SCOPING REVIEW

Exploring the role of healthcare providers in supporting women after pregnancy loss: A scoping review

Rafhani Rosyidah[1]*, Nurul Azizah[1], Ratna Dwi Djayanti[2], Retno Dewi Prisusanti[3]
[1]Department of Midwifery, Faculty of Health Science, Universitas Muhammadiyah Sidoarjo, Indonesia.
[2]Department of Midwifery, Faculty of Medicine, Universitas Airlangga, Surabaya, Indonesia.
[3]Faculty of Health Sciences, Institute of Science and Health Technology, dr. Soepraoen Hospital, Malang, Indonesia.

Article Info
Received Mar 17, 2025
Revised Jul 23, 2025
Accepted Aug 15, 2025
Published Dec 1, 2025

***Corresponding author:**
Rafhani Rosyidah
rafhani.rosyida
@umsida.ac.id

Keywords:
Barriers in care
Emotional support
Healthcare support
Maternal Health
Physical support
Pregnancy loss
Psychosocial care

ABSTRACT

Objective: Pregnancy loss is a complex emotional experience with a significant impact on women's physical and psychosocial health. This study aimed to explore the role of health workers in supporting women after pregnancy loss, focusing on their physical, emotional, and psychosocial needs, as well as the barriers faced by health workers.

Materials and Methods: A systematic search was conducted on six electronic databases, namely PubMed, Science Direct, Springer, ProQuest, Sage Journals, and EBSCOhost, using keywords related to pregnancy support, pregnancy loss, and challenges faced by health workers. Articles published within the last 10 years (2014-2024) were selected for this review. The selection process followed PRISMA guidelines, starting with the identification of 383 articles, followed by the removal of duplicates and screening of titles and abstracts. After the eligibility assessment stage, five articles were selected that met the inclusion criteria. Data extraction and synthesis: Data were systematically extracted using tables that included study purpose, design, participants, type of pregnancy loss, and key findings. The results of the analysis mapped the physical, emotional, and psychosocial support provided by health workers and the barriers affecting the quality of that support.

Results: Integrating physical, emotional, and psychosocial care is crucial to improve outcomes for women experiencing pregnancy loss. Addressing challenges faced by healthcare providers will enhance service quality and patient support.

Conclusions: Holistic support that includes physical, emotional and psychosocial aspects is essential in helping women to cope with pregnancy loss. However, barriers such as lack of training and institutional support affect the effectiveness of care. This review recommends strengthening formal training, developing structured guidelines, and improving support systems for health workers to enhance the quality of care and professional well-being.

How to cite: Rosyidah R, Azizah N, Djayanti RD, et al. Exploring the role of healthcare providers in supporting women after pregnancy loss: A scoping review. Majalah Obstetri & Ginekologi (Journal of Obstetrics & Gynecology Science). 2025;33(3):228-235. doi: 10.20473/mog.V33I32025.228-235.

Highlights:

1. The study examines healthcare providers' roles in delivering holistic physical, emotional, and psychosocial support to women after pregnancy loss.
2. The findings identify major provider barriers—limited training, institutional constraints, and emotional burden—and recommend improved training, clearer guidelines, and stronger support systems.

INTRODUCTION

Pregnancy loss, in early or perinatal, is a highly emotional and complex experience for the woman and her family.[1] These experiences not only impact physical health but also affect their emotional, psychological and social well-being.[2] Events such as miscarriage, stillbirth, or loss of a newborn often carry a deep psychosocial burden, including feelings of grief, trauma, and social stigma.[3] Therefore, the support provided by healthcare professionals plays an essential role in helping patients and families to cope with the impact of loss.

Health workers, such as doctors, nurses, and counsellors, are responsible for providing medical care and ensuring adequate emotional and psychosocial support.[4] A holistic approach can help improve patients' quality of life after bereavement while strengthening the relationship between the patient and the healthcare system.[5] However, in practice, challenges faced by health workers often hinder the delivery of optimal support. These can include training limitations, lack of supportive policies, or cultural stigmas influencing care approaches.[6]

Although the role of health professionals has been recognized as an essential factor in supporting women experiencing pregnancy loss, there is limited in-depth understanding of the most effective types of support and the challenges faced.[7] Therefore, this review aims to explore the role of health workers in supporting women after pregnancy loss, focusing on emotional and psychosocial needs, challenges in practice, and opportunities to improve the quality of care. Through a scoping review approach, it is hoped that this review will provide comprehensive insights that can be used to develop better policies and clinical practices in the future.

