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Experiences of women with spontaneous abortion: A systematic review

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Abstract
Abortion have different types of stressors, and this stressors lead to anxiety and grief. This study aims to explore experiences of women with spontaneous abortion in terms of physical, social, psychological, financial, and any other aspect expressed by the women.
Methods: A PubMed, SCOPUS and Google scholar (2002-2016) literature review was undertaken to define sources of financial, social, psychological, physical trauma and any other aspect expressed by the women.
Results: We identified 23 relevant articles. The women experiences grief, lack of emotional support from caregivers and health team members, financial burden, physical and psychological trauma.
Conclusions: This article highlights the prevalence of stress and anxiety due to loss of perinatal loss. Therefore this article also stated that explores the feeling of women related to perinatal loss.

Keywords: Abortion, experience, women, grief

Introduction
Motherhood is the highest, holiest service assumed by humankind and the definition of selfless service. It's both a daunting responsibility and a glorious opportunity. The divine role of motherhood is a gift from God, and key to his plan of happiness for all his children [1]. The word 'pregnancy' equates to the magic images of smiling, gurgling babies and a "glowing pregnant woman". It is a word that symbolizes joy, hope for the future, dreams and relationships yet to be realized, and perhaps, the next stop on the ladder of life- parenthood. For some people, it represents the fulfilment of a life time goal. Pregnancy loss is a stressful situation where in there is termination of pregnancy. Miscarriage or spontaneous abortion is defined as an unintended termination of pregnancy [2].
Definitions of miscarriage include pregnancy loss prior to viability (W.H.O. World Health organization. 2001;), the loss of a foetus weighing less than 500gm, and the loss of an embryo or foetus at 20 weeks gestation or less (American College Of Obstetrics and Gynaecology, 2009) [3]
As shown in figure 1.1, a total of 18% pregnancies ends up into miscarriage and stillbirths whereas 20% in induced abortions. Of the estimated 42 million induced abortions each year, nearly 20 million are performed in unsafe conditions and/or by unskilled providers and result in the deaths of an estimated 47,000 girls and women. This represents about 13 percent of all pregnancy-related deaths. Almost all unsafe abortions take place in developing countries, and this is where 98 percent of abortion-related deaths occur [4].
Figure 1.2 depicts the annual abortion rate for Asia remained virtually unchanged between 2003 and 2008, at 29 and 28 abortions per 1,000 women aged 15–44, respectively. Within the region, Southeast Asia had the highest abortion rate in 2008 (36 per 1,000), and the lowest rates were in Western and South Central Asia, at 26 per 1,000. The rate of safe abortion in Asia held steady at 17–18 procedures per 1,000 women aged 15–44 between 2003 and 2008. More than half of the safe procedures occurred in China, where abortion is permitted on broad grounds and is performed by medically trained professionals. The unsafe abortion rate was also unchanged, at 11 per 1,000 in 2003 and 2008. Some 40% of abortions performed in Asia in 2008 were unsafe. In South Central Asia, South-eastern Asia and Western Asia, 60–65% was unsafe [5].

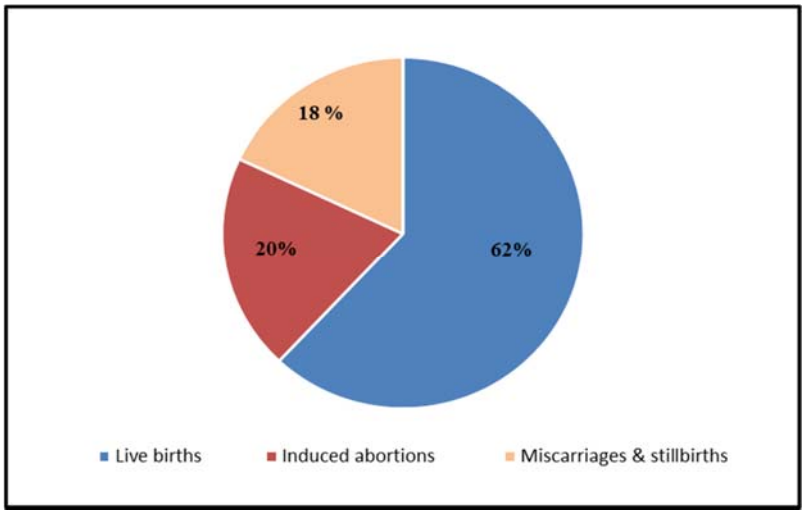

Fig 1: Population reference bureau W.H.O. (World Health Organization Estimates 2011) [6]

