The Impact of COVID-19 Pandemic on Women's Adjustment Following Pregnancy Loss: Brief Report

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Pregnancy Loss

Pregnancy loss is defined as miscarriage, loss of a pregnancy before 20 weeks gestation, or stillbirth, a baby born without signs of life after 20 weeks gestation. It is estimated that 10-15% of clinically recognized pregnancies result in a miscarriage making it the most common type of pregnancy loss in the United States (March of Dimes, 2020). A smaller but significant percentage of pregnancies, 1 in 100, result in stillbirth which accounts for approximately 24,000 babies being stillborn annually in the United States (March of Dimes, 2020). Despite the high rates of pregnancy loss, most women will go on to have successful pregnancies following a miscarriage or stillbirth making it crucial to provide adequate mental health supports to ensure a healthy perinatal environment for a subsequent pregnancy (Côté-Arsenault et al., 2001; Côté-Arsenault et al., 2004).

During pregnancy, expectant parents develop elements of commitment and form bonds with the expected child (Black, 2016; Rubin, 1967). Therefore, when the pregnancy loss occurs parents experience high levels of grief that encompass a broad range of feelings and behaviors. Even though grief is a natural response to death, unique features of pregnancy loss can make parents' grief reactions more complex and place them at risk for negative adjustment following the loss (Brier, 2008). For example, parents may have few direct life experiences or actual times with the deceased to review, remember, and cherish them (Brier, 2008). Therefore, parents are grieving not only the loss of the pregnancy or baby but also their hopes and dreams for the future and expected social roles which can impact their sense of identity, sense of self as a parent and self-esteem (Diamond & Diamond, 2017; Miller et al., 2019). Symptoms of perinatal grief can

continue to be elevated for up to two years after pregnancy loss (deMontigny et al., 2017) which is comparable to other bereaved populations (Worden, 2009).

In addition to experiencing the loss of an attachment to a person that was meant to be, women also witness the actual death of the baby and can experience a potential threat to her own life. Therefore, the maternal experience of the death of her unborn child is consistent with the current diagnostic classification for posttraumatic stress disorder and can be understood as potentially traumatic (American Psychiatric Association, 2013). Results from the study by Krosch and Shakespeare (2017) showed that women who experienced miscarriage or stillbirth have high to moderate levels of perinatal grief and posttraumatic stress symptoms with almost half of the sample scoring higher than the established clinical cut-offs. The traumatized nature of the sample indicated that pregnancy loss is not only a bereavement event but also potentially traumatic (Krosch & Shakespeare-Finch, 2017).

In addition to significant levels of grief and posttraumatic stress symptoms, pregnancy loss has also been shown to be associated with symptoms of depression and anxiety disorders (Farren et al., 2016). Women exhibit significantly elevated levels of depression and anxiety in the weeks and months following the loss, compared with samples of non-pregnant women (Cacciatore et al., 2009; Lok et al., 2010). The depressive symptoms can persist for up to 3 years after the pregnancy loss (deMontigny et al., 2017). Moreover, the negative psychological effects of the loss may continue into subsequent pregnancies, despite the birth of a healthy child (Blackmore et al., 2011; Hunter et al., 2017). Therefore, pregnancy loss can have a significant, long-lasting impact on maternal and paternal mental health. Continuing to increase our understanding of risk and resilience factors associated with post-loss adjustment is crucial to provide adequate care for women.

Social Support

Social support is considered one of the main factors contributing to positive adjustment following a traumatic event. Having a network of individuals that can offer emotional and behavioral support has been linked to a decrease in negative mental health outcomes (Juth et al., 2015) and fosters positive psychological changes (e.g. Dong et al., 2017). However, this relationship is unclear in the circumstances of pregnancy loss given the unique aspects of the type of loss and subsequently the type and amount of social support that is received. Due to continued social stigma surrounding the topic of pregnancy loss (Markin & Zilcha-Mano, 2018), misinformation in the general public regarding the impact of pregnancy on an individual's adjustment (Bellhouse et al., 2018), and social constraints placed on the grieving process (Lang et al., 2011), well-intended social support can sometimes be paradoxically detrimental to an individual's mental health outcomes and overall well-being following pregnancy loss (Meyer, 2016). Nevertheless, a recent study indicated that women who were able to disclose their thoughts and feelings associated with pregnancy loss and participate in in-person pregnancy loss community show higher levels of posttraumatic growth compared to those who did not discuss their experiences, or only engaged in online community (Freedle, 2020). Being able to seek and receive needed social support following pregnancy loss may be further complicated by the ongoing COVID-19 pandemic.