MATERIALS AND METHODS

Research design

This research used a scoping review approach, which was chosen to provide a broad overview and comprehensive coverage of the topic. This approach aims to identify key concepts based on the available literature. The scoping review methodology used refers to the framework developed by Arksey and O'Malley, which consists of five main stages: formulating the research question, identifying relevant literature, screening and selecting studies, extracting and mapping data, and compiling, summarizing and reporting the review results.[8]

Step 1: Identifying the research question

The research questions in this scoping review include: 1. What forms of physical, emotional and psychosocial support are provided by health workers to women experiencing pregnancy loss? 2. What are the barriers experienced by health workers in providing support to women who experience pregnancy loss?

Step 2: Identifying relevant studies

A systematic search was conducted on six databases—PubMed, Science Direct, Springer, ProQuest, Sage Journals, and EBSCOhost. The search strategy used Boolean operators (“AND” and “OR”), wildcards, and truncation to capture a wide range of related terms. The keywords applied were (“pregnancy loss” OR “miscarriage”) AND (“healthcare support” OR “nurse care” OR “midwife care”) AND (“physical” OR “emotional” OR “psychosocial”) AND (“challenges” OR “barriers”). The review included all primary research, both qualitative and quantitative, examining individual and family experiences of pregnancy loss as well as challenges faced by healthcare professionals. Across the six databases, the search yielded the following numbers of articles: PubMed (0), Science Direct (58), Springer (246), ProQuest (39), Sage Journals (1), and EBSCOhost (39). The timeframe for eligible studies was limited to the last 10 years, so only research articles published between November 30, 2014, and November 30, 2024, were considered.

Step 3: Study selection

The inclusion criteria for this study include qualitative and mixed-method research on the support and barriers provided by health workers to women who experience pregnancy loss. The articles selected were those with full text. Opinion pieces, posters, editorials, and conference abstracts were excluded from the analysis.

The study selection process follows Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.[9] Data were processed and screened through the stages of identification, screening, eligibility review, and application of inclusion criteria. The bibliographic program Mendeley was utilized to help compile a reference list of relevant articles. The results of independent searches by two researchers were compared, and differences in article findings were resolved through discussion until an equivalent number of articles were agreed upon.

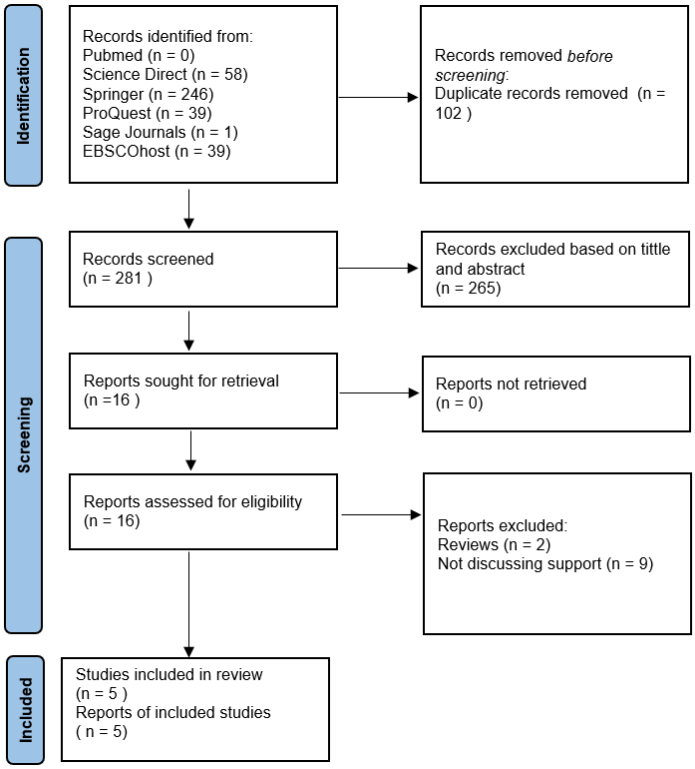

Figure 1. Study identification and inclusion process - Selection reporting items for systematic review and meta-analysis (PRISMA) flow chart.

