parner, E., & Brink Henriksen, T. (2016). Mortality in mothers after perinatal loss: a population-based follow-up study. BJOG: An International Journal of Obstetrics and Gynaecology, 123(3), 393–398. https://doi.org/10.1111/1471-0528.13268**

The stated objective of this study was to ascertain if women who experienced early child loss (stillbirth or early infant death) are at a higher mortality risk themselves and what some of those causes might be. The authors conducted a population-based study of a cohort of women who delivered between January 1980 and December 2008 and were followed up on until 2009 or their deaths. Results showed that in the follow-up period for these women, 838,331 had one or more children, and 7690 (0.96%) experienced an early loss. A total of 8,883 of the mothers died during follow-up (1.06%), and factors with adverse outcomes included low socioeconomic status or educational status and higher maternal age. Heart conditions were the number one associated cause of morbidity. From these findings, the authors concluded that these women who experience this form of loss are at higher risk of mortality, in particular from cardiovascular disease.

1. **Jørgensen, M. L., Prinds, C., Mørk, S., & Hvidtjørn, D. (2022). Stillbirth - transitions and rituals when birth brings death: Data from a Danish national cohort seen through an anthropological lens. Scandinavian Journal of Caring Sciences, 36(1), 100–108. https://doi.org/10.1111/scs.12967**

The objective of this study was to report on the “post stillbirth and newborn death socio-cultural experience of women from a population-based representative sample in the Indian state of Bihar.” A state-representative subject pool with 7270 sample births between 2020 and 2021 was used to gain insight. Of the pool, 501 and 717 parents who experienced stillbirth and neonatal death, respectively, participated in the questioning. It was found that “The most commonly reported negative experience was receiving insensitive/hurtful comments about the baby (18.6% for stillbirth and 20.4% for newborn deaths), followed by being blamed for the baby’s death (14.3% for stillbirths and 15.0% for newborn deaths).” In addition, most women who responded reported being verbally abused by their mother-in-law over the affair. The authors concluded that a third of the women had adverse outcomes relating to this experience. These findings highlight the importance of population-based data.

1. **Katumba, J. D., Mweya, C. N., & Wangwe, P. (2025). Risk factors associated with stillbirths among women delivered at Muhimbili National Hospital, Tanzania: Unmatched case-control study. Tanzania Journal of Health Research, 25 (1), 1592-1604.**

Unfortunately, Tanzania finds itself among the top 10 countries with the highest stillbirth rates. Compounding the issue of stillbirth in Tanzania is the fact that associated factors that are known can often lack specificity and differ. Additionally, the known related factors have not been tested to see if they are what drive stillbirth rates in Tanzania. This study looked to identify specific factors that can be associated with a higher risk of stillbirth at a large healthcare facility in Tanzania. For this case-control study, they observed 146 cases of stillbirth as well as 292 control cases. Women answered questions on their experiences with pregnancy and birth or stillbirth. Results showed that for the study, there were 2537 newborns delivered and 153 stillbirths, giving this population an astounding 60 stillbirths per 1000 live births. After controlling for confounding variables, factors for stillbirth were found to include hypertension during gestation, preeclampsia, prior stillbirths, “intrauterine growth restriction”, fetal distress, and hemorrhaging of the mother. They concluded that disorders on hypertension and hemorrhaging in the antepartum period are both “critical risk factors” for this population and these issues need to be addressed quickly by medical staff to reduce the odds of stillbirth.

1. **Kaushal, P., Khapre, M., Das, A., Kumari, R., & Sharma, M. (2023). Community Perspective of Male Involvement in Maternal Health Care in Uttarakhand, India: A Qualitative Study. Journal of Obstetrics and Gynaecology of India, 73(2), 113–122.** [**https://doi.org/10.1007/s13224-022-01672-5**](https://doi.org/10.1007/s13224-022-01672-5)

Part of the motivation for this study was the major role that men in India play in regard to decision-making for both themselves and their partners and family. They have a great deal of control over their partner’s ability to access “antenatal, delivery, and postnatal” care services. In particular, they often have the final say when it comes to their partner's financial resources and access to travel. The aim of this study was to explore “key components and challenges to male involvement in maternal health care”. The authors utilized a focus group of stakeholders for discussions to gather data. The results indicated that most stakeholders in the area of medical science felt that there was a need for increased awareness of maternal health services among men in India. Additionally, it was learned that some of the factors that impact a man’s level of involvement with his wife’s pregnancy and care included “availability (workstations at different places), literacy, gender-based work domain and social cultures, finances, and health facility environment.” The four emergent themes the authors found were a husband’s involvement in antenatal, intra-natal, and postnatal care respectively as well as barriers they faced while seeking involvement. From their findings, the authors concluded that a male's role in pregnancy can have a major positive impact on the outcome for his child and wife if he is aware of services and their importance. Additionally, they found that a focus group discussion, in particular, helped to highlight the importance of male involvement.

1. **Kelley, M.C., & Trinidad, S.B. (2012). Silent loss and the clinical encounter: Parents’ and physicians’ experiences of stillbirth–a qualitative analysis. BMC Pregnancy Childbirth 12, 137. https://doi.org/10.1186/1471-2393-12-137**

In the US, there are around 70 stillbirths daily and an average of 25,000 each year. Hospitals are increasingly making efforts to provide support in the wake of this devastating loss. However, the issue is increasingly common. The authors suggest more research is needed, so three focus groups were conducted consisting of parents who had stillbirth experience and also delivered in a hospital. Two focus groups were formed with healthcare providers. Results indicated that women found the distastefully cheery environment of the hospital to be painful for those going through something as traumatic as a stillbirth. In addition, parents often felt that their grief was not correctly recognized socially. The authors conclude that better facilities and private areas are needed, and better-trained staff have a better grasp of the concept of grief due to their incredibly important role.

1. **Kwok, K., & Lam, C. (2025). ‘I can’t bear giving my baby away’: Negotiation of reproductive rights of migrant domestic workers and implications for social work. International Social Work, 68(1), 41-55. https://doi.org/10.1177/00208728241254319**

In this article, Kwok and Lam explore the experiences of migrant domestic workers who navigate pregnancy and motherhood under restrictive labor and immigration policies. Using qualitative interviews, the authors highlight how these workers frequently face employer pressure, fear of contract termination, and limited access to healthcare and social services when deciding whether to keep a pregnancy, terminate it, or relinquish their child. The study emphasizes the immense emotional toll and moral dilemmas that accompany such decisions, including shame, guilt, and the fear of being separated from their newborns. The authors also illustrate how structural constraints, such as insufficient maternity protections and restrictive residency regulations, place migrant domestic workers at a disadvantage. These barriers undermine their ability to exercise reproductive freedom and can lead to exploitative conditions where workers feel compelled to hide their pregnancies or endure unsafe working environments. Additionally, cultural norms and power imbalances in the employer-employee relationship further complicate workers’ capacity to negotiate their reproductive choices. Based on these findings, Kwok and Lam suggest more advocacy work for social workers. They also recommend supportive policies, culturally sensitive interventions, and collaborations with community organizations to ensure that migrant domestic workers can safely and equitably exercise their reproductive freedom.