Impact of COVID-19 Pandemic

Researchers have voiced concerns that circumstances around COVID-19 related loss such as limited opportunities to shape death rituals, difficulties receiving social support, co-occurrence of secondary stressors such as social isolation may hamper grief process and lead to more severe grief responses (Wallace et al., 2020). To date, there is no study that focuses specifically on

women's experiences and adjustment following miscarriage or stillbirth that took place during the pandemic. However, studies with other populations indicated that individuals who experience loss during the pandemic may be more vulnerable to negative future outcomes. For example, a recent study by Eisma and Tamminga (2020) has demonstrated that individuals who have experienced recent loss during the pandemic had higher grief levels compared to those who experienced loss prior to pandemic. As acute grief is a strong predictor of future disturbed grief, it is possible that the pandemic may contribute to a higher prevalence of grief disorders (Eisma, & Tamminga, 2020). Therefore, it is important to explore the impact the pandemic has on individuals who are already at risk of developing negative mental health outcomes.

Current Study

The current study explored the experiences and impact of the COVID-19 pandemic on women who have experienced miscarriage or stillbirth. The study used a qualitative design and was a part of a larger study focused on women's experiences of social support following pregnancy loss and its impact on their posttraumatic growth.

Methods

This portion of the study focused on data discovered through open-ended question presented to participants to elicit narrative explanations of their phenomenological experiences. Phenomenology is one method for gaining insight into lived experience (Rose et al., 1995). This approach is particularly beneficial when allowing the participants to construct their interpretation and understanding of a profound event.

Procedure

Participants were recruited using convenience and snowball sampling methods. The recruitment strategy included creating an advertisement that ran on two social media platforms

(i.e. Facebook and Instagram). The advertisement was set to target women aged 18 to 45, meaning that the information about the study was shown to all Facebook or Instagram women who fit that demographic. The invitation to participate in the study was also posted on the researcher's social media accounts as well as online websites (e.g., Reddit).

To be eligible to participate, individuals had to be over 18 years old and have experienced miscarriage or stillbirth. Participants who self-identified with the eligibility criteria and consented to participate in the study, where asked to complete an online survey. At the end of the survey, the participants were provided with a list of mental health resources in case the survey questions were emotionally disturbing. Additionally, upon completion of the survey, participants were eligible to enter a drawing to receive a gift card. This survey was not linked in any way with participants' previous responses and appeared whether or not participants answer all of the questions. Participation was voluntary and confidential. The study was approved by the University of Missouri-St. Louis Institutional Review Board.

Participants

The participants were women (n = 73), who predominantly identified as White (n = 65, 89%), married (n =52, 71.2%), and middle class (n = 35, 47.9%) with an average age of 30.92 (SD = 6.02). Most of the participants were employed on a full-time basis (n = 45, 61.6 %). The majority of the women experienced miscarriage (n = 56, 76.7%) which took place within the past year.

Instrument

Participants were asked "Do you believe that your experience of pregnancy loss and post-loss adjustment have been significantly impacted by the COVID-19 pandemic?". If participants responded "yes" they were provided a space for a narrative exploration of their experiences.

Data Analysis

Thematic analysis (TA) was used to analyze the data. TA is a method of identifying and describing patterns, or themes, which emerge from qualitative data (Brown & Clarke, 2006). The primary researcher as well as three research assistants independently read each response and manually coded the response by labelling each code. Then the researcher and research assistants met to discuss the codes until the consensus was reached and the codes were grouped into broader themes and sub-themes. Participants' demographic data was entered into the SPSS and analyzed using the descriptive and frequency functions.

