

Araştırma Makalesi/Research Article

Experiences of Fathers Experiencing Pregnancy Loss: A Qualitative Study

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Gebelik Kaybı Yaşayan Babaların Deneyimleri: Nitel Bir Araştırma

ABSTRACT

Aim: The aim of this study is to determine the experiences of fathers who experienced pregnancy loss.

Method: The qualitative study was conducted with the spouses of pregnant women who applied to Aydın Adnan Menderes University Hospital Gynecology and Obstetrics Polyclinic between 06.11.2023-28.12.2023. A total of 6 fathers were interviewed by audio recording. Interviews were analyzed using the MAXQDA 2024 program. Four main themes were determined the thematic analysis of the interviews. These are feelings experienced during the pregnancy loss process, relationships with the partner during the pregnancy loss process, the process of coping with the pregnancy loss, and expectations from health professionals. Descriptive analysis technique was used to analyze the data. This research is based on COREQ guidelines for reporting qualitative studies.

Results: Most fathers stated that they felt sad during the pregnancy loss process. During this process, most of the fathers stated that their wives' sadness made them feel very sad and that they became more attached to each other during this process. Most fathers stated that they got through this process by working at work. After pregnancy loss, most fathers stated that they expected health professionals to pay more attention to them, spare time, and provide information about the process.

Conclusion: The study revealed that fathers were negatively affected by pregnancy loss and had expectations from health professionals. Considering these, it is thought that it is important for health professionals to provide more support to fathers who experience pregnancy loss. It is recommended to conduct similar studies and raise awareness on this issue.

Keywords: Experiences, fathers, pregnancy loss, qualitative study

ÖZ

Amaç: Bu araştırmanın amacı gebelik kaybı yaşayan babaların deneyimleri belirlemektir.

Yöntem: Nitel araştırma 06.11.2023-28.12.2023 tarihleri arasında Aydın Adnan Menderes Üniversitesi Hastanesi Kadın Hastalıkları ve Doğum Polikliniği'ne başvuran gebelerin eşleri ile gerçekleştirilmiştir. Toplam 6 baba ile ses kaydı yoluyla görüşmeler yapılmıştır. Görüşmeler MAXQDA 2024 programı kullanılarak analiz edilmiştir. Görüşmelerin tematik analizi sonucunda dört ana tema belirlenmiştir. Bunlar; gebelik kaybı sürecinde yaşanan hisler, gebelik kaybı sürecinde eş ile ilişkiler, gebelik kaybı ile baş etme süreci ve sağlık profesyonellerinden beklentilerdir. Verilerin analizinde betimsel analiz tekniği kullanılmıştır. Bu araştırma, nitel çalışmaların raporlanmasına ilişkin COREQ yönergelerine dayanmaktadır.

Bulgular: Gebelik kaybı sürecinde babaların çoğu üzüldüklerini belirtmiştir. Bu süreçte babaların çoğu eşlerinin üzülmesinin kendilerini ayrıca çok üzdüğünü ve bu süreçte birbirlerine daha çok bağlandıklarını ifade etmiştir. Babaların çoğu işte çalışarak bu süreci atlattıklarını belirtmiştir. Gebelik kaybı sonrası babaların çoğu sağlık profesyonellerinden kendilerine daha fazla ilgi göstermelerini, zaman ayırmalarını ve süreçle ilgili bilgi vermelerini beklediklerini ifade etmiştir.

Sonuç: Araştırmada babaların gebelik kaybından olumsuz etkilendikleri ve sağlık profesyonellerinden beklentilerinin olduğu ortaya çıktı. Bunlar dikkate alındığında sağlık profesyonellerinin gebelik kaybı yaşayan babalara daha fazla destek vermelerinin önemli olduğu düşünülmektedir. Bu konuda benzer çalışmaların yapılması ve farkındalığın artırılması önerilmektedir.

