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Review Article

How do people story their experience of miscarriage? A systematic review of qualitative literature

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ABSTRACT

Literature surrounding miscarriage is broad in scope, yet narrative constructions following miscarriage are significantly under-researched. Few studies have sought to understand sense-making processes following miscarriage, including how and why people story their experience. Consequently, the complexities and nuances of these processes have not been adequately explored. This review aimed to gain insight into what is already known about how people story their experience of miscarriage, as well as research gaps and limitations.

A systematic literature review of qualitative literature was conducted across four databases to identify relevant research related to miscarriage narratives and sense-making. Eligibility criteria was applied to a staged screening process to identify the highest quality, peer-reviewed research. Ten studies were included in the review and presented as a narrative synthesis. The literature was divided into five collective themes: women's perspectives, male partner's perspectives, couples' perspectives, healthcare professional's perspectives, and cultural perspectives.

The literature review summarises existing knowledge about narrative processes in relation to miscarriage, as well as highlighting research gaps, clinical implications, and directions for future research. When working with those who have experienced involuntary child loss and infertility, there is a need for professionals to have appropriate training to support the provision of compassionate, individualised care and decision-making. The role of language requires consideration as there is a need to address over-medicalised systems of knowledge, and it is important that there is understanding regarding the need for expression, and the various ways that individuals might express their feelings and loss.

Introduction

Miscarriage, the most common complication of early pregnancy, is typically understood as the natural death of a baby, embryo, or foetus during pregnancy [1,2]. An estimated 30–40% of all conceptions, and one in four confirmed pregnancies, end in miscarriage [1,3], with psychosocial, relational, behavioural, attachment, and mental health implications following miscarriage well-documented [4,5].

Existing miscarriage literature is broad in scope, representing high-quality research that enriches current understanding of experiences of pregnancy loss. Despite this, gaps are evident, including limited understanding of how and why individuals story experience of pregnancy loss, or meaning-making processes following pregnancy loss from multiple perspectives. While aspects of narrative and identity construction are present in the literature, their explicit examination is largely neglected or under-explored. In particular, studies focused on female participants have tended to attract more descriptive accounts of experience, often undervaluing complexities and nuances of meaning-making and identity re-construction following pregnancy loss [6].

To inform future research and contributions to this field, it is important to understand existing knowledge about how people who have experienced miscarriage and pregnancy loss story their experience of involuntary childlessness and infertility. The aim of this systematic literature review is, therefore, to identify and synthesise relevant peer-reviewed literature to understand what is already known about this topic. The scope of the review facilitates a clear, narrow focus on relevant literature with the intention to facilitate critical engagement with the discursive resources available. Important recommendations for clinical practice are offered, with the intent of supporting developments in NHS maternal mental health services, raising awareness, and

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inspiring action on a community and individual level.

Methods

Systematic searches, using the search terms in Table 1, were conducted by the first author in September 2023 using four databases: PubMed, SCOPUS, Ovid and PsycINFO, chosen due to their clinical subject relevance. Medical subject headings (MeSH) terms (e.g., 'spontaneous abortion') were excluded due to eliciting high instances of unrelated literature pertaining to biomedical or termination-related research. For inclusion in the review, articles were required to meet the eligibility criteria in Table 2 and were also assessed by the first author against quality criteria in qualitative research [7], with any uncertainty over inclusion discussed and resolved in supervisory meetings. Fig. 1 presents a flow chart of search results and PRISMA screening process [8]. Steps taken to limit bias during the process include the use of search tools, data extraction frameworks, quality assessment criteria and synthesis guidance [9,10], supervision with the research team, and researcher reflexivity. Overall, ten papers were included in the review, with details provided in Table 3.

Literature review

Articles included in this review explored narratives and sense-making from multiple perspectives including from women, male partners, couples, healthcare professionals and cross-cultural viewpoints. Qualitative systematic literature reviews typically use narrative synthesis to present results [9]. The data may be presented using chronological, conceptual, or thematic approaches [9] to maintain the richness and integrity of qualitative data [10,11]. Following guidance on narrative synthesis [12], the included articles are introduced and summarised, and progressively synthesised to tell the story of miscarriage from multiple perspectives. This offers the opportunity to rigorously investigate "…similarities and differences between the findings of different studies as well as exploration of patterns in the data" [13].