1. **Lamon, L., De Hert, M., Detraux, J., & Hompes, T. (2022). Depression and post-traumatic stress disorder after perinatal loss in fathers: A systematic review. European Psychiatry: The Journal of the Association of European Psychiatrists, 65(1), e72.**

A comprehensive summary of quantitative literature describing the association between perinatal loss and depression/depressive symptoms or post-traumatic stress disorder (PTSD)/post-traumatic stress (PTS) symptoms among fathers has not been previously published. This review included only studies investigating intrauterine death from 20 weeks of gestation, stillbirth, or neonatal death within the first month after birth. A final sample of 13 articles was deemed eligible for inclusion. Some studies revealed an increased risk of depressive and PTS symptoms among fathers after perinatal loss, yet many study results did not reveal significant differences. Symptoms generally decreased over time, and the majority of studies revealed higher levels of depressive and PTS symptoms in mothers, compared with fathers.

1. **Lewkowitz, A. K., Cersonsky, T. E. K., Reddy, U. M., Goldenberg, R. L., Dudley, D. J., Silver, R. M., Ayala, N. K., & Stillbirth Collaborative Research Network (2022). Association of Perceived Lack of Paternal Support After Stillbirth with Maternal Postpartum Depression or Anxiety. JAMA Network Open, 5(9), e2231111. https://doi.org/10.1001/jamanetworkopen.2022.31111**

For context, women who experience stillbirth are at higher risk of developing depression and anxiety relating to their pregnancy relative to mothers without prior loss. The risk of postpartum depression or anxiety (PPDA) is much higher among mothers who have birth fathers who don’t wish to discuss the stillbirth and those with a lack of perceived social support. This study aimed to look at the association between support by the birth father and the development of PPDA by the mother. The authors studied women in 59 hospitals between 2006 and 2009. Women from the former study who had had a stillbirth were interviewed again during subsequent pregnancies. Of the 663 women from the original stillbirth study, 41.5% (275) also participated in the second round of questioning about their subsequent pregnancy. Further, 269 of those who returned for the second set of questions answered questions about paternal support. 88% of these women who answered paternal support questions said they felt they had received it. A lack of support was more common among non-white women, slightly older women, and those who used cigarettes and alcohol. This lack of support resulted in higher levels of PPDA as well. The authors conclude from their findings that a lack of paternal support seems to be associated with “markedly greater odds of maternal PPDA.” It also seemed to have a more significant impact on the development of PPDA than other known associated factors.

1. **Lewkowitz, A. K., Rosenbloom, J. I., Keller, M., López, J. D., Macones, G. A., Olsen, M. A., & Cahill, A. G. (2019). Association between stillbirth ≥23 weeks gestation and acute psychiatric illness within 1 year of delivery. American Journal of Obstetrics and Gynecology, 221(5), 491.e1–491.e22.**

Stillbirth has been associated with emotional and psychological symptoms. However, the relationship between stillbirth and diagnosed postpartum psychiatric illness is less understood. The objective of this study was to examine whether women have a higher risk of experiencing clinician-diagnosed psychiatric morbidity in the year after stillbirth compared to live births. Data were secured from the Florida State Inpatient and State Emergency Department databases. The first deliveries of female Florida residents aged 13 through 54 from 2005 through 2014 were included. The researchers compared outcomes after stillbirth vs live birth with statistical adjustment for maternal sociodemographic factors, medical comorbidities, and severe intrapartum morbidity. 8292 women with stillborn singletons and 1,194,758 with liveborn singletons formed the sample. Within one year of post-stillbirth hospital discharge, 4.0% of the women (n=331) had an Emergency Department visit or inpatient admission coded for psychiatric morbidity. The risk was nearly 2.5 times greater than with live births (1.6%). Women also had a higher risk of having an Emergency Department visit or inpatient admission for drug or alcohol use or dependence in the year following stillbirth vs livebirth (1.5% vs 0.6%). The highest risk interval for postpartum psychiatric illness was determined to be within four months of stillbirth delivery, although the risk remained high across the 4-12 months after delivery.

1. **Lewkowitz, A. K., Rosenbloom, J. I., López, J. D., Keller, M., Macones, G. A., Olsen, M. A., & Cahill, A. G. (2019). Association Between Stillbirth at 23 Weeks of Gestation or Greater and Severe Maternal Morbidity. Obstetrics and Gynecology, 134(5), 964–973.**

The purpose of this study was to estimate whether stillbirth at 23 weeks gestation or later is associated with an increased risk of severe maternal morbidity compared to live births when stratified by maternal comorbidities. This retrospective cohort study used the Healthcare Cost and Utilization Project's Florida State Inpatient Database data.Nine thousand five hundred twenty-three women who delivered a stillborn baby and 1,353,044 with live births were included. Severe maternal morbidity was significantly more common during stillbirth delivery (5.2%), corresponding to a seven-fold increased risk compared with live birth. Among 2,933 stillbirths and 417,131 live births with maternal comorbidities, severe maternal morbidity was significantly more common during stillbirth delivery (13.3%), and this risk was over six-fold higher. Most maternal comorbidities were individually associated with a greater risk of severe maternal morbidity with stillbirth compared to live birth.The researchers concluded thathealthcare providers must be vigilant about severe maternal morbidity during stillbirth delivery.

1. **Liu, Y., Yang, X., Zhu, X., Tian, X., & Yang, Z. (2024). Clinical Experiences of Perinatal Palliative Care After a Stillbirth: A Narrative Therapy for Grief. The American Journal of Hospice & Palliative Care, 41(12), 1511–1516. https://doi.org/10.1177/10499091241228976**

For context, “narrative” care is something that is rarely provided for families in China Mainland that have suffered a perinatal loss. Still, with the advancement of a newer Chinese narrative in medicinal practice, this concept is being increasingly recognized. This case study describes the traumatic narrative “foreclosures” that occur in a family that is suffering from stillbirth and then highlights the different disciplines that can collaborate to practice narrative care to support the bereaved in a medical setting. The authors advocate establishing a healthy ecology for narrative care by bettering training for obstetricians and ensuring nurses are competent via training as well so that families navigate the grief surrounding perinatal loss.

1. **Loughnan, S., Bakhbakhi, D., Ellwood, D. A., Boyle, F., Middleton, P., Burden, C., Ludski, K., Saunders, R., & Flenady, V. (2024). Support for parents and families after stillbirth and neonatal death. The Cochrane Database of Systematic Reviews, 11(11), CD015798.** [**https://doi.org/10.1002/14651858.CD015798**](https://doi.org/10.1002/14651858.CD015798)

The objective of this study was to pinpoint the effects of intervention specified by the authors as effective as a support measure for grieving families following stillbirth or neonatal death. This type of intervention the authors examine for this study is generally referred to as “perinatal bereavement support” and involves tailored interventions meant to address the specific needs of a family. This includes integrating the family's personal variables into the support. The authors suggest that three different levels of support be used to combat trauma based on the severity of the individual situation. The first level of support is “Low need,” which is a situation where support from family and friends may be adequate, with the provision of support option information if more intensive intervention is needed. The second level is “Moderate need,” which incorporates therapy such as group sessions and groups led by volunteers. The last identified level of need for support was “High need,” which typically includes women and families that need mental health treatment services, strong support all around, and specialist counseling.

