



Economic
and Social
Research Council



Paternal experiences of perinatal loss: An evidence review commissioned by the National Childbirth Trust

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Summary

- Whilst perinatal loss, including miscarriage and stillbirth, is recognised as significantly traumatic for both parents (Armstrong et al., 2009; Banhorst and Hughes, 2007, Williams et al., 2020), **fathers' experiences of perinatal loss remain under-researched** (Jones et al, 2019), in comparison to mothers.
- The existing evidence shows a range of difficult and **complex emotions** that fathers may experience in the face of perinatal loss, and that support for fathers' suffering – both in formal and in informal terms – remains significantly limited.
- Fathers' experiences of perinatal depression and anxiety have been theorized recently as involving **repertoires of 'illegitimacy'** (Hodkinson and Das, 2021) whereby fathers find themselves positioned as support figures marginal to the perinatal process, and conceptualize their difficulties as undeserving of support, and hence illegitimate. These scripts appear to extend into fathers' processing of perinatal loss (c.f. Rinehart and Kiselica, 2010), and the limited amount of research in the area demonstrates that fathers tend to de-legitimize their emotional struggles in the face of such loss, prioritizing their role as supporters of their partner (see also Miron & Chapman, 1994).

Context

- Perinatal loss affects nearly **30% of expecting couples** (Krosch and Shakespear-Finch, 2017; Murphy et al., 2014, Williams et al., 2020) and includes both miscarriage and stillbirth. Whilst miscarriage is understood formally as the loss of pregnancy in the first 24 weeks of gestation (Rinehart and Kiselica, 2010; Wagner et al., 2018) and perinatal loss as miscarriage and child's neonatal death in the period of the first 28 days after birth (Barfield, 2016), in this review we adopt a more expansive approach to fathers' perinatal losses, considering research which might focus on losses at any point in pregnancy, birth or the post-birth period.
- There are **social and cultural misunderstandings** and silences around perinatal loss, resulting in a potential lack of support for grieving parents (Cacciatore, 2013, Eboru, 2018).
- Whilst there is some significant evidence on the emotional impacts of perinatal loss on mothers, its **impact on fathers remains understudied**. (Due et al., 2017; Hunter et

¹ We thank the University of Surrey's ESRC Impact Acceleration Award for funding the research undertaken for this evidence review.

al., 2017; Nguyen et al., 2019; Obst and Due, 2019; Serrano and Lima, 2006, Wagner et al., 2018).