Women's perspectives

Five studies focused on women's miscarriage narratives demonstrate that explanations of the cause of miscarriage are varied [4,14,15,16,17]; often, meaning is co-constructed between patients and healthcare professionals (HCPs). HCPs influence how women experience pregnancy loss, but operate according to professional/cultural assumptions about how women *should* respond, which can lead to a failure to provide appropriate emotional care [14]. One study [14] categorised pregnancies as 'wanted'/'not wanted', with 'wanted' pregnancies found to be associated with normative values/status (i.e., being a 'successful person' or a 'dutiful partner'). For pregnancies described as 'unwanted', decreased significance was attached to the loss and the perceived social taboo around feelings of ambivalence, relief or happiness were suggested by the narratives.

The challenging of essentialist notions of femininity [4], through which constructions of 'womanhood' and 'motherhood' are naturalised, lead to pregnancy loss being associated with feeling defective, abnormal, weak, or inadequate [14]. Within several studies [14,4,15], participants described feelings of marginalisation, failure, and guilt, which left them feeling disconnected, empty, and alone. Corbet-Owen et al. [14] challenged hegemonic[1] social discourses that assume pregnancy loss is a negative experience by giving space to feelings of ambivalence and relief. However, the research lacked exploration into the role of medical professionals in meaning co-construction.

Table 1
Summary of final search terms.

Miscarriage	Miscarriage* OR "pregnancy loss*"
Narratives	Narrative* OR stor* OR meaning* OR sense* OR understanding OR belief OR accounts OR experience OR descriptions
Qualitative	Qualitative OR "qualitative research" OR "narrative analysis" OR "narrative inquiry"

Table 2
Eligibility Criteria for Literature Review.

Inclusion Criteria	Exclusion criteria
Available in English language (including translated papers)	Papers not available in English
Peer-reviewed research	Unpublished work or grey literature
Published between year 2000 – 2023	Papers published prior to the year 2000
Qualitative research methodology	Quantitative or mixed-methods methodology
Main focus on miscarriage (as opposed to other forms of pregnancy loss)	Sole focus on other forms of pregnancy loss (e.g. termination for medical reasons, abortion, stillbirth, ectopic pregnancy and neonatal loss)
Focus on narratives or meaning-making	Primary focus on descriptive experience rather than sense-making process
Abstract and full-text availability/ access	Biomedical perspective
	Non-human subjects

At the risk of conflating potentially different experiences of pregnancy loss, it has been suggested that women who experienced miscarriage and/or stillbirth narrate themes of grief, denial, anger, guilt, and self-blame [4,14]. Making sense of pregnancy loss has been said to involve a process of challenging 'medicalisation' and marginalisation [4,14]. Participants in one study [4] narrated unhelpful interactions with medical staff, which were argued to represent a failure by HCPs to acknowledge emotional aspects of pregnancy loss. The research highlights the need for models of care for women that take account of their right to interpret, assume ownership, and receive acknowledgement of their experiences [4,14,15].

The 'unresolved social role' of women following ambiguous loss, due to the value placed on motherhood, has been explored [15], considering the medicalisation and 'silencing' of miscarriage in social spheres. Carolan et al. [15] formulated two main themes: 'holistically grieving what was once there' and 'searching for meaning' (the latter is also identified in other studies: 4,14). Participating women storied challenges of the body, accepting loss and infertility, limited hope for the future, and gendered differences in grief responses. The search for meaning was described as an important aspect of sense-making; a process that increased a sense of control over the 'chaos' of pregnancy loss that undermined a sense of agency [4,14,16,17].