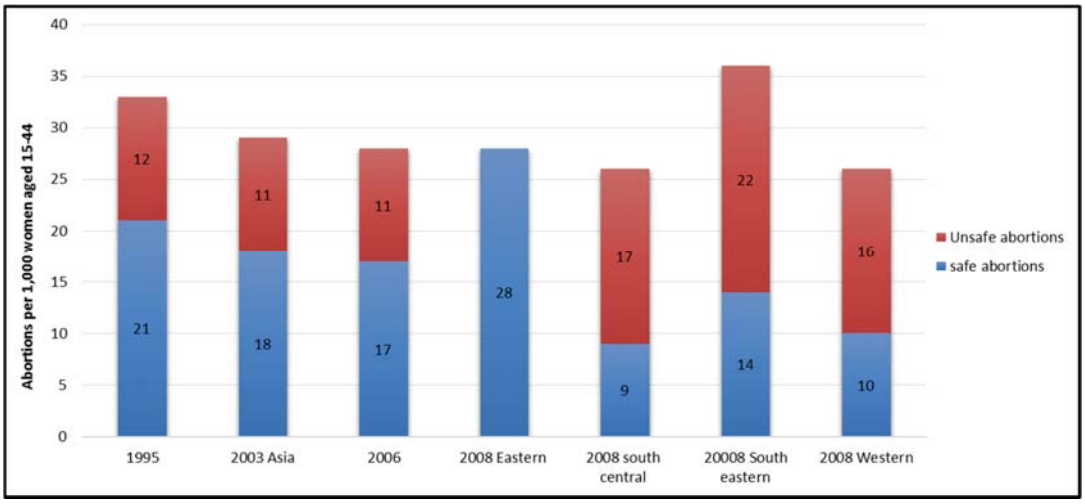

Fig 2: Geneva W.H.O 2011: Abortion rates in ASIA (Abortion rated held steady for 2003 AND 2008) [8]

A miscarriage or spontaneous is a psychologically challenging event. Its can impact can be devastating upon the individual and can last a long time. Unlike loss of other family members, the grieving individual has had few direct life experiences or actual times with the deceased to review, remember, and cherish. There is no publically acknowledged person to bury or established rituals to structure mourning and gain support, and, often, relatively few opportunities are present to express thoughts and feelings about the loss due to the secrecy that often accompanies the early stages of pregnancy. When other do know about the loss, they often fail to appreciate its impact or minimize it, making comments such as, "it was meant to be" or "it is for the best" [6].

Another cause may be progesterone deficiency. Progesterone is a key hormone which helps support a developing embryo. Progesterone is responsible for maintaining the uterine lining and reducing the chances of mother's immune system attacking the fetus as a foreign substance. Decreased progesterone during pregnancy can cause recurrent miscarriages [7].

The results of a study concluded that most frequently found etiological factors were immunological, particularly allo-immune factors (93.9%). Women with a single allo-immune factor had better gestational results (77.7% deliveries) than those with other associated factors. Auto-immune factors were associated with a higher abortion rate (or: 4.30; 95% confidence interval, ci: 1.36-13.63) [8].

Hence it can be extracted that the increase abortion rates and the risk factors associated with spontaneous abortion are laying down a huge onus on the Global health expenditure. Delayed childbearing possesses a great risk for abortion, as abortion rates are directly relative to increased maternal age [9].

Most studies agree that many women experience sad feelings or grief in the first days after the loss. This grief is very intense and similar to that experienced after any other significant loss (Brier, 2008). There is some debate as to whether the emotional response to a miscarriage is experienced more strongly immediately following the loss compared with weeks, months or years later, and whether a late loss is experienced stronger emotionally than an early loss [10].

Methods

Relevant articles on the topic of perinatal grief, intense emotional responses, stress, anxiety, and fear were identified by searching with related SCOPUS, GOOGLE SCHOLAR and PubMed (2002-2015). Titles and abstracts of these articles obtained from the database searches were reviewed

to ensure that they were related to grief related to perinatal loss, depression in post miscarriage period, described rates of psychiatric morbidity and post abortive counselling. Articles falling outside of the searched date range, not written in English, or not pertaining to perinatal grief, anxiety, post abortive counselling, and depression were excluded. Information from these 62 articles was extracted.

Results

Although miscarriage is the most common type of failed pregnancy, the grief associated with it is probably the least understood. Miscarriage is often not recognized as a significant occurrence either by the medical community or the woman's social support network. Peppers and Knapp studied 65 women who had experienced a foetal loss, including miscarriage, stillbirth and neonatal death. It was concluded that the grief or mourning after a loss is not necessarily proportional to the length of time invested in the pregnancy and may be as great after a miscarriage as it is after the loss of a neonate [11].

Miscarriage can also involves experiencing distressing physical symptoms, particularly if medical intervention, (evacuation of the foetus) was used and continued heavy bleeding occurs. There is no evidence that different methods used to remove the foetus result in different psychological reactions. Nielsen *et al*. reported similar grief reactions in women undergoing Dilatation & Curettage versus expectant management [12].