Anahtar kelimeler: Babalar, deneyimler, gebelik kaybı, nitel araştırma

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GENİŞLETİLMİŞ TÜRKÇE ÖZET

Giriş: Birey için kayıp, kendisi için değerli olan birisinin ya da bir şeyin kaybedilmesi durumunda meydana gelmektedir. Kayıp hayat boyunca sıklıkla karşılaşılabilecek bir durumdur. Bireyin yaşamında başına gelebilecek en kaçınılmaz kayıp durumu ise ölümdür. Gebelik haftası ve/veya kayıp sayısı ne olursa olsun çiftler gebelik kayıplarından olumsuz etkilenebilmektedir. Bu durum bir sonraki gebeliklerde olumsuz düşüncelere kapılmaya neden olabilmektedir. Gebelik kaybının ardından yaşanan gebelikte kaygı, depresyon, keder ve kaybın tekrarlanma korkusu nedeniyle ebeveynler sorunlar yaşayabilmektedir. Anne ve babalar kayıp sonrası gebelik döneminde bazı psikososyal ihtiyaçlarla ve zorluklarla karşılaşabilirler. Gebelik kaybı en yaygın olumsuz gebelik sonuçlarından biri olmasına rağmen bu tür kaybın psikolojik etkisi genellikle hafife alınmaktadır. Gebelik kaybına verilen tepkiler bireyler arasında farklılık gösterebilmektedir. Kayıp yaşayan bireylerin çevresindeki kişiler ve sağlık profesyonelleri daha çok annenin yaşadığı fiziksel ve psikolojik duruma odaklanmaktadır. Gebelik kaybı yaşayan babalar, anneyi destekleme ve güçlü olma rolünü benimsemektedir. Bu yüzden kayıp sürecinin babalar üzerindeki olumsuz etkileri gözden kaçmakta ve babalara gerekli destek sağlanamamaktadır. Gebelik kaybı yaşayan babaların yaşadığı deneyimler göz ardı edilmemelidir. Kayıp yaşayan babaların da bir birey ve ebeveyn olarak kabul edilmesi ve gerekli hizmeti almaları son derece önemli ve gereklidir. İlgili literatür incelendiğinde gebelik kaybı yaşayan babaların deneyimleri ile ilgili sınırlı sayıda çalışmaya rastlanmıştır. Bu konuda farkındalığın tespiti ve artırılmasına ilişkin çalışmaların yapılması gereksiniminden yola çıkılarak çalışma planlanmıştır. Bu araştırmanın amacı gebelik kaybı yaşayan babaların deneyimleri belirlemektir.

Yöntem: Araştırma, nitel bir çalışma olup, Aydın Adnan Menderes Üniversitesi Hastanesi Kadın Hastalıkları ve Doğum Polikliniği'ne başvuran gebelerin eşleri ile yapılmıştır. Araştırma, 06.11.2023-28.12.2023 tarihleri arasında, çalışmanın yürütüldüğü hastanede bulunan, katılım şartlarına uyan ve çalışmaya gönüllü olan 6 baba ile yürütülmüştür. Verilerin toplanmasında araştırmacılar tarafından geliştirilen gebelik kaybı yaşayan babaların deneyimlerine yönelik soruları içeren “Yarı Yapılandırılmış Görüşme Formu” kullanılmıştır. Veri toplama esnasında katılımcılara çalışmanın amacı açıklanmış, katılmayı kabul eden gönüllülere tüm verilerin güvenle korunacağı konusunda bilgi verilerek sözlü ve yazılı onamları alınmıştır. Poliklinikte sessiz ve katılımcıların kendilerini rahat ifade edebilecekleri bir odada görüşmeler gerçekleştirilmiştir. Katılımcılardan onay alınarak görüşmeler ses kaydına alınmıştır. Veri toplama süreleri ortalama 15-20 dakika

sürmüştür. Katılımcılara ait ses kayıtları yazıya dökülmüş ve araştırmacılar tarafından okunarak kodlar belirlenmiştir. Veriler iki araştırmacı tarafından kodlanarak ve sonrasında karşılaştırmalı değerlendirilerek sağlaması yapılmıştır. Kodlamalar tekrar okunarak değerlendirilmiş ve tümevarımsal nitel değerlendirme yöntemi kullanılarak benzer çatıda toplanan kodlardan, temalar oluşturulmuştur. Tematik veriler MAXQDA 2024 program ile değerlendirilmiştir. Veriler analiz edilirken, betimsel analiz tekniğinden yararlanılmıştır. Araştırma, nitel çalışmaların raporlanmasına ilişkin COREQ yönergelerine dayanmaktadır.