Participants often positioned the ability to conceive at the centre of femaleness, with miscarriage positioned as a 'disruption' to normative motherhood that represented a shift in status or loss of belonging [14,15]. There is evidence [15] that some women find comfort in spiritual/religious beliefs, though this can also be associated with increased ambiguity and unhelpful social responses. Carolan et al. [15] also highlighted temporal aspects to narratives, such as how miscarriage may be connected to a sense of time running out, eliciting either a sense of acceptance, or exploration of other forms of motherhood.

In Hmong culture, conceptions of miscarriage relate 'the natural world' to a woman's body and behaviour. Illness and strenuous physical activity are thought to distress or 'disconnect' the baby, and can cause the baby to 'fall out' [16]. Supernatural constructions of miscarriage centre on being 'struck by spirits' (by chance or as punishment), which are suggested to function as a social control agent over women's bodies and behaviours. This is congruent with themes around normative or expected social behaviour, roles, and values identified in other studies [14].

The use of metaphor to support narrative production has also been

[1] Ruling or dominant in a political or social context.

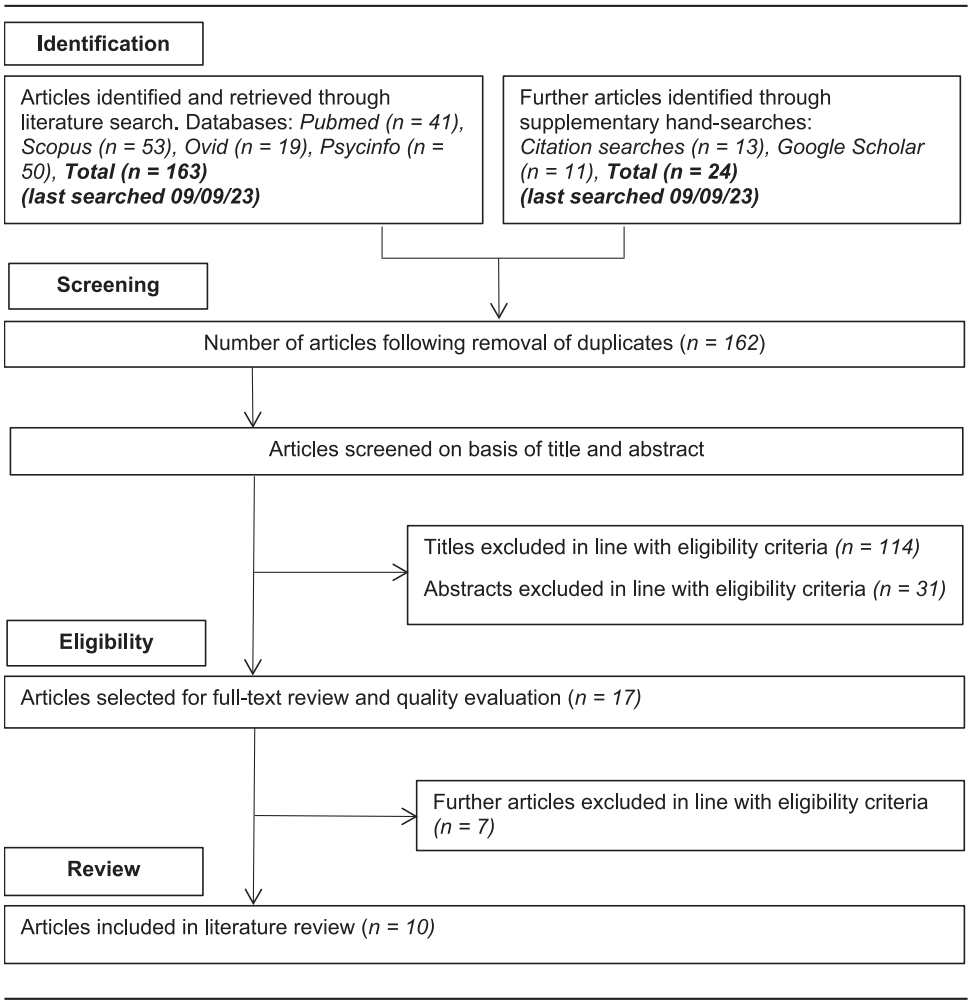

Fig. 1. The Systematic Literature Review PRISMA Screening Process (6).

analysed by Littlemore et al. [17]; consistent with other studies [4,14,16], following pregnancy loss, women spoke of a loss of agency, feeling separate to their body and blaming their body (e.g., the body 'hadn't realised'/'hadn't caught on'/had 'failed'). Though, Littlemore et al.'s [17] exploration deviates from other studies' narratives in that, whilst some participants described an inability to return to who they once were, others spoke of positive changes or existential gains (e.g., becoming more empathic, resilient, and stronger in their faith). The process of forming a new identity following the loss was understood by the authors as key for meaning-making and regaining agency [17].