Step 4: Extracting and mapping data

Data were extracted using an Excel spreadsheet. The data was written in an extraction table that included the article title, country, study objectives, study design, number and type of participants, type of pregnancy loss, and main findings.

Step 5: Compiling, summarizing, and reporting results

All articles obtained were used to identify the forms of physical, emotional, and psychosocial support provided by health workers and identify barriers faced in providing such support.

RESULTS AND DISCUSSION

The PRISMA diagram in Figure 1 shows the screening process for the research article. Of the 383 articles identified from various electronic databases such as Science Direct (58), Springer (246), ProQuest (39), Sage Journals (1), and EBSCOhost (39), 281 articles remained after duplicates were removed. After going through the title and abstract screening process, 16 articles were selected for further evaluation, while 265 were excluded. Of these 16 articles, only 5 met the eligibility criteria for analysis, while 11 were excluded for not meeting the requirements. Finally, five articles were used for the final review process.

The articles analyzed were from the United States, Australia, Canada, and Spain. The research design used was qualitative and mixed methods. The details of each study are described in Table 1, while the types of health worker support and barriers in pregnancy loss cases are described in Table 2.

Pregnancy loss is a complex and traumatic experience, affecting not only the physical health but also the emotional and social well-being of the woman and her family.[15] During the recovery process, the support of healthcare professionals plays a vital role in helping patients get through this difficult time.[16] The support provided by the program encompasses the physical, emotional, and psychosocial aspects of recovery, with each aspect contributing significantly to the holistic recovery process.[17] This research shows that the role of health workers is not limited to medical care but also includes more in-depth aspects such as counselling and psychological assistance, which are often key in restoring patients' confidence and emotional resilience.

Table 1. Summary of articles included in the review

No	Title of Article	Country	Research Objective	Research Design	Number and Type of Participants	Type of Pregnancy Loss	Main Findings
1	Barriers and Enablers to Family Physicians' Provision of Early Pregnancy Loss Management in the United States.[10]	United States of America	Explore enablers, barriers and types of early pregnancy loss support.	Mixed method sequential exploratory design.	Qualitative phase: 15 family doctors Quantitative phase: 231 family doctors.	Early pregnancy loss, including miscarriage in the first trimester.	Clinicians endeavour to provide physical, emotional and psychosocial support to women experiencing early pregnancy loss despite multiple barriers. In bivariate analysis, the provision of prenatal care, abortion services, ultrasound access, and provider competency were all positively linked to the offering of management options for early pregnancy loss.
2	Caring for Women Through Early Pregnancy Loss: Exploring Nurses' Experiences of Care.[11]	Australia	Explore nurses' experiences providing care to women experiencing early pregnancy loss, including enabling factors and challenges.	Descriptive qualitative research using semi-structured interviews.	25 registered nurses providing early pregnancy loss care in several hospital units (emergency, day surgery, recovery, and gynaecology).	Early pregnancy loss (< 20 weeks gestation).	Nurses provide physical, emotional, and psychosocial support despite a less-than-ideal management environment.
3	Emergency Department Staff Perspectives on Caring for Patients Experiencing Early Pregnancy Loss.[12]	United States of America	Identify the challenges, barriers and types of support emergency department staff have in providing care for patients with early pregnancy loss.	Qualitative research based on semi-structured interviews.	20 emergency department staff participants comprised 5 administrators, 5 specialists, 5 residents, and 5 nurses.	Early pregnancy loss (miscarriage or spontaneous abortion before 13. weeks gestation)	Emergency department staff showed support and empathy in the face of an early pregnancy loss diagnosis, although not all were trained in grief counselling.
4	Experiences of Nurses Who Support Parents During Perinatal Death.[13]	Canada	Describing nurses' experiences in providing support for parents experiencing early pregnancy loss.	Descriptive qualitative research using semi-structured interviews.	25 nurses working in perinatal, community and hospital units with an average experience of 15.7 years.	Perinatal deaths, including stillbirths, neonatal deaths, and foetal deaths from induced abortion.	Nurses provide parents with physical, emotional, and psychosocial support, although they often suppress their emotions to remain professional. Some nurses felt distracted by their own emotions during care, which sometimes affected their ability to focus on the parent's needs.
5	Primary Healthcare Midwives' Experiences of Caring for Parents Who Have Suffered an Involuntary Pregnancy Loss: A Phenomenological Hermeneutic Study. [14]	Spanyol	Explore the experiences of midwives in primary health care caring for parents who have experienced unintentional pregnancy loss, including challenges, motivations and approaches to care.	Qualitative research with a phenomenological-hermeneutic design using narrative interviews.	11 female midwives working in 10 primary health centres in Spain aged 26-62 years and 2-39 years of work experience.	Accidental pregnancy loss, including miscarriage and stillbirth	Midwives provide physical, emotional and psychosocial support despite having no training. Midwives often rely on intuition and personal experience in providing care as they do not have specific guidelines.