A gamut of emotions

- News of perinatal loss is met by fathers with feelings of significant **shock** (Aydin and Kabukcuoglu, 2020; Bonnette and Broom 2012; Miller et al., 2019; Wagner et al., 2018), including, at times, feelings of an impending catastrophe (Samuelsson et al., 2001) whilst awaiting bad news. Sensations of shock are often associated with a feeling of being paralysed, not feeling emotions, feeling speechless and unable to comprehend the loss (Samuelsson 2001).
- **Grief**, in the context of destroyed hopes and expectations, is reported frequently in the limited evidence base on fathers and perinatal loss (Bonnette and Broom 2012; Eboru, 2018; Williams et al., 2020). This sense of shattering and grief relates to evidence which shows that men often adopt their social identity as a father shortly after becoming aware of their partner's pregnancy, which strongly shapes their perception of themselves and their role, thereby often establishing a strong bond with their expected child (Bonnette and Broom, 2012; Nguyen et al., 2019; Wagner et al., 2018). Perinatal loss might then lead to feelings in men that their fatherhood has gone 'unrecognized or invalidated' (Cacciatore 2012) in some cases. Fathers report feeling intense guilt, fear and regret (Downe et al., 2013) as well as sadness, powerlessness, fear and devastation (Miller et al., 2019) in their experiences of perinatal grief.
- The context and location of the loss may also matter. Fathers appear to be more likely to experience **trauma** if the loss takes place at home without professional support (Wagner et al., 2018). This is reported as being due to the lack of sense of control over the situation (Keeton et al., 2008) in which the wellbeing of their partner is in danger. However, evidence also exists about the lack of emotional support for fathers in professional settings – which is discussed later, below.
- Bohannon (1990) found that bereaved fathers experience more **anger** while bereaved mothers struggle more with guilt. These feelings and fathers' mechanisms of coping with them have been linked to broader understanding of masculinities, for instance, Kanter (2002, p 1) note that men 'have simply been disenfranchised from mourning practice'.
- Experience of stillbirth may lead to **hopelessness** in terms of having the family fathers expected and towards which they developed their identity. (Cacciatore 2013; McCreight, 2004; Miller et al., 2019).
- Some fathers report that their attitude towards pregnancy permanently changes after experiencing perinatal loss, leading to lasting **anxiety** about their partner's wellbeing and afraid of living through another loss (Nguyen et al., 2019).
- Some evidence shows that **long-term impacts** might result for fathers from perinatal loss, extending into a future pregnancy if perinatal grief from a previous pregnancy is not adequately supported and resolved (McCreight, 2004). Fathers can report keeping feelings of worry and stress hidden in order to stay strong for the rest of the family (O'Leary, 2004). The negative effects of perinatal loss in relation to mental health are often difficult to combat, often years after the loss (Blackmore et al., 2011; Faleschini et al., 2020; Hutti et al., 2015; Kokou-Kpolou et al., 2018). Following miscarriage or stillbirth, fathers are also said to be more likely to experience high levels of depression and anxiety (Faleschini et al., 2020; Hunter et al., 2017) and in some cases PTSD and increased risk of suicide (Kagami et al., 2012; Redshawe et al., 2014).

Perinatal loss in the context of fathers' positioning as marginal and stoic

- Often fathers report feeling neglected or not taken into consideration after miscarriage, despite the fact they also experience grief over an unborn child (Miller et al., 2019; O'Leary and Thorwick, 2006; Williams et al., 2020). This has been found to be largely due to **gender normative social perceptions of men** as emotionally unaffected by perinatal loss (Eboru, 2018; Miller et al., 2019; Williams et al., 2020). Many feel disenfranchised and that their experience is not taken under consideration even by close family and friends, while at the same time acknowledging that if their grief was met with attention, they would most likely deflect it to their partner (Miller et al., 2019; Wagner et al., 2018).
- Wider evidence on **paternal perinatal positioning as both marginal, and stoically supportive**, shows damaging implications for fathers' own perinatal mental health (Hodkinson and Das, 2021). In the perinatal period, fathers appear to be cast into, and thus adopt themselves into the socially expected role of a support-provider, becoming a secondary figure in the perinatal process (Due et al., 2017; Jones et al., 2019; Miller et al., 2019; Nguyen et al., 2019, Williams et al., 2020).
- Such marginal positioning by broader society, and paternal understandings of themselves as rock-like sources of support (Hodkinson and Das, 2021) can contribute to **difficulties in developing efficient help-seeking behaviours**, mental health literacy and communicating their emotional problems behaviours (Daniels et al., 2020; Primack et al., 2010; Rabinowitz and Cochran, 2008; Seidler et al., 2016; Vogel et al., 2014)
- Some scholars conceptualise paternal roles in the face of perinatal loss as pulling in opposite directions, where they are **both the comforter and the bereaved** (Johnson & Puddifoot), but where their role as comforter and supporter takes precedence (Serrano and Lima, 2006). Bonnette and Broom (2012) note that a desire to 'be strong' means a lower recognition of vulnerability, and that this places grieving fathers in a dialectical knot between two identities – one as a man (mobilising traditional scripts of stoic and non-emotional masculinity), and one as grieving father, where the latter is subdued and suppressed.
- Paternal positioning as both marginal and stoic shape fathers' understandings of their own needs for emotional support, leading to a **prioritising of partners' wellbeing over their own** (Cacciatore, 2013; Jones et al., 2019; Miller et al., 2019; Nguyen et al., 2019; Obst and Due, 2018). Many explain their silence about their suffering by saying that they did not wish to burden their partners even more (Miller et al., 2019).
- This internalised **need in fathers to hide difficult emotions**, according to Hodkinson and Das (2021), links partly to masculine identities but also the specificities of the perinatal process where fathers are repeatedly positioned as rock-like supporters, and marginal actors. Such positionings, and the resultant suppression of grief following loss, may lead to a lack of recognition of their suffering by those close to them and healthcare professionals (Robb and Ruxton, 2018), and also to miscommunication within relationships (Burden et al., 2016; Cacciatore, 2008; Murphy and Cacciatore, 2017).