Bulgular: Çalışmaya katılan babaların yaş aralığı 22-43'tür. Çalışmaya katılan babaların çoğu (3) en son gebelik kaybını 1 yıl önce, diğerleri (1) 6 ay önce, (1) 2 yıl önce ve (1) 3 yıl önce yaşadığını belirtmiştir. Son yaşanan kayıp sürecinde; babaların tamamı gebelik sürecinin normal ilerlediği fakat birdenbire kanamaların başlaması ile kayıp yaşadıklarını ifade etmiştir. Görüşmelerin tematik analizini 4 ana tema belirlemiştir. Bunlar; gebelik kaybı sürecinde yaşanan hisler, gebelik kaybı sürecinde eş ile ilişkiler, gebelik kaybı ile baş etme süreci ve sağlık profesyonellerinden beklentilerdir. Gebelik kaybı sürecinde babaların çoğu üzüldüklerini belirtmiştir. Bu süreçte babaların çoğu eşlerinin üzülmelerinin kendilerini ayrıca çok üzdüğünü ve bu süreçte birbirlerine daha çok bağlandıklarını ifade etmiştir. Babaların çoğu işte çalışarak bu süreci atlattıklarını belirtmiştir. Gebelik kaybı sonrası babaların çoğu sağlık profesyonellerinden kendilerine daha fazla ilgi göstermelerini, zaman ayırmalarını ve süreçle ilgili bilgi vermelerini beklediklerini ifade etmiştir.

Sonuç: Çalışmada babaların çoğunun gebelik kaybından olumsuz etkilendikleri belirlenmiştir. Ayrıca babaların çoğunun sağlık profesyonellerinden beklentilerinin olduğu ortaya çıkmıştır.

Öneriler: Gebelik kaybı yaşayan babalar, annelere oranla daha güçlü olma ve anneyi destekleme rolündedir. Bu nedenle gebelik kayıp sürecinin babalar üzerindeki olumsuz etkileri gözden kaçmakta ve babalara gerekli destek sağlanamamaktadır. Çalışma sonucuna göre babaların çoğu gebelik kayıp sürecinden olumsuz etkilenmekte ve sağlık profesyonellerinin daha fazla ilgi göstermelerini, zaman ayırmalarını ve bilgilendirme yapmalarını beklemektedir. Bunlar dikkate alındığında sağlık profesyonellerinin gebelik kaybı yaşayan babalara daha fazla destek vermelerinin önemli olduğu düşünülmektedir. Sağlık profesyonelleri gebelik kaybı yaşayan babaların deneyimlerini belirlemeli, bunlara uygun hedefleri planlamalı ve gerekli desteği sağlamalıdır. Gebelik kaybı yaşayan babalara eğitim ve danışmanlık verirken şefkatli ve empatik bir yaklaşım sunmak son derece önemlidir. Konu ile ilgili

benzer çalışmaların yapılması ve farkındalığın artırılması önerilmektedir.