Table 2. Physical, emotional, psychosocial support, and health worker barriers in cases of early pregnancy

Category		Description of Supports and Barriers
Physical support	1	Patients are free to choose appropriate treatment options, with guidance from medical staff.[10,12]
	2	Nurses provide initial care by assessing and stabilizing the patient's physical condition, such as managing bleeding and pain.[11]
	3	Detailed explanation of diagnosis, treatment options and post-loss resources.[11]
	4	Emergency staff provide initial care to manage physical symptoms such as bleeding and pain.[12]
	5	Consultation facilities with gynaecological specialists at the hospital support the care of patients who require further intervention.[12]
	6	Nurses provide direct care to bereaved parents by helping them deal with physical needs post-loss.[13]
	7	Creating a comfortable treatment atmosphere despite limited facilities.[13]
	8	Midwives provide care that is focused on the physical needs of the patient, including health monitoring after miscarriage and referrals to specialized facilities if needed.[14]
	9	Midwives liaise between primary health care and specialists to ensure patients receive adequate care.[14]
Emotional support	1	Health workers provide emotional support through counselling to help patients understand their choices and cope with loss.[10,12]
	2	Acknowledging the patient's feelings of loss empathetically, such as giving a symbolic gift (e.g. a small heart) to commemorate the loss.[11]
	3	Provide emotional support through physical touch, crying with the patient, or showing compassion.[11]
	4	Emphasizing that this loss is not the patient's fault to help them cope with guilt.[11]
	5	Health workers provide empathy to patients by listening and showing concern during treatment.[12, 14]
	6	Nurses endeavour to show deep empathy towards bereaved parents.[13]
	7	Nurses help parents feel more confident dealing with loss through open and caring communication.[13]
	8	Midwives support parents emotionally, respecting their unique grieving process and emotional needs.[14]
Psychosocial support	1	Providing patients with the freedom to choose treatment options that suit their needs, such as more private and convenient primary clinic care.[10]
	2	Refer the system to trusted specialists when cases require further treatment.[10]
	3	Customizing care based on the specific needs and cultural background of the patient.[11,14]
	4	Providing psychosocial support in the form of guidance on dealing with community stigma related to miscarriage, such as suggesting how to talk about the loss to others.[11]
	5	Involving partners or family in care to provide additional support.[11]
	6	Care is tailored to parents' specific needs, respecting their cultural background and views on care.[13]
	7	Nurses help connect families with community or support services to help them continue the healing process.[13]
	8	Parents are given time and space to grieve according to their needs.[13]
	9	The midwife provides information on what to expect during the physical and emotional recovery process.[14]
	10	The midwife encourages spouses or other family members to be involved in the care process to support the patient socially.[14]
Barriers	1	Systemic barriers include a lack of ultrasound access, logistical constraints, and redundant referral systems.[10, 12]
	2	Many doctors feel less competent to perform pregnancy loss management procedures or medication management due to a lack of adequate residency training.[10]
	3	The care process often occurs in environments that do not favour privacy, affecting the quality of interactions between carers and families.[11, 12,13]
	4	High workloads often limit the ability of health workers to give full attention to bereaved parents.[11-14]
	5	The high emotional demands of care often lead to stress and the risk of burnout in nurses.[11]
	6	There is no formal system to help nurses cope with emotions after handling pregnancy loss cases.[11]
	7	Staff feel emotionally distressed at not being able to provide care they deem appropriate.[12]
	8	Some staff experience moral conflict when caring for patients who have lifestyles or habits that are considered unfavourable to pregnancy.[12]
	9	Nurses feel the need to suppress their emotions to maintain professionalism.[13]
	10	Nurses often feel that they are not helping older people enough, leading to feelings of dissatisfaction and guilt.[13]
	11	Lack of adequate training in grief care and lack of institutional support.[13, 14]
	12	Poor coordination between primary and specialized health services hinders continuity of care.[14]
	13	The high emotional demands of caring for patients experiencing pregnancy loss lead to stress and emotional exhaustion in midwives.[14]
	14	Some midwives are afraid of the patient's emotional reaction, which makes them avoid deeper emotional connections.[14]
	15	The absence of a formalized support system in the workplace to help midwives deal with their emotional burden.[14]