Support for fathers after perinatal loss

- The circumstances around paternal positioning discussed above lead many fathers to **struggle to find support in their social networks** leading to an intense feeling of isolation (Miller et al., 2019). O’Leary and Thorwick (2006) note that if their partner is their only support, it deprives both parents of other forms of social support.
- Fathers’ experiences following perinatal loss might go unnoticed by both support services and their social circles, which further contributes to their **feeling of being unheard and unsupported** (McCreight, 2004; Miller et al., 2019; O’Leary, 2005, Obst and Due, 2018).
- In terms of the **paucity of professional support**, fathers describe healthcare professionals’ attitude and communication regarding miscarriage as key in processing the loss (Obst and Due 2019; Wagner et al., 2018). Ujda and Bendiksen (2000) found that the most unhelpful things parents reported after pregnancy loss were health care professionals who seemed unfeeling, who reacted as if their loss was not significant, or who treated the event casually.
- **Language** used in healthcare settings matters. Sometimes it was difficult for fathers to understand information given to them, especially if the staff used professional terms (Samuelsson 2001).
- A structural problem exists with defining fathers who experienced perinatal loss as ‘patients’. Since **patient-status is not granted to fathers** after perinatal loss, the range of services which could support their wellbeing is significantly limited (Breen et al., 2014; Sealey et al., 2015).
- In terms of **informal social networks**, Wing et al. (2001) found that family and friends may not view a miscarriage as a death and may be very uncomfortable with the extent of the couple’s mourning and grief. In this context, fathers tend to find the support of others who experienced miscarriage particularly important, as it usually enables them to communicate their feelings with more depth and share their grief (Miller et al., 2019; Wagner et al., 2018).
- The **lack of information and awareness** amongst family and healthcare professionals regarding fathers’ grieving after miscarriage or stillbirth can contribute to paternal feelings of loneliness and helplessness (Ellis et al., 2016; Jones et al., 2019; Miller et al., 2019) due the feeling of being overlooked (Bonnette and Broom, 2012; Due et al., 2017; Nguyen et al., 2019).

Recommendations

- **Further research** is needed, focusing on paternal experiences on perinatal loss, including the impact of cultural differences on coping strategies and experiences of grief after perinatal loss (Due et al., 2017).
- **Training for healthcare professionals** would be valuable, to provide emotional support for both parents who experience perinatal loss (de Montigny et al., 2018; Faleschini et al., 2020; Henderson and Davies, 2018; Eboru, 2018; Obst and Due 2019). This training needs to include an understanding of the linkage between masculinities and male mental health (Williams et al., 2020).
- It is crucial for healthcare professionals to provide **information and support** specifically addressing fathers, with details of suitable support services and to help them understand the importance of communicating and being able to seek support (Obst and Due, 2019).

- Obst and Due (2019) propose that training some GPs in **grief support** in addition to giving fathers the option of attending follow up appointments after perinatal loss could also be useful.
- Given the scant social support fathers experiencing perinatal loss are able to find, more **support groups** for men in such a position would be a welcome development. O’Leary and Thorwick (2006) note here, that although, a male co-facilitator for such groups may be helpful, gender might be less important than a broader environment of openness and long-term support.

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