Results

Women's experiences of pregnancy loss and post-loss adjustment during COVID-19 were investigated and three themes emerged from the data. The identified themes were: 1) Lack of in-person support, 2) Limited access to services, and 3) Emotional impact.

Lack of in-person support

This theme captures participants' experiences of lack of in-person support in a variety of contexts and settings. Two sub-themes were identified: a) Doctor appointments and hospitalization, b) Family, friends, and community members.

Doctor Appointments and Hospitalization

Women reported that they were not allowed a support person during the appointments or hospital stay and had to deal with the news that the fetus or baby no longer had a heartbeat alone. As one participant stated: "No one should have to be alone when getting that kind of news." Women also reported that they were not able to have their support system when being evaluated for complications during pregnancy, stating that "It's been very lonely and unnecessary to deprive women of their support system."

Family, friends, and community members

Participants also reported that following pregnancy loss they did not have access to their typical support systems. Women reported that not being able to discuss their experiences in person acted as a barrier to disclose their miscarriage: “If I want to get support from someone, I have to reach out to tell them, rather than seeing them and having it come up in conversation.” Moreover, as families were not able to come to the hospital following a stillbirth due to restrictions, they were unable to meet and mourn the baby. Families were also unable to attend a funeral. Following the death, women were not able to receive the instrumental support from their families such as help with caring for other living children in the home: “We had to deal with extreme loss and caring for our one-year-old completely alone. It's unlike anything else I've ever experienced.” Women reported that not being able to be physically comforted by their family members or friends exacerbated the loss. Women also stated that they feel they had less connection to the important supports they had prior to the pandemic such as church community.

Limited Access to Services

Participants reported that the pandemic impacted their ability to access formal support systems to receive both physical and mental health care. Women reported that they had to wait an extended period of time for the procedures associated with pregnancy loss and were not able to see their doctor for the follow up appointment. Women also reported that they were not able to attend their local support groups or receive counseling. Few women (n = 5) reported that they were able to see their doctor or mental health professional via telehealth.

Emotional Impact

Participants reported that experiencing pregnancy loss during the pandemic was challenging and made an emotional impact on them. Two sub-themes were identified: a) Feeling Isolated, and 2) Fear for losing subsequent pregnancy or living child.

Feeling Isolated

Women reported that being isolated "made it harder" and it was "bad for mental health." Participants believed that isolation made their grief and depression worse. Women also felt that isolation made it easier for others to forget about their loss, creating some pressure to move on faster. As one participant stated: "Nobody saw me in person since the loss, so it is out of sight out of mind for them sooner than usual."

Fear of Losing Subsequent Pregnancy or Living Child

Women reported anxiety related to trying to conceive again during the pandemic for the fear of another loss. Women also reported increased anxiety and fear of experiencing another loss if they conceived again. Moreover, participants expressed fear for their living children: "I am scared of losing my living children to another silent condition."

Discussion

The findings provide insight into the barriers and struggles experienced by women who experienced loss during the pandemic. The pandemic and restrictions associated with it impacted women's ability to receive adequate social support including formal social support such as prompt medical care and mental health counseling as well as informal support such as physical comfort and instrumental support from friends and families. Lack of in-person support and limited access to services had an emotional impact on women.

Women's emotional reactions following pregnancy loss could be understood from the perspective of disenfranchised grief. Doka's (1989) concept of disenfranchised grief has been

used to describe an experience of loss that is not openly acknowledged, publicly mourned, or socially supported. Being forced to grieve in isolation impacts parents' capacity to mourn and, consequently, their ability to adjust psychologically (Markin & Zilcha-Mano, 2018). The circumstances of the pandemic have further exacerbated women's feelings of loneliness and grief as any social support that has been previously accessible was restricted or removed. The heightened levels of reported grief in this study are in line with the recent findings (Eisma & Tamminga, 2020). As suggested by Wallace and colleagues (2020), going through a loss during the pandemic may lead to more severe grief responses. Clinicians working with clients who have experienced pregnancy loss during the pandemic should be mindful of this possibility and assess clients for complicated grief responses. Future research should further explore the impact of lack of access to formal as well as informal social support on long-term mental health outcomes of women who experienced pregnancy loss during the COVID-19 pandemic.

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