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Original Research Article

A study to explore living- in experiences of women with spontaneous abortion at selected hospital, Ambala, Haryana, India

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ABSTRACT

Background: The purpose of this study was to explore living-in experiences of women with spontaneous abortion in terms of financial, social, psychological, physical trauma and any other aspect expressed by the women.

Methods: Mixed Method approach with method triangulation research design (concurrent QUAN + QUAL) was used to assess the living- in experiences of 12 women with spontaneous abortion selected using criterion sampling. Data collected through clinical record review and interview technique by using sample characteristics Performa, Perinatal Grief Scale, and open ended interview guide. Audio recording of the interviews was done.

Results: Mean score of Perinatal Grief scale was 100 and scores ranged from 79- 129. Most of the women (91.66%) indicated possible psychiatric morbidity. Findings revealed that the mean percentage was higher in the area of active grief (83.53%) and least was in the area of despair (48.18%). A total of 4 themes and were identified from the analysis of qualitative data, major themes emerged were pregnancy expectations and wishes, greater the joy, more painful the crash, after the blue, fear and future expectations, burden on family, and support: a helping hand.

Conclusions: Women undergone spontaneous abortion was disheartened and grieving for the child as they considered their fetuses as a full grown child. In study none of the women blamed themselves for the loss and were in a need of support from family members and health care providers.

Keywords: Living-in experiences, Spontaneous abortion, Women

INTRODUCTION

Pregnancy for the woman and the impending expansion of self, the couple or the family is a milestone for every man and woman of reproductive age.¹ Undoubtedly, there is utter frustration felt by couples when there is a pregnancy loss.² The World Health Organization (WHO) estimates that worldwide 210 million women become pregnant each year and that about two-thirds of them, or approximately 130 million, deliver live infants. The remaining one-third of pregnancies ends in miscarriage, stillbirth, or induced abortion.³ The estimated annual number of abortions in Asia increased slightly between

2003 and 2008, from 25.9 million to 27.3 million.⁴ Abortion leads to psychological and emotional upset to the couple and the close associates of the family.⁵ A woman who suffers a miscarriage loses not only the embryo or the fetus but she also loses the dreams for a future and the plans for her eventual child & she incurs physical pain and bleeding as well and may be required to undergo a further procedure, as in a Dilatation & Curettage.⁶

The emotional consequences of miscarriage have been documented in several studies that described rates of psychiatric morbidity, including depression and anxiety.

Despite from this reported level of dissatisfaction with professional emotional care, follow up appointments are not offered routinely after a miscarriage.⁷

Miscarriage also impacts men. Men's initial responses to miscarriage may hamper their grief resolution.⁸ Gender differences in relation to grief following miscarriage are evident, with men seeming to experience less intense and enduring grief than women.⁹ Study reports showed that women were more likely to see miscarriage as the loss of a person whereas men tended to perceive it as a sad event but not as a death.⁵

Grief is a common and unavoidable trauma. Its intensity and duration is unique to the individual. Normal grief exhibited by 50% - 85% of those grieving involves moderate disruption in cognitive, emotional, physical, or interpersonal functioning during the first month after the loss. On the other hand, a small majority (15%) experience only what may be described as minimal grief.¹⁰

METHODS

The research design selected for this study was "Method triangulation research design" (concurrent QUAN + QUAL) which involves using multiple methods of data collection and provides an opportunity to evaluate the extent to which a consistent and coherent picture of the phenomenon emerges.

The participants were selected using criterion sampling from a tertiary care hospital, a constitute hospital of M.M. University, Mullana, 997 bedded hospital specialized in various departments with facilities in all disciplines. Participants were deemed eligible for the study if they were with-in the age group of 18-40 years, married, and undergone spontaneous abortion; available at that time of study and willing to participate. Women having any psychiatric illness or severe medical illness were not eligible. A total of 12 women with spontaneous abortion participated in the study & based on the data saturation.

The tool comprised of demographic Performa, Perinatal Grief Scale and open interview guide; used to enquire the in-depth information from the participants. Short version of Perinatal Grief Scale consisting three subscales and 11 items in each subscale was used for data collection. An open-ended interview guide was comprised of 6 dimensions i.e. expectation towards present pregnancy, emotions during and after ultrasonography during pregnancy, feelings & emotions during abortion and hospitalization, post abortion experience including trauma and family support, grief, future expectations, and experience during hospital stay.