1. **Loughnan, S. A., Boyle, F. M., Ellwood, D., Crocker, S., Lancaster, A., Astell, C., Dean, J., Horey, D., Callander, E., Jackson, C., Shand, A., & Flenady, V. (2022). Living with Loss: study protocol for a randomized controlled trial evaluating an internet-based perinatal bereavement program for parents following stillbirth and neonatal death. Trials, 23(1), 464. https://doi.org/10.1186/s13063-022-06363-0**

Long-lasting psychosocial consequences are a well-established outcome of neonatal death. Despite the gravity of the trauma experienced, people are often forced to work with only a “self-guided internet-based perinatal bereavement support program” called “Living with Loss (LWL)”. A total of 150 men and women were recruited across Australia and randomized into either the LWL group or the “case as usual” (CAU) group. They participated in follow-up assessments afterward to determine how factors such as measurements on the “Kessler Psychological Distress Scale” as well specific items such as “perinatal grief, anxiety, depression, quality of life, program satisfaction and acceptability, and cost-effectiveness.” While this study seeks to fill in some of the gaps left by literature, the authors found that there were limitations such as help in both groups being a mix of professional and nonprofessional actors making it difficult to compare effectiveness and other measures. In addition, without a standard measurement relating to this type of loss, evaluating these two groups is limited. The authors' totality of findings only highlighted a greater need for assessing these online alternatives.

1. **Mainali, A., Infanti, J. J., Thapa, S. B., Jacobsen, G. W., & Larose, T. L. (2023). Anxiety and depression in pregnant women who have experienced a previous perinatal loss: a case-cohort study from Scandinavia. BMC Pregnancy and Childbirth, 23(1), 111. https://doi.org/10.1186/s12884-022-05318-2**

For context, it is well documented that adverse effects for women have been attributed to perinatal loss. However, the mental health of mothers and women who lost their babies during subsequent pregnancies and who are pregnant again is not a well-studied area, the authors suggest. The goal of this study was to look closely at the association between symptoms of anxiety and depression and pregnant mothers who have experienced a previous loss. A secondary goal was to investigate possible determining factors for the mental health of the mother during a second pregnancy after a perinatal loss. The authors studied data from a cohort of 1458 Scandinavian women, 401 of whom had a history of perinatal loss in a previous pregnancy. The author's main objective from their observation of these women was to “assess the association between previous perinatal loss and maternal mental health in subsequent pregnancy.” Results indicated that Scandinavian women with a prior history of perinatal loss had experienced more anxiety and depression symptoms for expectant mothers during subsequent pregnancies. They also found that perinatal loss itself had a positive association with higher total anxiety scores on the State-Trait Anxiety Inventory. A significant factor associated with perinatal loss was unintended pregnancy. The authors concluded that women who have a history of perinatal loss face higher levels of risk for developing symptoms of anxiety and depression while pregnant with their next child.

1. **Majumder, M., Kumar, G. A., Ali, S. B., George, S., Dora, S. P., Akbar, M., Akhouri, S. S., Kumari, S., Mahapatra, T., Dandona, R., & ENHANCE 2020 Team (2024). Socio-cultural practices and experience of mothers' post stillbirth and newborn death: a population-based perspective from India. BMC Pregnancy and Childbirth, 24(1), 778. https://doi.org/10.1186/s12884-024-06906-0**

The objective of the authors of this study was to make a report on stillbirth and early postnatal child death. They sought to gain insight, in particular, into the “socio-cultural” aspects of women’s experience in India regarding these traumatic forms of early child death. To gain this insight, 501 and 717 women were interviewed from a sample of 7270 women regarding their experience with stillbirth and postnatal death, respectively. Participation levels were within a percentage of each other at 86.1% and 86.3%, respectively, and it was found that levels of support in terms of having someone to speak with about their loss were similar with 74.2% and 80.2% for the stillbirth groups and 76.7% and 77.3% for the postnatal death groups. More contrast was found when the authors examined levels of blame placed on the woman for the death by their mothers-in-laws, with 63.2% and 64.5% of women in the stillbirth groups reporting verbal abuse and 67.6% and 61.7% for the postnatal death groups. The authors concluded from the totality of their findings that one-third of their respondents reported struggling with the early death of a child, reporting adverse outcomes, and due to India’s large population, this form of trauma impacts many women in the country. The authors also highlight a need for improved interventions guided by scientific study.

1. **Marsden, T., Shukralla, H., Khong, T. Y., Dahlstrom, J. E., Flenady, V., & Sexton, J. (2025). Understanding the clinical utility of stillbirth investigations: a scoping review. BMC Pregnancy and Childbirth, 25(1), 221. https://doi.org/10.1186/s12884-025-07345-1**

For this review, the authors aimed to assess the available material on stillbirth and potential causes, identify relevant evidence and characteristics of stillbirth, and determine how stillbirth investigations can be improved or enhanced to benefit women. The authors utilized multiple databases to identify relevant articles and subsequently extracted the data from them to achieve this. They identified 57 potentially relevant studies, of which 34 were included, representing 11,410 stillbirths. A significant finding was that the pathology of a woman’s placenta and high-risk features involving the placenta were considered the most helpful information obtained during investigations. A cause of death was found in 61-71% of stillbirths, and autopsy was able to detect the cause in 36-77% of cases. Genetic analysis was found to be useful in 29% of investigations where this aspect was assessed. These findings can be used to help clinicians prioritize the most effective actions in stillbirth investigations; however, the information discovered needs to be further refined through additional research. Still, they show the clear benefits of autopsy and genetic testing and other methods on their own when investigating the cause of stillbirth.

1. **Marufu, T. C., Ahankari, A., Coleman, T., & Lewis, S. (2015). Maternal smoking and the risk of stillbirth: systematic review and meta-analysis. BMC Public Health, 15, 239.**

This study was a systematic review and meta-analysis aimed at providing contemporary estimates of the association between maternal smoking in pregnancy and the risk of stillbirth. Searching four major databases yielded 34 papers (21 cohorts, 8 case controls, and five cross-sectional studies) that met the inclusion criteria. In the meta-analysis, smoking during pregnancy was significantly associated with a 47% increase in the odds of stillbirth. Smoking under ten cigarettes per day was associated with a 9% increased risk of stillbirth, while smoking ten or more cigarettes was related to a 52% increase in the odds of stillbirth. When stillbirth was defined as ≥ 20 weeks gestation, a 43% smoking-related increase in odds for stillbirth was identified. Studies with stillbirth defined at ≥ 24 weeks and ≥ 28 weeks corresponded to 58% and 33% increased risk of stillbirth, respectively. The authors concluded, “Our review confirms a dose-response effect of maternal smoking in pregnancy on risk of stillbirth. To minimize the risk of stillbirth, reducing current smoking prevalence in pregnancy should continue to be a key public health high priority.”