Although there is increasing acceptance that a miscarriage represents a significant loss experience, the empirical literature relating grief to miscarriage continues to be limited by several significant problems. The term "grief" itself tends to be poorly and inconsistently defined [13].

There have been very few reports on the various factors that influence the grief reaction. The nature and density of individual's reactions to pregnancy loss differ. The factors that generally seen as influencing the direction and strength of the relationship of bereavement and grief include the nature of the relationship between the bereaved and the deceased, the specific needs and wishes the individual associates with the relationship, the extent to which the decreased is an important part of the bereaved individual's mental representation of the world, the way the individual deals with emotional challenges and expresses emotions typically, and the reactions of significant others to the loss [14].

An electronic search of 46 published articles in the Medline, PubMed and Psych Info databases was carried out covering a period from year 1982 to 2013, using the keywords pregnancy loss, miscarriages, spontaneous abortion, recurrent abortions, neonatal deaths, stillbirths in combination with grief and mourning. Majority of studies on the subject were reported from developed countries. Women experienced feelings of guilt, sense of inadequacy, doubts about femininity, anger towards oneself, spouse, friends, depression, feelings of emptiness and sadness, uncontrolled crying, withdrawal from others and activities, jealously, lowered self-esteem [15].

A study conducted in 2010 to investigate if women with miscarriage experience normal grief. Content analyses of 25 transcribed conversations with women 4 weeks after their miscarriages were classified depending on the meaning-bearing units according to Bonanno and Kaltman's categories. The study concluded that women's grief after miscarriage is similar to general grief after death [16].

A review article involving the quantitative synthesis and analysis of research published 1995- 2009 to measure the association between abortion and indicators of adverse mental health. The sample comprised 22 studies, 36 measures of effect and 877181 participants (163831 experienced an abortion). Results shown that women who had undergone an abortion experienced an 81% increased risk of mental health problems, and nearly 10% of the incidence of mental health problems was shown to be attributable to abortion [17].

A meta-analysis was conducted to obtain a scale of psychological reaction after perinatal loss: focus on miscarriage. A total 4079 articles were reviewed through Meta-analysis. It was identified that different reactions to stress were related with the duration following pregnancy loss. The depression reaction had the highest average, weighted, unbiased estimate of effect (d+ = 0.99) and was Frequently Associated With The Experience of Perinatal Loss [20].

Psychological Effects of Miscarriage

Within miscarrying women, reactions tends to be varied. A number of risk factors predisposing women to experience significant psychological distress or morbidity following miscarriage have also been identified. Womens tend to face lack of psychological support during the perinatal loss and isolation after the loss. A study of suicides in Finland identified a significantly higher mean annual suicide rate in women who had miscarried in the year prior to their suicide compared to women who had delivered a baby [21].

awareness of the severity of the physical effects of miscarriage are increasingly recognized as demonstrated as evidenced by a report of more than 60 maternal death in a 10 year period that are associated with miscarriages and data showing fertility problems increasing with increasing numbers of miscarriages.

In hostile Environment

When women perceived a lack of care, especially during abortion and child loss, there were likely to have a negative reaction and grief. The grief is constant for all women irrespective of gestational age. The social and cultural environment tends to have near universal pronatal expectations, and ignores the need to acknowledge the failed pregnancy and mourning. However, it is likely that distress changes across this period of time [22].

Grief

Grief refers to the affective, physiological, and psychological reactions to the loss of an emotionally important and typically includes severe and prolonged distress. There is a lack of consensus as to what constitutes normal grief. For example, the American Psychiatric Association's *Diagnostic and Statistical Manual* (DSM-IV) does not note what a typical grief reaction is. Instead, the DSM-IV describes a set of symptoms that are not characteristic of a normal grief reaction, such as excessive guilt, suicidal ideation, and feelings of worthlessness.

An initial validation study demonstrated high internal consistency and test retest reliability. The scale is designed to measure grief following reproductive loss based on the degree to which the individual yearns for the lost pregnancy

and lost baby. The intensity of grief found on the scale is associated with the individual's desire to maintain an attachment with the baby and the degree of investment the individual has had in the child.

Thus, yearning, sadness, crying, fatigue, appetite and sleep changes, preoccupation with the loss, and guilt seem to be commonly noted [23].

Conclusion

The perinatal death of an expected infant, whether through miscarriage, stillbirth, or neonatal death, is often a very traumatic event for parents. In addition to devastating the surprised and unprepared parents, a perinatal loss may affect other family members, resulting in sign and symptoms of grief in the deceased baby's siblings or grandparents. Several types of healing interventions, especially the support of family, friends, and healthcare professionals are instrumental in providing perinatal bereavement care to the grieving parents. Women experienced feelings of guilt, sense of inadequacy, doubts about femininity, anger towards oneself, spouse, friends, depression, feelings of emptiness and sadness, uncontrolled crying, withdrawal from others and activities, jealously, lowered self-esteem.

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