On the physical aspect, health workers provide support through the management of medical conditions that patients face after a pregnancy loss. For example, stabilization symptoms such as bleeding and pain are prioritized in initial care.[18] Moreover, health workers also help patients understand the diagnosis and treatment options available so that patients feel in control of the process they are going through.[19] This is important because a good physical recovery can provide a foundation for patients to begin their emotional and psychological recovery.

Emotional support is an equally important aspect, given the often profound psychological impact of pregnancy loss.[20] Health workers help patients by listening, validating their feelings, and showing empathy.[21,22] For example, some health workers provide symbols of respect to commemorate the loss, creating a meaningful moment for the patient.[11] This approach helps patients feel understood and reduces any stigma or guilt they may feel.[23] A positive emotional connection with healthcare professionals can be one of the key elements in helping patients feel accepted and supported.

Psychosocial aspects are also integral in the care of patients after pregnancy loss. Health workers guide patients on how to deal with social stigma, including how to talk about their experiences to others. In addition, involving family members or partners in the care process helps create a socially supportive environment.[19] This support is crucial in rebuilding patients' interpersonal relationships and improving their psychological well-being.[24] By respecting the patient's cultural background and specific needs, treatment becomes more inclusive and relevant to each individual.[25]

However, despite this critical role, health workers often face barriers that reduce the effectiveness of their support.[26] Lack of formal training in dealing with pregnancy loss is one of the main obstacles. Many health workers feel less confident providing grief counselling or performing specific medical procedures.[27] In addition, high workloads and lack of institutional support add to the emotional stress on health workers. This situation points to the need for support that is not only focused on the patient but also on the professional well-being of health workers.[28,29]

The importance of addressing these barriers not only the quality of care provided to patients but also the sustainability of support from health workers.[30] By improving formal training and providing institutional support systems, health workers can be better equipped to deal with their jobs' emotional and practical demands.[31] This can also help them reduce the risk of stress and burnout, ultimately improving job satisfaction and the quality of the relationship between patients and health workers.[32]

This study confirms that a holistic approach that includes physical, emotional and psychosocial aspects is a crucial element in helping patients deal with pregnancy loss. By attending to each of these dimensions, patients receive medical care and are supported in rebuilding their emotional and social strength. This support has a positive impact on the patient's recovery and reflects the quality of a more humanized and inclusive health system. Therefore, efforts to strengthen training, guidance and institutional support should be a priority to ensure holistic and sustainable care.

Strengths and limitations

One of the key strengths of this study lies in its comprehensive and systematic use of the scoping review methodology based on the framework developed by Arksey and O'Malley. This approach allowed for a broad and in-depth exploration of a topic that remains underexamined—specifically, the role of healthcare providers in supporting women after pregnancy loss. The literature search was conducted across six major scientific databases—PubMed, Science Direct, Springer, ProQuest, Sage Journals, and EBSCOhost—covering a ten-year publication window (2014–2024), which ensured the inclusion of recent and relevant findings. Furthermore, the study addressed physical, emotional, and psychosocial aspects of care equally, reinforcing the importance of a holistic approach in post-loss support. The inclusion of studies from diverse countries such as the United States, Australia, Canada, and Spain also added value by providing insights across different healthcare systems and cultural contexts.