1. **Meredith, P., Wilson, T., Branjerdporn, G., Strong, J., & Desha, L. (2017). "Not just a normal mum": a qualitative investigation of a support service for women who are pregnant subsequent to perinatal loss. BMC Pregnancy and Childbirth, 17(1), 6.** [**https://doi.org/10.1186/s12884-016-1200-9**](https://doi.org/10.1186/s12884-016-1200-9)

Part of the motivation for this study is the range of potential negative experiences a woman may have during their subsequent pregnancy after a perinatal loss. In Australia, a support organization, the “Mater Mothers’ Bereavement Support Service,” centralized in Brisbane, formed a clinic specializing in “after loss” care. This study aimed to look into the various experiences that women with a history of loss have had along the course of their subsequent pregnancy, as well as women’s experiences with the new after-loss care clinic in Brisbane. Interviews were held with mothers who attended the Mater Mothers clinic to gain insight into their experiences. The women sampled were between the ages of 22 and 39 and came from various cultural backgrounds. Results yielded seven themes to the authors: "The overall experience, The unique experience of first pregnancy after loss, Support from PALC, Experiences of other services, Recommendations for PALC services, Need for alternative services, and Advice: Mother to mother.” They concluded that respondents held positive opinions about the new services being provided. Despite this, they often felt that staff could be more understanding, highlighting a need for improvement. The authors think this sort of advanced service for loss could be extended and further developed to help more families**.**

1. **Mergl, R., Quaatz, S. M., Lemke, V., & Allgaier, A. K. (2024). Prevalence of depression and depressive symptoms in women with previous miscarriages or stillbirths - A systematic review. Journal of Psychiatric Research, 169, 84–96.**

The study authors estimated the prevalence of depression and depressive symptoms among women who experienced a miscarriage or stillbirth. A systematic literature search of the databases MEDLINE, PsycINFO, and PSYNDEX was conducted to identify all studies published between 2000 and 2022 in English or German. The PRISMA guidelines were followed, and data on depressive symptoms were extracted from 14 studies. The range regarding the prevalence of depressive symptoms among women with previous miscarriages or stillbirths was extensive (5%-91.2%). All longitudinal studies indicated a reduction of depressive symptoms over time. The prevalence of depressive disorders ranged from 5.4 (only for minor depression, according to DSM-IV) to 18.6% (for depressive disorders, according to ICD-10). The included studies were very heterogeneous based on the investigated groups, length of pregnancies, and time elapsed since the target events. The authors concluded, “Women with miscarriages or stillbirths have an elevated risk for depressive symptoms and disorders. In most affected women, depressive symptoms are most pronounced in the first months after the pregnancy loss and diminish over time.”

1. **Mills, T. A., Roberts, S. A., Camacho, E., Heazell, A. E. P., Massey, R. N., Melvin, C., Newport, R., Smith, D. M., Storey, C. O., Taylor, W., & Lavender, T. (2022). Better maternity care pathways in pregnancies after stillbirth or neonatal death: a feasibility study. BMC Pregnancy and Childbirth, 22(1), 634.**

The current study was a prospective, mixed-methods pre-and post-cohort design, employing data from two Northwest England Maternity Units. Thirty-eight women (≤ 20 weeks gestation, with a prior stillbirth or neonatal death) were offered an intervention (midwife care and access to group and online support). Sixteen women who had received traditional care were recruited six months before the intervention occurred. Outcome data were collected at antenatal and postnatal visits (s). Qualitative interviews focused on experiences of care with women (n = 20), partners (n = 5), and midwives (n = 8). Recruitment was 90% of the target, and 77% of women completed the study. The sample reflected the diverse local population. Results revealed those who received midwifery valued the relationship with the care coordinator and reported positive impacts. An anticipated increase in antenatal continuity for direct midwife contacts was observed among the intervention group.

1. **Mohammadi Dashtaki, N., Fararouei, M., Mirahmadizadeh, A., Hoseini, M., & Heidarzadeh, M. (2025). A case-crossover study of air pollution exposure during pregnancy and the risk of stillbirth in Tehran, Iran. Scientific reports, 15(1), 257. https://doi.org/10.1038/s41598-024-84126-4**

Since a fetus is sensitive to environmental conditions the mother is subjected to, and there is a limited amount of evidence from research regarding pollution and fetal development, the authors of this study sought to assess correlations between air pollution and stillbirth in Iran. They looked at the occurrences of stillbirth within Tehran, the capital, between 2018 and 2023 and exposure to pollutants for the sampled population. During the study period, a total of 5311 stillbirths occurred in Tehran, and it was found that air pollutants had a direct relation. The authors believe that from their findings, they can provide evidence of a positive relationship between air pollutants in Tehran and stillbirth. A total of 4 different gases were found to have a direct risk of stillbirth through exposure.

1. **Nkansah, O., Osei, E.A., Richardson, D., & Menlah, A. (2024). Unveiling silent stories of women with stillbirth at Shai Osudoku District Hospital. Gynecology and Obstetrics Clinical Medicine.**

Because stillbirth remains a significant issue globally, adversely impacting those less fortunate with fewer resources, both human and financial, like in countries such as Africa, which has a very high stillbirth rate, the authors of this study looked to give more of a voice to women who experience stillbirth in Africa. They conducted structured interviews with women who had experienced a miscarriage and analyzed their findings for themes. The results yielded three primary themes, the first of which was “Factors leading to loss,” which incorporated associated factors for miscarriage experienced by the women. The second theme was “Women’s experiences with stillbirth,” and the third was “Standard care for mother’s coping with stillbirth.” The first theme was found to have three subthemes, which were “refusing admission,” “delay in referral,” and “Reoccurrences.” The subthemes about the second theme were “Psychological experience of women with stillbirth,” Emotional experiences of women with stillbirth,” and “Spiritual experience of women with stillbirth.” The final subthemes of standard care were “Poor communication by healthcare providers,” “Lack of urgency,” and “Inadequate logistics”(s). The authors concluded from the totality of their findings that the need for essential support has been underscored, and future research would be well advised to look further into the coping strategies of women.

1. **O'Connor, E., Helps, A., Greene, R., O'Donoghue, K., & Leitao, S. (2025). Maternity staff views on implementing a national perinatal mortality review tool: understanding barriers and facilitators. Journal of Perinatal Medicine, 10.1515/jpm-2024-0601.**

In this study by O’Connor et al. (2025), the perspectives of maternity staff are examined regarding introducing a national perinatal mortality review tool. Employing qualitative methods across diverse clinical settings, the authors discuss the barriers and facilitators associated with implementing the tool. Several challenges were identified, including insufficient training, limited resources, and difficulties integrating the tool within clinical workflows. These issues have raised valid concerns about the reliability of data collection and the potential impact on patient care. A skeptical view persists about whether the tool will truly enhance perinatal review processes without addressing these foundational obstacles. However, the researchers also identified encouraging facilitators. Strong leadership, effective communication, and a collaborative, organizational culture are key elements that can drive successful implementation. The tool’s promise to standardize review procedures and support evidence-based decision-making offers hope for improving perinatal outcomes. However, the authors question whether current support systems can fully leverage these benefits. They advocate targeted training programs and policy revisions to overcome resistance and ensure sustainable integration. The article advocates for an innovative and critical approach to reforming perinatal mortality reviews, urging stakeholders to scrutinize and refine current practices to enhance clinical accountability.

1. **Ogwulu, C. B., Jackson, L. J., Heazell, A. E., & Roberts, T. E. (2015). Exploring the intangible economic costs of stillbirth. BMC Pregnancy and Childbirth, 15, 188. https://doi.org/10.1186/s12884-015-0617-x**

For context, stillbirth relative to other pregnancy events is the most poorly described by literature. In the UK, 1/200 babies are stillborn. To follow up on a recent study regarding stillbirth direct costs, the authors explored the “intangible costs” with their duration, the economic implications of their findings, and an in-depth review and synthesis of relevant academic information. The results indicated that there were higher levels of anxiety and depression among couples with stillbirth experience relative to control groups or the general population. The authors highlight the persistent, long-lasting nature of this grief and the economic consequences for the families. The authors conclude that stillbirth negatively impacts the “daily functioning, relationships, and employment” of those it touches. They state it is essential to make accurate estimations about the level of people needed to help inform policy decisions.

