

Subsequent pregnancy following recurrent pregnancy loss: a phenomenological study

Introduction

For couples who have experienced recurrent miscarriage, many of the assumptions of society and perpetuated in the media about the joys of a new pregnancy may not reflect their lived experiences.

Recurrent miscarriage is commonly acknowledged to be a debilitating disorder, associated with considerable psychological morbidity including post-traumatic stress disorder, with impacts affecting both the woman and her partner.

Methods

Data was collected from semi structured interviews where couples are asked to recount their lived experiences. Individuals were invited to participate from an existing electronic database of couples who had attended the RM service within a large tertiary referral centre in the West Midlands.

17 interviews (14 women and 3 partners) where conducted by two researchers via an electronic video conferencing programme. Open questioning was employed. Interviews were recorded, transcribed and anonymised. Emergent themes were identified and coded before thematic analysis.

Results

Six broad themes were identified: emotions in early pregnancy, society expectations, effect on employment, impact of early pregnancy scanning, partners feelings and the influence of the COVID pandemic.

Participants described anxiety in subsequent pregnancies. This could be felt throughout pregnancy, and was only temporarily reduced by early pregnancy scanning. These feelings of anxiety intensified during initial limitations in some services in the first wave of COVID with partners describing feeling disconnected and forgotten.

Emotions	Society expectations	Employment & partners feelings	Early pregnancy scanning	COVID pandemic
<ul style="list-style-type: none">•<i>“I was always quite petrified of getting pregnant again. Because of how it's all ended in previous pregnancies you just automatically assume,, to just expect the worse.”</i> Participant 1•<i>When I found out pregnant there wasn't any excitement. It was just constant like worry with it, even with this pregnancy I was very cold and didn't believe it was gonna happen”.</i> Participant 2	<ul style="list-style-type: none">•<i>“Because of my culture [I'd] rather, people believe that maybe- I'm not trying, maybe I don't want to have children. I didn't want them to know why. They think: “oh they’ve been married that many years. Why are you not pregnant?”</i> Participant 7•<i>“I would feel... I already felt like a failure in a way. I already felt like I failed him as a woman. I can’t give him one thing in life he wants.”</i> Participant 17	<ul style="list-style-type: none">•<i>“work acted as a distraction [...] I didn't take time off work because I tried [...] and then I just was faced with my own anxiety and that was awful. So actually working, was still better than not working”</i> Participant 3•<i>“an afterthought.....out of the loop and guilty for not being able to be there for [my partner]”</i> Participant 17	<ul style="list-style-type: none">•<i>“We need scans. I could not see myself waiting 12 weeks. It was just dumb. The anxiety, the amount of distress I felt, I couldn't handle it”</i> participant 3•<i>“[after the scan] you relax a bit and you have a couple of weeks of being relaxed and happy and then you start getting stressed towards the time of the next [scan]”</i> Participant 16	<ul style="list-style-type: none">•<i>“it felt really undermining when....you learn that people who are 20 weeks could have their partner at their scan but at 7 you're not important enough, or like your pregnancy is not important enough”</i> Participant 4.•<i>“this could be our only experience of pregnancy, and I have to experience it alone”.</i> Participant 3

Conclusions

Pregnancy following recurrent loss is difficult. Women describe feeling anxious, frustrated and can feel uncertain about their role in society and their relationship. Partners also experience anxiety which they can find difficult to express due to internal conflict with their personal needs and those of their partner. They should not be excluded, as happened during in the initial phase of the COVID pandemic, as this can result in a feeling of disconnect, or worsening anxiety. Acknowledging loss and providing potential sources of support, may provide couples with the confidence to be able to try and conceive again. This, along with earlier referral to fertility services may improve their chances of a viable pregnancy.

These individuals may be at higher risk of depression and anxiety in pregnancy and the immediate postnatal period. Identifying this as a risk factor would allow earlier intervention and should be an area for future research.