The open ended interview guide was validated for content validity by submitting the tools to nine experts & item

content validity ranged from 0.4 to 0.8 and Scale content validity index was 0.73. The reliability coefficient of Perinatal Grief Scale was calculated using Cronbach's alpha which came out to be 0.83. Data was collected using face to face interviews & conducted in separate room.

Establishing rigor/ reliability and validity of study

Lincoln and Guba model was used for developing the trustworthiness of the inquiry. Credibility was enhanced through prolonged engagement, triangulation and peer debriefing. Transferability was established by describing the phenomenon in sufficient detail. A record of all the transcription and quantitative data were kept safely to for external audit so as to ensure dependability. Conformability was fostered by verbatim check of audio recordings of the transcription by two experts and made sure that the findings must reflects the participant's voice and the conditions of the inquiry, not the researcher's biases, motivations or perspectives.

The approval of the study was obtained from the University ethical committee for the study. Written informed consent was taken form study subjects.

Content analysis of the data was done using by Giorgi framework. The findings of qualitative data were handled under different themes and the internalization of all findings. Triangulation was done through method triangulation using Convergence Model (Creswell & Plano Clark, 2007) between quantitative data & qualitative data.

RESULTS

Demographic characteristics

Results depicted that half of women (50%) were in age group of 24-26 years, majority of the women (83.33%) belonged to joint family, (75%) were multi gravida and (25%) of the women were primigravida. Majority of women (75%) had loss of pregnancy during 15-20 weeks of gestation.

Perinatal grief scale scores

Table 1 depicted the mean, median, standard deviation and range of Perinatal grief scores. The mean of the grief scale is 100.5 and the scores ranged from 79- 120.

Table 2 showed the mean, mean percentage and ranking of perinatal grief scores of women with spontaneous abortion. The findings showed that the highest mean percentage was in the area of active grief (83.03%). The least mean percentage was in the area of despair (48.18%). This showed that all the women were in active stage of grief.

Table 1: Obtained range, mean, standard deviation and median of perinatal grief scores of women with spontaneous abortion (N=12).

	Obtained range	Mean±Standard deviation	Median
Perinatal grief scale	79-129	100.5±13.40	94.00

Maximum score = 165 Minimum score = 33

Table 2: Area wise obtained range, mean, mean % and rank of perinatal grief scale scores of women with spontaneous abortion (N=12).

Areas	Obtained range	Mean	Mean %	Rank
Active grief	27-54	45.66	83.03	I
Difficulty coping	15-41	28.33	51.51	II
Despair	15-44	26.5	48.18I	III

Qualitative analysis

The findings highlighted 4 main themes.

1. Pregnancy expectations and wishes

Every pregnancy is a unique experience for a woman. Each trimester of pregnancy includes psychological tasks & bonding process between the mother and infant. Nearly all the participants reported that pregnancy brought a wave of happiness and joyousness.

“When I came to know, I performed the test that time. Well, firstly I had told about it to my husband. I had addressed him only. Then he too felt good and I.. I felt very good. I was thinking that we will have a baby, a sweet little baby. We will have a little baby. That day I was really happy, I felt really really well. I have told about it to my mother in law, so from that day only she started paying more attention towards me. I was really very happy that day.” (P 6)

Women went through inner peace and joy during the gestation and also touch on the state of mind. Pregnancy brings happiness and cheerfulness, not only for the women, but for the family too. Most of the women who were multigravida admitted that a second pregnancy or second child completes her family.

“We were very happy, it was like.. Our family will soon be complete! We already hold a baby son, now, whatever God will give, whether a female child or boy. Our family will be completed.” (P 7)

A participant having a girl child of eight years quoted, *“I wanted that... I wanted that I should have one more baby.. One more baby should be there because right now I am having a girl.. I want that either boy or girl that does not matter but one more kid should be there.”* (P5)

A woman who has an abortion loses not only the embryo or fetus, but she also loses the dreams for a future and the plans for her eventual child.

“When I came to cognize that I am pregnant and before that too, I used to think that baby is an important function of life in everybody’s life. So I used to think that I will too have a little, sweet baby, whom I play with. My house will too have sounds. So I used to think a lot that yes.. I will have baby normally. I was really very excited for this pregnancy because it was my first baby and I had posters of small- small babies in my room and in my mobile too I had lots of wallpapers. So I was really very excited.” (P 6)

Most of women who were previously having one child or primigravida were not concerned about the sex of child.