1. **Paraíso Pueyo, E., González Alonso, A. V., Botigué, T., Masot, O., Escobar-Bravo, M. Á., & Lavedán Santamaría, A. (2021). Nursing interventions for Perinatal bereavement in neonatal intensive care units: A scoping review. International Nursing Review, 68(1), 122–137.** [**https://doi.org/10.1111/inr.12659**](https://doi.org/10.1111/inr.12659)

Part of the motivation for this study was that despite the advances in technology and training of neonatal resource teams, the issue of perinatal death still exists. Nurses often provide vital support in the wake of loss; however, there are not many “recognized strategies” of care that these nurses utilize for this sort of aid, and their work is unnecessarily complicated. This study aimed to identify intervention strategies for nurses to help parents better deal with the immediate aftermath of a loss. The authors reviewed the strategical framework known as the methodological framework established by Arksey and O’Malley. They incorporated 327 studies using five databases searching for relevant articles between 2000 and 2019. Results indicated from the nine papers selected from the pool for their relevance to the questions posed by the authors that there were several effective strategies of intervention for nurses, which included “legacy creation, support groups, family-centered accompaniment and follow-up, parental involvement in post-mortem care, intergenerational bereavement programs, and the use of technological and spiritual resources.” They concluded that a dearth of evidence on this subject further highlights the need to assess the effectiveness of existing techniques in this area.

1. **Paris, G. F., Montigny, F., & Pelloso, S. M. (2016). Factors associated with the grief after stillbirth: a comparative study between Brazilian and Canadian women. Revista da Escola de Enfermagem da U S P, 50(4), 546–553.** [**https://doi.org/10.1590/S0080-623420160000500002**](https://doi.org/10.1590/S0080-623420160000500002)

The objective of this study was to examine and verify the association between certain characters in women or their lives and having complicated grief following a stillbirth. The authors conducted interviews with 26 Brazilian women and 8 Canadian women after they had had a stillbirth in the year 2013. The results indicated through the application of the Perinatal grief scale that “the prevalence of complicated grief” for women living in Brazil was higher at 35% than that of women residing in Canada at 12%. Brazilian women’s experiences with grief were associated with factors such as “previous pregnancy with live birth, absence of previous perinatal loss, postpartum depression, and lack of marital satisfaction.” For Canadian women, it was found that 80% of the women interviewed who did not experience grief still utilized the available professional support group. Grief was higher among women whose pregnancy was past 28 weeks in both populations of women as well. The authors concluded from the totality of their findings that more research is needed on women in Brazil who meet one of the following conditions, “making no use of a professional support group, presenting little to no marital satisfaction, having no religion, and a low educational level.”

1. **Persson, M., Hildingsson, I., Hultcrantz, M., Kärrman Fredriksson, M., Peira, N., Silverstein, R. A., Sveen, J., & Berterö, C. (2023). Care and support when a baby is stillborn: A systematic review and an interpretive meta-synthesis of qualitative studies in high-income countries. PloS One, 18(8), e0289617. https://doi.org/10.1371/journal.pone.0289617**

For context, worldwide, there are approximately 2 million stillborn babies annually. The majority of these stillbirths occur among low- and middle-income households and in lower-middle-income countries. The objective of this study was to perform a systematic review of the literature and synthesize the information for data regarding the critical aspects of care and support for those going through this traumatic event. Results from the 16 studies they analyzed indicated that four aspects were fundamental. They included “Personification” as a respectful attitude to facilitate personification, the third was the issue of existential problems, and the last important aspect of care they noted was stigmatization. From these findings, the authors concluded that the profound experiences of women who go through these aspects of post-stillbirth life show the complexity of the situation for everyone involved, from family to healthcare. They suggest that more personalized care is needed for particular needs that arise and that these aspects referred to in the article as “fusions” should also be considered by others when creating guidelines and rules for practice.

1. **Pollock, D. D., Pearson, D. E., Cooper, D. M., Ziaian, A. P. T., Foord, C., & Warland, A. P. J. (2021). Breaking the silence: Determining Prevalence and Understanding Stillbirth Stigma. Midwifery, 93, 102884.**

This study was an investigation of the extent and dimensions of stillbirth stigma evidenced in an international sample of mothers bereaved by a stillbirth (n=889) residing in high-income countries (Australia, the United Kingdom, The United States of America, and New Zealand). Results indicated that a majority (54%) of bereaved mothers experienced stigma. Self-stigma was the predominant type of stigma evidenced (80%), followed by perceived devaluation (64.9%). Bereaved mothers also reported discrimination (29.1%) as well as issues disclosing their stillbirths to people in their community (36.7%). Stillbirth stigma scores were the highest among mothers who experienced the loss of their first child. Further, higher scores were associated with the mother's pre-loss mental health status, lower self-esteem, lower perceived social support, as well as higher levels of grief. The authors concluded, “The first-time mother with a self-reported history of mental illnesses appears to be the most at-risk of higher levels of stigma. Future longitudinal research needs to be conducted to determine the direction of the explanatory variables, i.e., mental health, self-esteem, and social support, and develop interventions which support the bereaved mother and reduce stillbirth stigma.”

1. **Pollock, D., Pearson, E., Cooper, M., Ziaian, T., Foord, C., & Warland, J. (2020). Voices of the unheard: A qualitative survey exploring bereaved parents' experiences of stillbirth stigma. Women and birth: Journal of the Australian College of Midwives, 33(2), 165–174.**

Worldwide, each year, 2.6 million babies are stillborn, yet the tragedy remains a relatively ignored public health issue. There is evidence from the literature indicating that this is partially due to stigma, and it is likely one of the most significant barriers to reducing stagnant stillbirth rates and provision of support for bereaved parents. The objective of this study was to examine the experiences of bereaved parents (n=796 female; n=17 male) who endured a stillbirth using data generated from an online survey. The results revealed that 38% of bereaved parents believed they had been stigmatized because of their stillbirth. Thematic data analysis yielded themes consistent with Link and Phelan's stigma theory- labeling, stereotyping, status loss, discrimination, separation, and power. One more theme outside of this theory evidenced in the data was that bereaved parents were also discovered as agents of change. The authors recommended additional research to explore further the extent and types of stigmas as well as how stigma is impacting professional dissemination and distribution of resources to pregnant women.

1. **Pollock, D., Ziaian, T., Pearson, E., Cooper, M., & Warland, J. (2020). Understanding stillbirth stigma: A scoping literature review. Women and Birth: Journal of the Australian College of Midwives, 33(3), 207–218.**

The authors open by noting that The World Health Organization, the 2011 and 2016 Lancet Stillbirth Series, and the medical and scientific literature have called for stillbirth stigma to be reduced. The purpose of this study was to explore the current state of knowledge on stillbirth stigma (extent, type, and experiences) of bereaved parents.After searching several databases, 23 resources met the inclusion criteria for this review. Using a thematic analysis, the researchers considered how stigma was conceptualized and experienced. Five primary themes and several sub-themes were revealed. The five prominent themes included the following: Type of stigma, identity, silence, bereaved mothers' experiences of stigma in low-income countries, and transformation. In the discussion section of this report, everyday stigmatizing experiences noted included bereaved parents' identities being challenged and feelings of shame, guilt, and blame. Stigmatizing experiences may differ based on bereaved parents’ cultural backgrounds.