Narratives between pre- and post-miscarriage perceptions of identity have been compared more explicitly by Fairchild et al. [18]. Seven commonalities were presented: 'the pregnancy', 'shattered hopes and dreams', 'post-miscarriage uncertainty and anxiety', 'why me?', 'comparisons to other crises', 'grief after miscarriage', and 'post-traumatic stress disorder'. Familiar themes of uncertainty, self-blame, seeking causality, lack of medical advice/information, and disenfranchised grief are described, relating to the challenges of the loss being recognised and validated [4,14]. Fairchild et al.'s [18] focus on storied PTSD-symptoms highlighted the psychological impact of miscarriage. Some participants made parallels between miscarriage and terminal illness or divorce, representing it as a life-altering event, dividing life into 'before' and 'after' [18].

Powerful negative associations with illness labels that can 'spoil' identities have also been described [18,19], drawing parallels to existing literature on illness and stigma [20,21] to explain the impact of miscarriage on identity. Narrative can be positioned as a coping strategy for miscarriage; women reconstruct their identity to repair stigma and restore a sense of self [18], an argument supported by other studies [17].

(Male) Partner's perspectives

Cultural assumptions that male partners do not tend to form attachment to the unborn baby have been challenged [22], stating that the role of images (e.g., ultrasound) can provide strong visual foci for emotions and play a role in how men construct meanings of birth and loss. In McCreight's study [22], common reports across narratives included self-blame and loss of identity. It was hypothesised that gender differences in grief responses relate to societal assumptions about gender roles, legitimising and silencing certain forms of expression; the perception that men have only a supportive role neglects the meanings they attach to their loss [22].

Meaning constructed by men of their partner's miscarriage through metaphors has been said to reflect individual understandings about the world [23]. Horstman et al. [23] identified two categories of metaphor: of miscarriage, and of their role as partner. Some individuals conceptualised the pregnancy as a gift and men identified feelings of helplessness, 'righteous anger' and lack of control associated with the sudden loss. This was conceptualised in various ways from literal (e.g., a life being taken away) to more abstract metaphors (e.g., the loss of hope). Consistent with women's embodiment narratives in previous studies [4,15], Horstman et al.'s [23] participants narrated a sense of distance from the experience, which was argued to reflect cultural expectations of women as the primary caregiver, reinforcing assumptions

Table 3
Summary Table for Included Studies in the Literature Review.