INTRODUCTION

Termination of pregnancy before the 20th week (intentional or spontaneous) is called miscarriage, and loss of the baby at the 20th week or later is called stillbirth. When a pregnancy ends in miscarriage or stillbirth, it is called pregnancy loss (CDC, 2024; NIH, 2024). According to Turkey Demographic and Health Survey (TDHS) 2018 data, it is known that the number of stillbirths is 1 in every 100 pregnancies. Additionally, the spontaneous miscarriage rate was calculated as 13% and the average number of lifetime miscarriages was 0.32 (TDHS, 2018). Pregnancy loss, in all its forms (miscarriage, abortion, and fetal death), is one of the most common adverse pregnancy outcomes, yet the psychological impact of such loss is often underestimated. Individual reactions to pregnancy loss may vary between individuals. However, many people may experience symptoms of anxiety, stress and depression in cases of pregnancy loss (Cuenca, 2023; Galeotti et al., 2022). Both the physical and mental health of a woman who has a miscarriage may be negatively affected. For this reason, when we look at the literature, it is seen that there are generally studies addressing women's experiences regarding miscarriage. However, pregnancy loss is a condition that affects men as well as women. There are a limited number of studies on the impact of pregnancy loss on fathers. In studies examining the experiences of fathers who experienced pregnancy loss; it has been revealed that men mostly adopt strong, protective and supportive roles for their wives (Berry et al., 2021; Bonette & Broom, 2012). While the people around individuals experiencing pregnancy loss and health professionals focus more on the physical and psychological state of the mother, the experiences of fathers are overlooked. Fathers who experience pregnancy loss should also be accepted as individuals and parents and receive the necessary service (Evgin & Hotun Şahin, 2022). Health professionals, researchers, and society should make it easier for fathers to play an active role in pregnancy. It is important to include men in discussions surrounding pregnancy in general (Miller et al., 2019). Pregnancy after loss can be very challenging for parents due to anxiety, depression, grief and fear of repeating the loss. Parents may encounter some psychosocial needs and difficulties during pregnancy after loss. Therefore, healthcare professionals need to be aware of these to help parents cope with the uncertainties of subsequent pregnancy. Care for couples experiencing pregnancy loss should be compassionate and empathetic (Donegan et al., 2023).

When the relevant literature was examined, a limited number of studies were found regarding the

experiences of fathers who experienced pregnancy loss. The study was planned based on the need to carry out studies on detecting and increasing awareness on this issue. The purpose of this study is to determine the experiences of fathers who experienced pregnancy loss.

MATERIAL AND METHOD

Study design and population

In this qualitative research, a phenomenological design was used. Data was collected by interview method, which is the basic data collection tool in phenomenology. The researcher can continue to collect data until the stage where the concepts that may be the answer to the research question start to repeat (reaching the saturation point), and when the repetition of concepts begins, the adequacy of the sample number can be decided (Onwuegbuzie & Collins, 2007). Taking this information into consideration in this research, data collection continued until no new concepts emerged, and the study was terminated with 6 fathers.

Inclusion criteria in the study

- Least literate
- 18 years and older,
- Having experienced a pregnancy loss within the last 3 months to 3 years (the date range was determined in an effort to minimize longer-term recall bias due to complex and distressing emotions in the earlier period).
- Men who could speak and understand Turkish were included in the research.

Exclusion criteria in the study

- Foreign national men
- Men who have communication disabilities (hearing etc.) are not included.

Data collection

The research was conducted with the spouses of women who applied to the Aydın Adnan Menderes University Hospital Gynecology and Obstetrics Polyclinic. The research was conducted between 06.11.2023 and 28.12.2023 with 6 fathers. A "Semi-Structured Interview Form" developed by the researchers, which included questions about the experiences of fathers who experienced pregnancy loss, was used to collect the data. Data were collected by the first researcher with qualitative research experience. During data collection, the purpose of the study was explained to the fathers, and fathers who agreed to participate were informed that all data would be securely protected, and, their verbal and written consent was obtained. Interviews were held in the

outpatient clinic, in a quiet room where participants could express themselves comfortably. The interviews were audio-recorded after obtaining consent from the participants. Data collection took approximately 15-20 minutes. The COREQ (consolidated criteria for reporting qualitative research) checklist was taken into consideration when reporting study data (Tong et al., 2007).

Research Questions

- When did you experience the last pregnancy loss?
- Can you tell a little about how the last pregnancy loss occurred, what happened, how was the pregnancy process?
- How did you feel when you experienced pregnancy loss?
- How has the pregnancy loss process affected your relationship with your partner?
- How did your partner's feelings/behaviors about the loss affect you?
- Have you implemented anything to cope with the loss process? Did you have any problems coping with the process? Did you get help? Did you need this?
- What were your expectations from health professionals after the loss?