“My husband wishes for a baby either male or female, that doesn’t matters. He was hoping for a baby. Whatever will be there a baby boy or girl, either a baby girl then also it is okay for us, but it should be born. It (abortion) shouldn’t have happened with us.” (P 11)

The expectations of women with pregnancy were not based on the sex of child, for them, the well being of the baby was the priority.

2. Greater the joy, more painful the crash

Miscarriage can cause a woman the most acute sadness she has ever expressed. It can stun parents with emotional impact. Many participants expressed that they were having poor understanding of initial events & it was very sudden and strange for them.

“Firstly i did not tell anybody at home about this (mild pain and bleeding) because i thought they will be tensed unnecessarily. Firstly, i was unable to understand what is happening” (P4)

The initial events left the participants confused and miserable as loss and its effects was very mournful & were not prepared for the loss. Most of the participants expressed that they were having hope even after the minor problems as they have heard of such events.

"I was like that it will be okay, because usually it was said that mild bleeding may occur during pregnancy. But I haven't thought this that I have to undergo cleaning (Dilatation & Curettage). In our neighborhood also, there was lady, she too had bleeding like this but she was alright after injections. So I have thought that it will be alright. I haven't thought this much." (P 10)

The qualitative data was consistent with quantitative data obtained from Grief scale that shows nearly half of the participants (41.66%) strongly disagree that they feel guilty when they think about the baby.

"I cried a lot before coming to hospital, as I know my baby could not be saved. Then when I was in bathroom, the foetus fell there only and I started crying there only." (P4)

"I was feeling very bad, I felt to cry. I started crying. I felt very bad, my husband had gone for filling the form and I was alone at that time. I started crying at that time and was feeling very bad." (P3)

The qualitative responses were correlated with the responses on the Perinatal grief scale where (50%) participants strongly agreed and (50%) participants agreed that they feel depressed. Most of the participants, (66.66%) strongly agreed and (33.33%) agreed that they are grieving for the baby.

3. After the blue and fear and future dreams

Pregnancy is an important event in a woman's life, and such a multifaceted experience. Participants have expressed that the abortion has affected their physical health and feeling of emptiness from inside.

"Nothing is left. I am feeling empty, like everything has been opened. It feels like everything has been opened from bottom. Nothing has left behind. I am really feeling empty. My child is no more and as well as my body is disfigured. Everything is opened." (P 2)

As per item analysis of Perinatal grief scale, more than half (58.33%) of women strongly agreed that they feel empty from inside as they expressed that nothing has left behind in them.

"I do not want to talk to anybody. I am feeling very irritated and do not want talk. Feeling very upset, when I see other's baby, then it make me remember of my baby. I feel very bad when relatives ask me about my baby." (P 4)

As per the responses on Perinatal grief scale, more than half of the participants (58.33%) disagreed that they feel a need to talk about the baby as it is very traumatizing and distressing. Most of the participants blamed God that it would be much better not to bless them with a pregnancy if it has to end up in abortion.

"That time... I was thinking that. I wish God would not had given me (pregnancy).. then it would be better. Like this.. my body is also suffering and I am not having a baby too. It was better if he (God) would have given me later." (P 2)

The participants quantified that not having the pregnancy would have been better than landing up in abortion. For them, the abortion procedure was very frightful and scary as they were unfamiliar with the procedure.

"I was very scared because I did not know what will happen. Pain will be there or I will have discomfort or there can be any lack in my body for lifetime. I was very frightened." (P 11)

Along with the fear of procedure, few of the participants expressed the fear of consequences for the future pregnancy. Participants believed that undergoing abortion procedure once can lead to complication in future pregnancies too.

"It can also happen that once the baby is spoilt (aborted) then the consequences are there for the next time... having a baby for next time. So I was feeling scared by thinking and thinking about this..." (P 10)

Beside all the physical, psychological burden and fear of the abortion procedure, it also puts a abrupt and inevitable financial burden on the women and their kinfolk. Family members were unaware of the loss as well as of financial crisis created by it.