Author/Title	Aims	Context & Participants	Method	Key Conclusions
Rice (2000). *When the baby falls!: the cultural construction of miscarriage among Hmong women in Australia.*	To examine the role of cultural beliefs and ethnomedical practices in response to miscarriage in Hmong society.	Australia-based, opportunity sampling. 27 Hmong women who were refugees from Southeast Asia and 6 Traditional healers.	Qualitative methodology. Thematic analysis. Individual interviews and observation of shamanic rituals/ceremonies.	Two key themes: 1. Natural explanations (women's body and behaviour). 2. Supernatural explanations (role of spirits).
Corbet-Owen & Kruger (2001). *The Health System and Emotional Care: Validating the Many Meanings of Spontaneous Pregnancy Loss.*	To examine how the meaning of pregnancy loss is co-constructed by patients and health professionals within the medical system. To determine the meaning pregnancy loss had for women. To determine emotional needs after loss.	South Africa-based, purposive sampling. Afrikaans and English speakers. Eight (heterosexual) women interviewed (3 losses described as 'unwanted pregnancies').	Qualitative methodology. Constructionist Grounded Theory. Open-ended interviews. Transcribed with translator.	Meaning of pregnancy (loss) varied according to familial and socio-economic systems and influenced emotional needs: 1. Short-term needs: validation, collaboration, access to knowledge, sensitive and personal care. 2. Longer-term needs: mourning, creating memories and remembering (or not), hope, connection, and the search for meaning.
Abboud & Liamputtong (2002). *Pregnancy loss: What it means to women who miscarry and their partners.*	To examine the experiences of miscarriage of women and their partners.	Australia based. Six women aged 22–45 and their partners who had experienced between 1–7 miscarriages. Number of living children ranged from 0 – 3 + . Participants identified as Lebanese, Syrian, Filipino, or Egyptian. All Christian.	Qualitative methodology. IPA. In-depth, semi-structured individual interviews.	Six themes identified: 1. Shock and Surprise: The News of Pregnancy and Miscarriage 2. Physical and Emotional Experiences of Pregnancy Loss 3. Why me? The blame 4. Communication between couples 5. Making memories 6. Post miscarriage – what happened?
McCreight (2004). *A grief ignored: narratives of pregnancy loss from a male perspective.*	To describe the experiences of men whose partner had experienced pregnancy loss. To examine medical attitudes towards bereaved fathers.	Recruitment: Northern Ireland based, self-help groups and 10 hospitals. 14 males aged 21–43, Irish, heterosexual (time since miscarriage 2 months – 20 years). 32 nurses and midwives.	Qualitative methodology. Narrative approach. In-depth interviews, observation, field notes. Content/thematic analysis of narrative data using NVivo.	Three key themes: 1. Self-blame 2. Loss of identity 3. The need to appear strong and hide feelings of grief and anger
McCreight (2008). *Perinatal loss: a qualitative study in Northern Ireland.*	To describe experiences of women who have experienced miscarriage or stillbirth. To explore how women emotionally reasoned to loss. To examine care received from medical staff.	Recruitment: Northern Ireland based, self-selected from 6 pregnancy loss self-help groups. 23 women (aged 19–60). 8 experienced stillbirth, 6 experienced miscarriage, 8 experienced both stillbirth and miscarriage. Two had children, 1 was pregnant at time of interview.	Qualitative methodology. Narrative approach. In-depth interviews, observations, and field notes. Triangulation. Content analysis to identify themes.	Three key themes explored: 1. Emotional responses to pregnancy loss (such as grief, denial, anger, and self-blame) 2. The medicalisation of perinatal grief 3. Burial arrangements
Carolan & Wright (2017). *Miscarriage at advanced maternal age and the search for meaning.*	"To recognize the miscarriage experience as a significant event for women over 35 years of age and to allow women who have had this experience to provide insight into how this loss was experienced and interpreted."	Recruitment: USA based. Ten women aged 35 years and older (ranged from 35-47 years) who had experienced miscarriage in last 2 years. Ethnicity – 9 Caucasian and 1 Mexican-American. All were heterosexual and married (average length 10 years).	Qualitative methodology. Ambiguous loss and feminist ecological frameworks. In-depth interviews. IPA analysis.	Two key themes (and subthemes): 1. The experience of holistically grieving what was once there (challenges of the body; feelings of grief; previous losses; seeking support, gendered differences). 2. The experience of searching for meaning (unexpected and shocking; meaning of pregnancy, motherhood, and miscarriage; loss of mother-to-be status; relationships with others).
Littlemore & Turner (2020). *Metaphors in communication about pregnancy loss.*	"To explore the ways in which metaphor is used to describe the experience of [pregnancy] loss, its effects on people's conceptions of themselves and their bodies, and the implications this has for recovery."	Recruitment: based in England, 3 UK-based pregnancy loss charities. Interviewed 35 people in total: 16 individuals who work for pregnancy loss charities; women who had experienced stillbirth (9), miscarriage (11) and termination following diagnosis of foetal abnormality (11); 3 male partners and 1 friend.	Qualitative methodology. Semi-structured interviews. Metaphor analysis using Metaphor identification Procedure (MIP). NVivo to support with themes/categories.	Four key themes organised metaphor categories: 1. Embodied experience 2. Relationships with the body 3. Experiencing a different reality 4. Recovery
Horstman, Holman & McBride (2020). *Men's Use of Metaphors to Make Sense of Their Spouse's Miscarriage: Expanding the Communicated Sense-Making Model.*	To understand how male partners use metaphor to 'make sense' of miscarriage.	Recruitment: USA-based. 45 *cis*-gender men (aged 26–55) in heterosexual marriages. Ethnicity – 40 White, 1 Hispanic, 1 African American, 1 Asian, 1 Indian.	Qualitative methodology. Thematic Analysis. Semi-structured interviews. Triangulation and member checking.	Two broad supra-themes identified: 1. Metaphors of miscarriage 2. Metaphors of husbands' role in pregnancy loss
Horstman, Morrison, McBride, and Holman (2023).	To explore what memorable messages from social network	Snowball sampling via social media. USA-based. 45 male 'non-carrying partners'. Ethnicity – 40	Qualitative analysis. Thematic analysis. Semi-structured interviews.	Six main themes: 1. Have faith 2. Brush it off