1. **Porch, L., Canavan, K., Treadaway, C., & Cazeaux, C. (2022). Caring Through Cloth: Textiles and the Trauma of Stillbirth. TEXTILE, 21, 491-508.**

For background, “Caring through Cloth” is a project that links sensory and caregiving rituals that can be adapted for baby clothes and other textiles as a method for women to deal with the potentially tremendous loss of a stillbirth. The authors suggest that because stillbirth is ambiguous and without much evidence to substantiate how painful it was for the woman, these coping mechanisms can bring validation due to their tangible nature; however, there is still a significant lack of analysis regarding the significance of textiles. For this study, different textiles and women who use them or could use them as coping mechanisms were studied. Findings indicate that more information is needed to learn what role this can play in grief recovery.

1. **Rådestad, I., Malm, M. C., Lindgren, H., Pettersson, K., & Larsson, L. L. (2014). Being alone in silence - mothers' experiences upon confirmation of their baby's death in utero. Midwifery, 30(3), e91–e95.**

The objective of this Swedish study was to explore mothers' (n=26) experiences of the confirmation of ultrasound examinations revealing a baby had died in utero. Narratives were analyzed using a qualitative content analysis. The mothers reported silence prevailing during the process of confirming the loss. All present in the ultrasound room were typically concentrated and focused on the screen, and no one spoke to the mother. The mothers often reported an instinctive feeling that their baby might have died based on what they saw on the ultrasound screen and the body language of the clinicians and midwives. Some mothers reported a time delay in receiving the news and experiencing uncertainty about the information provided. When discussing the implications for practitioners, the authors noted the prevalence of silence during an ultrasound examination may cause further psychological trauma for mothers of stillborn infants.

1. **Redshaw, M., Hennegan, J. M., & Henderson, J. (2016). Impact of holding the baby following stillbirth on maternal mental health and well-being: findings from a national survey. BMJ Open, 6(8), e010996. https://doi.org/10.1136/bmjopen-2015-010996**

The objective of this study was to compare the mental health and well-being outcomes for women at 3 and 9 months after having a stillbirth experience and either holding their baby or not. A total of 468 women with a registered stillbirth from England participated in surveys to access information relating to their experience. Results indicated that 97% of women who participated saw their baby, and 84% held it. It was found that migrant women who had experienced multiple births were less likely to keep their babies. Women who did choose to carry their stillborn child reported consistently higher rates of mental health problems and issues with relationships. The authors conclude from these controversial findings that there is a concern to be had for the negative impact that holding a stillborn infant could potentially have. These findings are intended to add to a broader literature base.

1. **Roseingrave, R., Murphy, M., & O'Donoghue, K. (2022). Pregnancy after stillbirth: maternal and neonatal outcomes and health service utilization. American Journal of Obstetrics & Gynecology MFM, 4(1), 100486. https://doi.org/10.1016/j.ajogmf.2021.100486**

For context, in Ireland, stillbirth occurs in 3.5 per 1000 pregnancies. Antenatal support is needed more heavily by this group of women than those who have only carried to term. The objective of this study was to ascertain the different outcomes of mothers experiencing stillbirth and quantify their use of health services during subsequent pregnancies. The author studied women at a maternity hospital between 2011 and 2017. The hospital averaged about 8,000 births a year for this time frame. Results showed that 222 stillbirths occurred at this hospital between 2o11 and 2017, and 2/3 of the women attending had a pregnancy after a stillbirth experience. Additionally, 19.3% of the women in the cohort had an instance of miscarriage in their history, and more than those who miscarried had a subsequent pregnancy. The authors concluded from the totality of their findings that subsequent pregnancies following loss, particularly stillbirth, could be associated with greater levels of intervention. Also, previous history of stillbirth often informs decision-making to seek intervention, and providers need to be well informed and utilize “fact-based” methods of intervention.

1. **Ryninks, K., Wilkinson-Tough, M., Stacey, S., & Horsch, A. (2022). Comparing posttraumatic growth in mothers after stillbirth or early miscarriage. PloS One, 17(8), e0271314. https://doi.org/10.1371/journal.pone.0271314**

The context and motivation for this study is the limited attention paid to the facilitation of posttraumatic symptoms in women after losing a pregnancy. For this study, the authors decided to look into how this form of trauma grows in mothers after a stillbirth relative to earlier miscarriages. The authors hypothesized that “mothers following stillbirth will demonstrate more posttraumatic growth, a challenge to assumptive beliefs, and disclosure” relative to early miscarriage. The subject pool for the survey used in this study consisted of 123 women, some of whom had a miscarriage and some of whom had a stillbirth (63/57). It was found that relative to miscarriage, those who had experienced stillbirth were found to have much higher levels of “posttraumatic growth, posttraumatic stress symptoms, perinatal grief, disclosure, a challenge to assumptive beliefs and rumination.” The authors suggest that targeted intervention could help in a clinical setting.

1. **Salari, N., Beiromvand, M., Abdollahi, R., Hemmati, M., Heidarian, P., Hashemian, K., Shohaimi, S., & Mohammadi, M. (2025). Global prevalence of stillbirth among fetuses from twin pregnancies: a systematic review and meta-analysis. Archives of Gynecology and Obstetrics, 10.1007/s00404-025-07982-z. Advance online publication. https://doi.org/10.1007/s00404-025-07982-z**

Because there is evidence to show that being pregnant with twins has an association with adverse outcomes such as stillbirth, the authors of this study looked to gain an understanding of the prevalence of stillbirth on a global scale when it comes to fetuses that are part of a twin pregnancy. To achieve this, they searched for relevant studies in databases and focused on 10 specific studies with a combined sample size of 627,767 individuals. They found that among the twin pregnancies sampled, 1.4% had an instance of stillbirth. However, the proportion of stillbirths decreased with more expansive studies and included a more extended study time range. The authors felt that the results of their review indicated that stillbirth among twin pregnancies is indeed a health issue worldwide, and they need to do more work towards identifying contributing factors that could help with developing healthcare plans and developing policy to address the concern.

1. **Sexton, J., Wojcieszek, A. M., Chambers, G. M., Coory, M., Andrews, C., Al-Gharibeh, A., Ellwood, D., & Flenady, V. (2025). Gestational Age-Specific Stillbirth Rates: Are We Using the Right Denominator? Paediatric and Perinatal Epidemiology, 39(2), 198–204. https://doi.org/10.1111/ppe.13148**

An alarming fact shared by the authors of this analysis is that “a stillbirth occurs every 17 seconds, totaling almost 2 million every year”. Globally, how we assess stillbirth rates is appropriately called “the stillbirth rate,” which doesn’t account for gestational age trends. The goal for this study was to “summarize and critique” trends related to stillbirth and to make documentation of gestational age rates and calculations of risk by using three trusted methodologies for determining from the information the “gestational age-specific stillbirth rate”, “feoetus at-risk” (FAR) stillbirth rate, and “continuity corrected foetus at risk (ccFAR) stillbirth rate” among those sampled. They found that in Australia between the years 1998 and 2018, Australia experienced 39,576 stillbirths of its 5.9 million total births, with an overall rate of 6.7 per 1000. Additionally, it was found that for each week of gestation, there was a minor increase in risk of stillbirth for those pregnancies already identified as at risk. For instance, a rise of 0.1 to 1.2 per 1000 births for a week of gestation for fetuses at particular risk. They concluded that approaching stillbirth through the lens of risk and gestational age can help providers to act appropriately when women are at risk.