Despite these strengths, the study has several limitations. Only five articles met the inclusion criteria out of an initial 383, which may restrict the diversity of perspectives and the generalizability of the findings. Most of the selected studies employed qualitative designs, which, while rich in detail, do not provide quantitative measures of intervention effectiveness or patient satisfaction. Additionally, there was a notable absence of studies from developing countries, including Southeast Asia, limiting the applicability of the findings to low- and middle-income contexts. There is also the possibility of selection and interpretation bias, despite the use of independent reviewers and consensus-building discussions during the study selection process.

CONCLUSION

This study highlights the importance of physical, emotional and psychosocial support provided by health professionals in helping women to cope with pregnancy loss. Such support plays a significant role in facilitating patient recovery. However, various barriers, such as lack of training, time constraints and lack of institutional support systems, often hinder the effectiveness of care. The findings suggest strengthening formal training, developing structured practical guidelines, and improving coordination between health services to ensure holistic and sustainable care.

DISCLOSURES

Acknowledgment

We would like to thank Mr. Haksa for helping with the article search strategy.

Conflict of interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Author contribution

RR: Conceptualization, Methodology, Investigation, Formal analysis, Writing – Original draft. NA: Data curation, Validation, Visualization, Writing – Review & Editing. RDD: Resources, Supervision, Project administration. RDP: Project administration, methodology, data curation

REFERENCES

1. Dimitriadis E, Menkhorst E, Saito S, Kutteh WH, Brosens JJ. Recurrent pregnancy loss. Nature reviews disease primers. 2020;6:98.
2. Farren J, Mitchell-Jones N, Verbakel JY, Timmerman D, Jalmbrant M, Bourne T. The psychological impact of early pregnancy loss. Human reproduction update. 2018;24:731-749.
3. Quenby S, Gallos ID, Dhillon-Smith RK, et al. Miscarriage matters: the epidemiological, physical, psychological, and economic costs of early pregnancy loss. The Lancet. 2021;397:1658-1667.
4. Fernández-Basanta S, Movilla-Fernández M-J, Coronado C, Llorente-García H, Bondas T. Involuntary pregnancy loss and nursing care: a meta-ethnography. International journal of environmental research and public health. 2020;17:1486.
5. Fernández-Basanta S, Van P, Coronado C, Torres M, Movilla-Fernández M-J. Coping after involuntary pregnancy loss: Perspectives of Spanish European women. OMEGA-Journal of Death and Dying. 2021;83:310-324.
6. Carson A, Stirling-Cameron E, Paynter M, et al. Barriers and enablers to nurse practitioner implementation of medication abortion in Canada: a qualitative study. Plos one. 2023;18:e0280757.
7. Andalibi N, Garcia P. Sensemaking and coping after pregnancy loss: the seeking and disruption of emotional validation online. Proceedings of the ACM on Human-Computer Interaction. 2021;5:1-32.
8. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. International journal of social research methodology. 2005;8:19-32.
9. Page MJ, McKenzie JE, Bossuyt PM, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. bmj. 2021;372.
10. deFiebre G, Srinivasulu S, Maldonado L, Romero D, Prine L, Rubin SE. Barriers and enablers to family physicians' provision of early pregnancy loss management in the United States. Women's Health Issues. 2021;31:57-64.
11. Griffin G, Ngulube M, Farrell V, Hauck YL. Caring for women through early pregnancy loss: Exploring nurses' experiences of care. Collegian. 2021;28:268-274.
12. Tancioco V, Pancholi R, Schechter-Perkins E, Drainoni M-L, White K. Emergency department staff perspectives on caring for patients experiencing early pregnancy loss (Boston, Massachusetts 2021). Contraception. 2023;125:110091.
13. Verdon C, DeMontigny F. Experiences of nurses who support parents during perinatal death. Journal of Obstetric, Gynecologic & Neonatal Nursing. 2021;50:561-567.
14. Fernández-Basanta S, Coronado C, Bondas T, Movilla-Fernández M-J. Primary healthcare midwives' experiences of caring for parents who have suffered an involuntary pregnancy loss: a phenomenological hermeneutic study. Midwifery. 2021;92:102863.
15. Obst KL, Due C, Oxlad M, Middleton P. Men's grief following pregnancy loss and neonatal loss: a systematic review and emerging theoretical model. BMC pregnancy and childbirth. 2020;20:1-17.
16. Doyle C, Che M, Lu Z, Roesler M, Larsen K, Williams LA. Women's desires for mental health support following a pregnancy loss, termination of pregnancy for medical reasons, or abortion: a report