(*continued on next page*)

Table 3 (*continued*)

Author/Title	Aims	Context & Participants	Method	Key Conclusions
Memorable messages embedded in men's stories of miscarriage: Extending communicated narrative sense-making and memorable message theorizing.	members emerge in men's stories of miscarriage.	White, 2 Hispanic, 1 African American, 1 Asian, 1 Indian.		3. This (pain) is your fault 4. Silence 5. I'm so sorry 6. This happens a lot
Fairchild & Arrington (2023). *Narrating and navigating through miscarriage, stigma, and identity changes.*	To identify common elements in women's stories of miscarriage, and how narratives reveal changes in identity and serve to repair stigma.	Recruitment strategy: unknown. 24 women (aged 21 to 54), all but two women were Caucasian (no other demographic data).	Qualitative methodology. Semi-structured interviews. Narrative analysis using 'constant comparison method.'	Collective stories: The pregnancy, shattered hopes and dreams, post-miscarriage uncertainty and anxiety, why me?, comparisons to other crises, grief after miscarriage, post-traumatic stress disorder.

of miscarriage as a 'woman's issue'. Some men noted not having anything tangible to grieve, and metaphors of sudden emptiness (e.g., 'void', 'hole', 'empty arms/chest') were utilised to make sense of this [23].

Narratives of relational/social identity were informed by hegemonic master narratives about masculinity and gender roles. Participants constructed themselves as a rock, guard, repair man, or 'secondary character' and centred the need to 'keep things together' to prioritise the needs of their partner [23]. These themes reflect the heteronormativity[2] of societal values and existing literature on miscarriage, which Horstman et al.'s [23] sample does little to address. Consistent with this, albeit with a smaller sample, Littlemore and Turner [17] referred to acts of symbolism and 'metaphorical enactment' that enabled men to engage with a parental role as part of accepting and grieving their loss [17,23].

Further research [24], interviewing 'non-miscarrying spouses', has analysed how men incorporate 'memorable messages' from their social network into their stories of miscarriage to help them narratively process their loss. The majority of participants identified as religious and Christian, with faith a prominent theme in men's narratives. The messages were said to reflect societal-level rules that miscarriage should be hidden, with men being particularly hesitant to talk about pregnancy loss because of the ambiguity of their place in the miscarriage story. Discourses of masculinity and master narratives of birth both impact on the emotional expression of male partners, with some messages seen as dismissive, insensitive, or problematic. Where there was a lack of messages, or avoidance of discussing the subject of miscarriage, this was understood to represent heteronormative masculinist societal expectations of men to be strong and silent [24]. 'Message gaps' further separated men from their own experience of pregnancy loss and reinforced binary and gendered discourses about miscarriage. Other messages were polarising; either interpreted as comforting or dismissive, particularly in relation to medical professionals. Horstman et al. [24] advised careful consideration as to the place and amplification of men's voices/experience in the space of women's health. They suggested positioning miscarriage as a relational experience and emphasising consequences of pregnancy loss on relational health.