"We had a lot of difficulty related to this (financial burden). We live on rent, and my husband also work as labourer. It's not like that we have any other income. We have to live in and have to manage in that only and now this expenditure. Now we have landed money from others and we have to return them too. We have lost the baby and this expenditure is separate." (P 11)

4. Support: a helping hand

A woman does not walk alone towards motherhood. She was supported by a number of people who can be a family member, relatives, friends and neighbor.

"My family members are sad but not saying anything to me because they know it's not my fault. My mother in law is also sad but taking care of me." (P 12)

The responses given by the participants on Perinatal grief scale reflected that 50% participants disagreed that they blame themselves for the baby's death & none of the participant talked about self blame. Participants stated that their husbands are supportive and more concerned well- being of the participant.

"My husband is taking care of me. He is not showing his emotions in front of me for my sake. I am more important

to him rather than baby. There is no change in his behavior nor will come that I know. He is more concerned towards me rather than baby.” (P 11)

Most of the participants were satisfied with the care provided by the health members and according to them health team members were providing better health facilities.

“Yes, they (hospital staff) are taking good care of me. No.. I have no complaints from the hospital staff.” (P 4)

As most of the participants expressed that hospital staff was caring and supportive, whereas one of the participant stated that health care providers were giving only mechanical care, and were not addressing the psychological burden.

“Everything is okay. Giving medications and all on time. But it’s like, when I asked .. like.. I had this problem (abortion) .. why it has happened? They (hospital staff) didn’t tell me about this. Like, if I know about this then, only then I will be able to take care for next time. The person should know that in future you have not to do this, otherwise problem will occur again. Now we do not know anything, because we have taken good care of our self. Otherwise, else everything is okay. Cleaning has also been done properly. Just .. it would be better if they tell, this is the way you have to care for yourself. Then it would be okay. Otherwise everything is okay.” (P 8)

As the experiences of participants were explored using open ended interview guide, the qualitative data was triangulated with quantitative findings of perinatal grief scale. Out of 33 items of Perinatal grief scale 15 items were consistent with the qualitative data exhibited by the participants.

DISCUSSION

The first sub theme described that the participants were unable to understand the initial events leading to loss and not prepared for the loss. Participants expressed that they were not aware about the warning signs and not able to decide what to do next. These findings were consistent with the findings of study conducted by Limbo Rana, Sarah S. Bansen.^{11,12}

Women undergone spontaneous abortion experienced grief, deep sadness, and mourning of their foetus as their child. Participants revealed that the loss was woeful, sorrowful, disheartened and gloomy for them. The findings were corresponding to study findings conducted by Constance L, Wiener Herbert which stated that early pregnancy loss was nearly equivalent to the loss of real baby.^{13,14}

The third theme emerged from the data analysis was after the blue: Participants expressed that they were unable to perform activities and felt physically. Similar expressions were shared by women in a study conducted by Jean

Abbott, Beutal, Manfred women experienced spontaneous abortion faced some limitations in performing daily functioning and experienced grief reactions.^{15,16}

In the present study, women highlighted the feeling of emptiness after the abortion procedure. Women also stated they felt like everything has been opened up from bottom. Women also expressed that after the loss they were not able to think about future pregnancy soon whereas some of the participants conveyed fear of loss in future pregnancy too. Similar findings were seen in study conducted by Sutan Rosnah, Marianne Hopkins Hutti.^{17,18}

The fourth theme emerged was fear and future expectations. Participants professed that unawareness about procedure resulted in fear. Some of the participants also exhibited fear for the future pregnancy and feeling of losing the child and developing consequences in future pregnancy. Similar findings were reported by a previous study conducted by Bazotti, Norman Brier.^{19,20}

Participants reported that health care providers need to provide comprehensive care. Women tend to reported that more information was required regarding cause for loss as well care to be focused on future pregnancy. These contrary findings were supported by the study findings conducted by Natalene Sejourne, Bazotti which indicated that women reported the need of support.^{21,19}

CONCLUSION

The present study revealed that most of the participants were in stage of active grief and participants were grieving for the loss. Most of the participants expressed that pregnancy brought happiness and joy, completes their family. After the loss, participants had expressed that initially they were unable to understand the initial events of loss and the loss was very sudden and lead them into a stage of mourning. They expressed that they got enough family support after the loss but not in a state to think about the future. The findings of the qualitative data were supported by quantitative scores of Perinatal Grief scale.

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