from the STRONG Women study. General Hospital Psychiatry. 2023;84:149-157.
17. Cuenca D. Pregnancy loss: Consequences for mental health. Frontiers in global women's health. 2023;3:1032212.
18. Laijawala RA. Recurrent Pregnancy Loss: Immunological aetiologies and associations with mental health. Brain, Behavior, & Immunity-Health. 2024;41:100868.
19. Rich D. Psychological impact of pregnancy loss: best practice for obstetric providers. Clinical obstetrics and gynecology. 2018;61:628-636.
20. Flach K, Machado WDL, Centenaro Levandowski D. Maternal mental health, marital adjustment, and family support in the grieving process after a pregnancy loss. Death Studies. 2024:1-11.
21. Iwanowicz-Palus G, Mróz M, Bie? A, Jurek K. Social support and subjective assessment of psychophysical condition, health, and satisfaction with quality of life among women after pregnancy loss. BMC pregnancy and childbirth. 2021;21:750.
22. Qian J, Wang W, Sun S, et al. Exploring interactions between women who have experienced pregnancy loss and obstetric nursing staff: a descriptive qualitative study in China. BMC pregnancy and childbirth. 2022;22:450.
23. Ruderman RS, Yilmaz BD, McQueen DB. Treating the couple: how recurrent pregnancy loss impacts the mental health of both partners. Fertility and Sterility. 2020;114:1182.
24. Baird S, Gagnon MD, deFiebre G, Briglia E, Crowder R, Prine L. Women's experiences with early pregnancy loss in the emergency room: A qualitative study. Sexual & reproductive healthcare. 2018;16:113-117.
25. Punches BE, Johnson KD, Acquavita SP, Felblinger DM, Gillespie GL. Barriers to research recruitment of women experiencing a pregnancy loss in the emergency department. Advanced Emergency Nursing Journal. 2017;39:280-287.
26. Lockton J, Due C, Oxlad M. Love, listen and learn: grandmothers' experiences of grief following their child's pregnancy loss. Women and Birth. 2020;33:401-407.
27. Neill S, Mokashi M, Goldberg A, Fortin J, Janiak E. Mifepristone use for early pregnancy loss: A qualitative study of barriers and facilitators among OB/GYNS in Massachusetts, USA. Perspectives on Sexual and Reproductive Health. 2023;55:210-217.
28. Erato G, Ciciolla L, Shreffler KM, Greil AL. Changes in importance of motherhood following pregnancy loss. Journal of Family Issues. 2022;43:741-751.
29. Rose A, Oxlad M. The lead up to loss: How context shapes LGBTQ+ experiences of pregnancy loss. LGBTQ+ Family: An Interdisciplinary Journal. 2022;18:241-261.
30. Watson J, Simmonds A, La Fontaine M, Fockler ME. Pregnancy and infant loss: a survey of families' experiences in Ontario Canada. BMC Pregnancy and Childbirth. 2019;19:1-14.
31. Flynn AN, McAllister A, Jen A, et al. Exploring Reasons for Loss to Follow-up in Pregnancy of Unknown Location: A Mixed-Methods Study. Journal of Women's Health. 2024.
32. Ravaldi C, Carelli E, Frontini A, et al. The BLOSSoM study: Burnout after perinatal LOSS in Midwifery. Results of a nation-wide investigation in Italy. Women and Birth. 2022;35:48-58.