Couples' perspectives

Whilst some studies refer to couples' perspectives of miscarriage [17,23], only one, Abboud et al. [25], specifically examined couple's experience and meanings related to miscarriage to compare perceptions within and between couples. As previously argued [22], it is noted that existing literature on miscarriage has tended to focus exclusively on the experience of women [25].

Where women described feelings of devastation, grief, trauma, fear, and guilt; men reported immediate feelings such as anger, sadness, and a grief, but their emotions were often de-prioritised in favour of 'remaining strong' and offering support to their partner [23,25]. Women tend to differentiate between their own and their partner's responses to miscarriage due to their role of physically carrying the baby [17,24,25]. Commonalities between couple's narratives suggest a recognition for differences in communication styles and needs over time [15,25].

Abboud et al. [25] suggest that couples co-develop causal beliefs to explain miscarriage, often attributing blame, which is consistent with other research [4,22]. Many women blamed themselves and/or their body for the loss, particularly in the absence of medical reasons. Other explanations included physical problems, women's behaviours (e.g., eating habits, physical activity), maternal age, fate or luck, and medical practitioners, with clear parallels to other studies [15,16]. The authors [25] posited that couples assume gender roles in response to pregnancy and miscarriage; women tend to position themselves as a mother (a role reinforced by society when a pregnancy is announced), whereas male partners are positioned as emotional and physical support [24,25].

A novel perspective relating to couples engaging in behaviours that resembled parenting, such as sharing their stories, engaging in organisations, and supporting projects was highlighted [17]. Littlemore and Turner suggested 'volunteerism' and 'benefit finding' are important for reconstructing meaning, sense-making, identity change, and recovery [17].

Healthcare professionals' perspectives

Interviews have been conducted with individuals supporting people through pregnancy loss at UK-based charities [17]. Many of these individuals also had personal experience of pregnancy loss and so may offer different perspectives to HCPs more broadly. Rice [16] interviewed traditional healers who can be considered to hold a similar position to HCPs in a non-Western context. Though, the narrative co-construction process between Shamans and women were underexplored, and offer limited insight here.

It has been suggested that HCPs play an active role in supporting bereaved families to 'capture memories' through the 'metaphorical enactment' of hopes and expectations that were formed for the child from the moment pregnancy was confirmed [17]. However, HCPs, connected to an 'overpowering institutional context' (as enacted by hospital culture), are often poorly equipped in the context of pregnancy loss, which can lead to emotion management–particularly, it is argued, of bereaved fathers [22]. Most nurses/midwifes reported addressing the practical needs of the male partner and acknowledged not considering their emotional needs; reinforcing a tendency for men to 'put on a brave face' for their partners, as previously noted [23,25].

Within a system argued to have medicalised miscarriage, HCPs often treat miscarriage as distinct from other forms of pregnancy loss, leading to assumptions about it being less significant [4]. HCPs, particularly midwives, have the power to challenge this and influence the discourse through which bodily experiences are interpreted and, therefore, how knowledge/meaning are created.

[2] Denoting or relating to a world view that promotes heterosexuality as the normal or preferred sexual orientation.

Cultural perspectives

Most of the studies included within this review refer to the role of societal and cultural narratives on personal constructions of miscarriage. One study [16] specifically aimed to address the homogenous nature of existing miscarriage literature that largely relates to Anglo-Celtic contexts. Drawing on Hmong beliefs in reincarnation and rebirth, the author explained how miscarriage represents a threat to survival of Hmong society. The loss causes significant community anxiety and requires a socially-justifiable explanation for a family's 'failure' to extend their lineage [16]. Bearing children provides a form of status (and perceived status change) to women, or social power associated with child-bearing, which is noted in other studies in Western contexts [14,15].