Data Analysis

Fathers' audio recordings were transcribed and read by the researchers, and codes were established. The data was coded and analyzed comparatively by two researchers. The codes were reread and analyzed, and themes were created using the inductive qualitative analysis method from the codes brought together. Thematic data were analyzed using the MAXQDA 2024 program. Descriptive analysis was used during the data analysis phase.

Ethical Approval

The research conducted in accordance with the principles of the Declaration of Helsinki. Ethical approval obtained from the Aydın Adnan Menderes University Non-Interventional Research Ethics Committee (date: 07.11.2022; approval number: 2022/318 and written permission (date and number: 22.11.2022; 271388) was obtained from the hospital where the study was conducted. In addition, verbal and written consent was obtained from fathers who agreed to participate in the study.

RESULTS

The age range of the fathers participating in the study is 22-43. All of the fathers (6) stated that they worked in a job. Most of the fathers (3) are high school

graduates, the rest are primary school (2) and secondary school (1) graduates. The number of pregnancies of the spouses is 2-5, the number of births is 0-2 and the number of miscarriages/abortions is 1-2. Most of the fathers participating in the study (3) stated that they experienced their last pregnancy loss 1 year ago, the others (1) 6 months ago, (1) 2 year ago and (1) 3 years ago. All fathers stated that the pregnancy process proceeded normally, but they experienced pregnancy loss when bleeding suddenly started (Table 1).

Table 1. Characteristics of participants (n=6)

Characteristic	Value
Age, range	22-43
Status working, n	
Yes	6
Level of education, n	
Primary school	2
Secondary school	1
High school	3
The number of pregnancies, n	2-5
The number of births, n	0-2
The number of miscarriages/abortions, n	1-2
Most recent pregnancy loss, n	
6 months ago	1
1 year ago	3
2 year ago	1
3 years ago	1
Last type of loss	
Spontaneous abortion	6

Four main themes determined the thematic analysis of the interviews: feelings experienced during the pregnancy loss process, relationships with the partner during the pregnancy loss process, the process of coping with the pregnancy loss, and expectations from health professionals.

Theme 1. Feelings experienced during the pregnancy loss process

Most fathers stated that they felt sad during pregnancy loss (5). One of the fathers stated that he did not feel anything.

Some of the statements the feelings experienced during the pregnancy loss process for fathers are as follows:

I was so sad. I even lost my hair due to boredom. I can truly say that I went through this process more difficult than my wife. I couldn't have imagined that I would be this sad. Child is really important (Father 2)

Only those who live know, I was truly sorry. No matter how many children you have, pregnancy loss really hurts (Father 6).

Theme 2. Relationships with the partner during the pregnancy loss process

Most of the fathers (4) stated that their wives' sadness made them very sad and that they became more attached to each other in this process. Other fathers (2) stated that there was no change in their relationship with their spouse.

Some of the statements the relationships with the partner during the pregnancy loss process for fathers are as follows:

The maternal instinct begins immediately. My wife was very upset and cried. Seeing him sad made me even more sad. This process we went through connected us more to each other. We overcame everything together (Father 1).

My wife was also very upset. His sadness made me more sad. During this process, we became more connected to each other and spent more time (Father 6).

Theme 3. The process of coping with the pregnancy loss

Most of the fathers (4) who participated in the research stated that they got through this process by working at work. Additionally, one of these fathers stated that he did sports with his wife and prayed a lot during this period. Two of the fathers stated that they did not do anything to cope with pregnancy loss.

Some of the statements the process of coping with the pregnancy loss for fathers are as follows:

I did sports with my wife. We prayed a lot, thank God, there is a twin pregnancy now. It felt good to work. We did not get any help, in fact I needed it, but as I said before, we got through this process by praying and exercising (Father 2).

We always reminded that we would get through this process by talking to each other. The more I worked, the less I thought about it. Being at work helped me get through this process faster. I did not receive or need any help during this process (Father 3).