1. **Silver, R. M., & Reddy, U. (2024). Stillbirth: we can do better. American Journal of Obstetrics and Gynecology, S0002-9378(24)00628-8. Advanced online publication. https://doi.org/10.1016/j.ajog.2024.05.042**

The stillbirth rate in the United States is 5.73 per 1000. This translates into approximately 1 in 175 pregnancies, accounting for about 21,000 infants lost per year. Rates are much higher in low-income countries; however, the stillbirth rate in the U.S. is much higher than in most higher-income countries. There are substantial disparities in stillbirth, with rates twice as high for non-Hispanic Black and Native Hawaiian or Other Pacific Islanders compared to non-Hispanic Whites. The authors note that there is considerable opportunity for a reduction in stillbirths, even in wealthy countries like the United States. The authors review the epidemiology, risk factors, causes, evaluation, medical and emotional management, and prevention of stillbirth. They emphasize novel data regarding genetic etiologies, placental assessment, risk stratification, and prevention.

1. **Stanhope, K. K., Temple, J. R., Christiansen-Lindquist, L., Dudley, D., Stoll, B. J., Varner, M., & Hogue, C. J. R. (2024). Short-term coping behaviors and postpartum health in a population-based study of women with a live birth, stillbirth, or neonatal death. Maternal and Child Health Journal, 28(6), 1103–1112.** [**https://doi.org/10.1007/s10995-023-03894-z**](https://doi.org/10.1007/s10995-023-03894-z)

Responding to the National Institutes of Health Working Group's call for research on the psychological impact of stillbirth, the authors compared coping behaviors by the form of index birth (surviving live birth or perinatal loss - stillbirth or neonatal death). Further, among individuals who experienced loss, coping strategies were examined along with their association with depressive symptoms measured at 6-36 months postpartum. Data were secured from the Stillbirth Collaborative Research Network follow-up study (2006-2008) of 285 women who experienced a stillbirth, 691 who had a live birth, and 49 who endured a neonatal death. Compared to those with a surviving live birth and adjusting for pre-pregnancy drinking and smoking, history of stillbirth, and age, women who had a loss were more likely to drink or smoke more in the two months postpartum. Those who smoked or drank more had increased odds of depression at 6 to 36 months postpartum. Among those who experienced loss, recommended coping strategies included communication, support groups, memorializing the loss, and spirituality. The authors noted, “Access to a variety of evidence-based and culturally appropriate positive coping strategies may help individuals experiencing perinatal loss avoid adverse health consequences.”

1. **Sun, S., Qian, J., Wang, F., Tian, Y., Sun, Y., Zheng, Q., & Yu, X. (2023). Impact of contact with the baby following stillbirth on parental mental health and well-being: A systematic review and meta-analysis. International Journal of Nursing Practice, 29(6), e13146. https://doi.org/10.1111/ijn.13146**

This study was designed to identify and synthesize available research on parental mental health outcomes about contact with a stillborn baby. This systematic review and meta-analysis included ten studies (n = 3974). The results indicated that “Contact with a stillborn baby increased the risks of anxiety, depression and post-traumatic stress disorder in the short term and increased the risks of anxiety and post-traumatic stress disorder in the long term.” However, parents who had contact with a stillborn baby reported greater satisfaction with their decision. Subgroup analysis indicated that seeing a stillborn baby was unrelated to anxiety or depression; however, holding a stillborn baby increased the risks of anxiety. The researchers concluded that caregivers should respect the parents' decision regarding whether to have contact with a stillborn baby, and parents should be provided with continuous information and emotional and behavioral support after contact with stillborn babies.

1. **Thomas, S., Stephens, L., Mills, T. A., Hughes, C., Kerby, A., Smith, D. M., & Heazell, A. E. P. (2021). Measures of anxiety, depression, and stress in the antenatal and perinatal period following a stillbirth or neonatal death: A multicentre cohort study. BMC Pregnancy and Childbirth, 21(1), 818.**

The grief from the death of a baby is long-lasting; however, after stillbirth or neonatal death, women often become pregnant again, often in under a year. The authors of this study sought to describe quantitative measures of anxiety, depression, stress, and quality of life at distinct time points in pregnancies following perinatal death and in the early postnatal period. Female participants were recruited from three sites in the North-West of England. Women were specifically asked to participate if a prior pregnancy had ended in a perinatal death. Measures completed by the women included psychological state (Cambridge Worry Score, Edinburgh Postnatal Depression Score (EPDS), Generalized Anxiety Disorder 7-item score) and health status (EQ-5D-5L™ and EQ5D-Visual Analogue Scale) at three-time points; 15- and 32-weeks gestation and at 6 weeks post-loss. A sample of hair was taken to measure cortisol levels in a subgroup. Results were based on the participation of 112 women and demonstrated heightened anxiety and depressive symptoms with elevated cortisol levels among women in pregnancies after a stillbirth or neonatal death.

1. **Tsevat, D. G., Bullington, B. W., Arora, K. S., & Allison, B. A. (2024). Beliefs and behaviors regarding abortion counseling among U.S. clinicians caring for adolescents. Journal of Pediatric and Adolescent Gynecology, S1083-3188(24)00351-6. Advanced online publication. https://doi.org/10.1016/j.jpag.2024.12.004**

The primary goal for the authors of this study was to identify factors in a clinical setting that can be associated with the discussion around abortion and unplanned pregnancy in adolescents. For methodology, they surveyed 146 clinicians currently caring for pregnant adolescent patients recruited from a conference and more obscure means such as mail lists. Results indicated that of those surveyed, 57% of the clinicians regularly talked about abortion with their adolescent patients. Furthermore, 58% of them regularly made referrals for abortion, and 76% of the respondents “did not routinely advise against termination.” The authors concluded that their findings highlight the reality of clinicians' personal beliefs surrounding abortion and that the differences they hold in those beliefs impact their care. The authors suggest that this shows an existing need for “education and policy interventions” so that all patients get unbiased care.

1. **Turton, P., Hughes, P., Evans, C. D., & Fainman, D. (2001). Incidence, correlates, and predictors of post-traumatic stress disorder in the pregnancy after stillbirth. The British Journal of Psychiatry: The Journal of Mental Science, 178, 556–560. https://doi.org/10.1192/bjp.178.6.556**

For context, the many women who suffer psych symptoms after experiencing stillbirth do not have proper recognition of their trauma clinically. It has not been “adequately” demonstrated to be a stressor for PTSD in a medical context. This study aimed to assess the “incidence, correlates, and predictors of PTSD” following stillbirth. A study of pregnant women who had a previous history of stillbirth was conducted, and it was found that PTSD symptoms were prevalent after stillbirth and that that was often associated with depression as well. Most symptoms resolved after a year. The authors concluded that women are particularly vulnerable to PTSD during pregnancy if they have a prior history of stillbirth.

1. **Umar, H. & Ajuwon, A. J. (2024). Depression and post-traumatic stress disorder among women experiencing spontaneous abortion in Katsina, Northwestern Nigeria. African Journal of Reproductive Health, 8 (3), 37-44.**

The focus of this study was on examining the prevalence of depression and post-traumatic stress disorder (PTSD) after spontaneous abortion. Participants included 222 women who had spontaneous abortions one to two months before they were interviewed. The prevalence of depression and PTSD was 6.3% and 3.6%, respectively. The prevalence of experiencing both depression and PTSD was 0.5%. Logistic regression showed that the experience of 3 or more previous miscarriages was a predictor of both depression and PTSD. The authors concluded by noting, “These findings help in the evaluation of the mental health of women who suffered spontaneous abortions and have a previous history of three or more spontaneous abortions.”

1. **Waldby, C., Noble-Carr, D., & Carroll, K. (2023). Mothers, milk, and mourning: The meanings of breast milk after the loss of an infant. Sociology of Health & Illness, 45(1), 109–127. https://doi.org/10.1111/1467-9566.13551**

For context, breastmilk is rich in nutrients to support robust immune systems and bodies in babies. Our culture often imbues specific meanings and connotations when it comes to its inherent meaning regarding women and children and their roles together. For this study, 17 bereaved women who had recently lost an infant in Australia, as well as 114 health professionals involved with their care, were examined regarding the post-loss lactation of the would-be mothers. It was found that virtually all of the women found this lactation to be emotionally painful. However, there was also redeeming meaning in the experience for some women as well, seeing it as a bond with their lost child. Knowing it is a life-giving substance that could be donated to other infants gives them a sense of purpose and connectedness to motherhood. Sadly, this attitude is not mimicked by healthcare providers as milk is generally seen as a waste product, which can be damaging to the mother.

1. **Wang, X., Deng, M., Wu, S., & Mao, Q. (2024). Induced abortion and ectopic**

**Pregnancy: A systematic review and meta-analysis. Journal of Evidence-Based Medicine, 10.1111/jebm.12619. Advanced online publication.**

This systematic review examined induced abortion (IA) as a potential predictor of ectopic pregnancy (EP). PubMed, EMBASE, Web of Science, Cochrane, CNKI, WanFang, and Sinomed databases were examined. Case‐control studies and cohort studies that included the target variables were included. Thirty-three case‐control studies and 7 cohort studies were identified, involving 132,926 participants. In case‐control studies, there was a significant association between induced abortion and ectopic pregnancy. Subgroup analysis by region suggested no statistical significance in the Americas and the Eastern Mediterranean. In cohort studies, statistical significance was found after omitting one study in sensitivity analysis. The authors concluded, “The combined results of the two types of studies suggested that induced abortion would increase the risk of ectopic pregnancy to some degree, but the conclusion needs to be considered with caution.”

1. **Westby, C. L., Erlandsen, A. R., Nilsen, S. A., Visted, E., & Thimm, J. C. (2021). Depression, anxiety, PTSD, and OCD after stillbirth: a systematic review. BMC Pregnancy and Childbirth, 21(1), 782.**

This systematic review provides a current summary of studies investigating depression, anxiety, post-traumatic stress disorder (PTSD), and obsessive-compulsive disorder (OCD) in parents after stillbirth (from 20 weeks gestational age until birth). The main inclusion criteria were “1) peer-reviewed, quantitative, English-language articles published from 1980; (2) studies investigating depression, anxiety, PTSD, or OCD among parents following stillbirth; and (3) studies defining stillbirth as equal to or after 20 weeks of gestation.” These criteria yielded 13 quantitative, peer-reviewed articles eligible for inclusion. Selected articles investigated depression, anxiety, and PTSD (no studies on OCD met the criteria). Most studies considered women’s experiences, with two studies including men. The results indicated greater short- and long-term levels of depression, anxiety, and PTSD among parents after stillbirth compared to those with live birth. Social support, marital status, negative appraisals, and care and management variables affected the level of symptoms. The authors concluded, “Knowledge of the severity of anxiety, depression, and PTSD after stillbirth, and predictors associated with symptom severity could provide healthcare professionals with valuable information on how to provide beneficial postpartum care.”

1. **Winsloe, C., Elhindi, J., Vieira, M. C., Relph, S., Arcus, C. G., Alagna, A., Briley, A., Johnson, M., Page, L. M., Shennan, A., Thilaganathan, B., Marlow, N., Lees, C., Lawlor, D. A., Khalil, A., Sandall, J., Copas, A., Pasupathy, D., & DESiGN Trial team (2025). Differences in Factors Associated With Preterm and Term Stillbirth: A Secondary Cohort Analysis of the DESiGN Trial. BJOG: An International Journal of Obstetrics and Gynaecology, 132(1), 89–98. https://doi.org/10.1111/1471-0528.17951**

The authors of this study aimed to determine whether or not “maternal and pregnancy” characteristics that are known to be associated with stillbirth are different from preterm and on-term stillbirth. They conducted a cohort analysis that included 13 maternity units in the UK and investigated 12 different factors for association. They included a total of 196,344 pregnancies in their study, and of them, 667 were stillborn, meaning stillbirth occurred in 3.4 per 1000 births among the pregnancies sampled. They found that 65% were preterm and that “maternal age, ethnicity, IMD, BMI, parity, smoking, PAPP-A, gestational hypertension, pre-eclampsia, and gestational diabetes” had interactions. They concluded from their findings that specific factors seem to be a risk, such as obesity and diabetes, as well as ethnicity.

1. **Yıldız Karaahmet, A., & Bilgiç, F. Ş. (2024). The Effect of Psychotherapy Interventions After Stillbirth on the Grief Process and Depression: Systematic Review and Meta-Analysis. Omega, 302228241272686. Advanced online publication.** [**https://doi.org/10.1177/0030222824127268**](https://doi.org/10.1177/0030222824127268)

This study provides a systematic overview of previously published quantitative research on the effects of psychotherapy interventions for women who experience a stillbirth on grief and depression in the postpartum period. Four databases (PubMed (MEDLINE), Cochrane, Google Scholar, and Web of Science) were searched, yielding ten studies for inclusion. Meta-analysis results showed that psychotherapeutic interventions reduced mothers’ grief adaptations associated with the mourning process. Sub-group analyses revealed mothers' depression and stress levels were positively impacted by the interventions as well. The authors concluded, “Psychotherapeutic interventions given to women positively affect their grief adaptation and reduce stress, anxiety, and depression.”

1. **Zheng, Q., Yin, X., Liu, L., Jevitt, C., Fu, D., Sun, Y., & Yu, X. (2024). The influence of culture and spirituality on maternal grief following stillbirth in China: A qualitative study. International Journal of Nursing Studies, 160, 104863. https://doi.org/10.1016/j.ijnurstu.2024.104863**

Stillbirth is a unique problem in terms of how its impact can be mended by parents suffering from the loss. In China, not much research is conducted regarding this form of loss, and the authors of this paper see the unknown as a reason to delve into the experiences of the lesser-studied women in China. A study was conducted by interviewing 28 women in China using trained interviewers to identify important themes that provide insight into the experiences and opinions of these women. The first of three key themes was “The influence of culture on grief expression,” the second was “Cultural characteristics of post-stillbirth experiences,” and the third was “Finding significance in the spiritual healing process.” From the totality of these findings and the subthemes that composed the key themes, the authors felt that spirituality and culture in China are different in a way that can often hinder the grief and healing process. According to the authors, culturally appropriate interventions need to be developed for better results in the future.