Theme 4. Expectations from health professionals

Most of the fathers (4) stated that they expect health professionals to pay more attention to them, spare time for them, and provide information about this process and its aftermath. Two of the fathers stated that the health professionals pay more attention to them and gave them information after the pregnancy loss. They stated that they did not have any extra expectations.

Some of the statements regarding fathers' expectations from health professionals are as follows:

My expectations were that they would pay more attention to us, spare time and inform us about the process (Father 2).

During this process, health professionals spared time and provided us with information. They really showed great interest in us. We didn't have any expectations (Father 4).

DISCUSSION

This research was conducted with 6 fathers who agreed to participate in the research to determine the experiences of fathers who experienced pregnancy loss. According to the study result feelings experienced during the pregnancy loss process, relationships with the partner during the pregnancy loss process, the process of coping with the pregnancy loss, and expectations from health professionals has been discussed.

Most of the fathers who participated in the study stated that they felt sad during pregnancy loss. Studies show that fathers who experience pregnancy loss are negatively affected by this process (Due et al., 2017; Jones et al., 2019; Miller et al., 2019; Obst & Due, 2019). Sadness experienced after pregnancy loss is a reflection of the emotional distress the individual experiences due to the loss. It is natural and expected for fathers to experience sadness during the loss process.

Most of the fathers who participated in the research stated expressed that their wives' sadness made them very sad and that they became more attached to each other in this process. Similar results were obtained in some studies (Avelin et al., 2013; Hiefner, 2021). It is thought that situations such as experiencing pregnancy loss as a common loss and accepting this process are effective in this result. It is assumed that couples' more bonding with each other during the pregnancy loss process is effective and important in helping them overcome this process faster and better.

Most of the fathers who participated in the research stated that they got through this process by working at work. Similar results were obtained in the study conducted by Tanacioğlu Aydın and Erdur Baker (2022). Working at a job can be effective in diverting attention. It is thought that fathers' work at work is important in not thinking too much about pregnancy loss and in adapting to the next process.

Most of the fathers stated that they expect health professionals to pay more attention to them, spare time for them, and provide information about this process and its aftermath. The subsequent experiences of men who have experienced pregnancy loss are often based on their assumed role as protector and supporter of their partner, which often results in neglect of their own psychological needs. However, the support men need is similar to the support women need, and men need access to more information and services to improve their experience after pregnancy loss (Harty

et al., 2022). At this point, health professionals have great duties. These results are thought to be important in terms of meeting fathers' expectations from health professionals.

CONCLUSION

According to the results of the study, most fathers stated that they were upset during the pregnancy loss process. During this process, most fathers stated that their wives' upset upset them and that they became more attached to each other during this process. Most fathers stated that they got through this process by working. Also, most fathers expect health professionals to pay more attention to them, spare time and provide information. Considering these findings, it is thought that it is important for health professionals to provide more support to fathers experiencing pregnancy loss. Health professionals should identify the experiences of fathers who experience pregnancy loss, plan appropriate goals and provide the necessary support. It is recommended to conduct similar studies and raise awareness on this issue.

Limitations of the Study

This study is limited to the experiences spouses of pregnant who applied to the gynecology and obstetrics polyclinic of a university hospital.

Araştırmamanın Etik Yönü/ Ethics Committee Approval:

The research conducted in accordance with the principles of the Declaration of Helsinki. Ethical approval obtained from the Aydın Adnan Menderes University Non-Interventional Research Ethics Committee (date: 07.11.2022; approval number: 2022/318 and written permission (date and number: 22.11.2022; 271388) was obtained from the hospital where the study was conducted. In addition, verbal and written consent was obtained from fathers who agreed to participate in the study.

Hakem/Peer-review: External referee evaluation.

YazarKatkısı/AuthorContributions:

Idea/Concept: BTA, SÖ; Design: BTA, SÖ; Supervision/Counseling: BTA, SÖ; Data Collection and/or Processing: BTA; Analysis and/or Interpretation: BTA, SÖ; Literature Review: BTA, SÖ; Writing: BTA, SÖ; Critical Review: BTA, SÖ.

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