Several studies discussed burial arrangements following miscarriage, which are embedded within cultural and religious traditions and beliefs about death. It is suggested that miscarriage has no legal status in Western cultures and can be described as an intangible loss with no formal ritual or burial that allows for expression of grief [22]. Social ambiguity and ambivalence about whether a human life had been formed and lost, as well as lack of legal recognition and (in some cases) 'foetal remains' prevent normative death rituals. In the Roman Catholic Church, babies who died without baptism were buried in separate areas, usually at night and without ritual. Parallels can be drawn to Hmong society, where a 'fallen baby' is not considered human and is buried in the forest without ritual [16].

Lack of social recognition of miscarriage disenfranchises parents' grief; this goes beyond being unnoticed or forgotten to being socially disallowed, and therefore unsupported [4]. Whilst grief is a normative experience that draws on societal scripts, such norms are not present for pregnancy loss [17]. Hence, family, friends, co-workers, and acquaintances expect less grief and may therefore provide less social support [15]. Meaning-making (an essential aspect of grieving) becomes more difficult with miscarriage often invalidated, unrecognised, or minimised [4,22]. Unresolved feelings about miscarriage can lead to mental health difficulties, such as depression and complex grief [15].

Drawing on Foucauldian ideas, McCreight [4] considered the unquestioned authority of the medical profession that has not been able to reduce the incidence of miscarriage; the 'problem' is located within women themselves, positioning women as responsible and inadequate [4]. Within this context, the woman's personhood, identity, and needs become invisible–she is objectified through medical and scientific procedures.

Critical review

The studies included in this literature review were conducted across various cultural contexts representing European, Western, and Southeastern perspectives. This breadth offers rich insight into narrative construction and meaning-making processes of miscarriage. Yet, a cis/het normative lens to recruitment has led to queer/LGBTQIA + experiences being underrepresented in the literature. Future research could address literature and methodological gaps through intentional inclusion of diverse perspectives, with an aim to better represent how aspects of identity (e.g., race, ethnicity, culture, religion, spirituality, sexual orientation, gender, class, geography and education) shape constructions of self and experience. Furthermore, the reviewed studies utilised various qualitative methodologies to gain rich insights, however, these were underpinned by different assumptions, aims, samples and methods of analysis. For example, certain studies operationalised 'pregnancy loss' as an umbrella term (e.g., 4,14), perhaps diluting data relevant to the review question and, at times, conflating findings related to different forms of pregnancy loss. Furthermore, 'narratives' and 'meaning-making' were defined in various, often ambiguous, ways arguably resulting in some studies providing more descriptive, phenomenologically-oriented data (e.g., 16,25). It is acknowledged that the systematic searches, quality assessment, and application of inclusion criteria that were conducted primarily by one reviewer is a relative weakness of the methodology. Future reviews could improve rigour and further address potential bias by increasing the number of co-reviewers.

Conclusion

Various perspectives and research have been included within this review of the literature to investigate how people who have experienced infertility, miscarriage, pregnancy loss, and involuntary childlessness story their experience. The review did not intend to speak to universal narratives, instead to shed light on various issues for clinicians to consider when working with this diverse population. Although a lack of research in this area is highlighted, this systematic literature review has presented a comprehensive appraisal of the most up-to-date literature exploring narratives of miscarriage. Themes such as invalidation, feeling invisible, disenfranchised grief, silence, social/gender roles, deconstructing motherhood/femininity, isolation, and the medicalisation of miscarriage indicate important recommendations for healthcare contexts.

Findings suggest the importance of staff receiving appropriate training to increase competence in relation to miscarriage and pregnancy loss, such as sensitivity training and speaking with compassion. This is supported by existing literature [26]. It is also important to consider the role of language and need to address over-medicalised systems of knowledge [27]. Individualised care and decision-making are important, alongside understanding the need for expression, and the various ways that individuals might express their feelings and loss. Improving follow-up care and signposting is vital [28]. Curiosity is invited from clinicians as to whether services currently offer adequate support to individuals (including partners), couples, and families, and consideration of how service policy and provision can be continually improved.

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Emma L.G. Wallis: Writing – review & editing, Writing – original draft, Visualization, Validation, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Jennifer Heath:** Writing – review & editing, Writing – original draft, Supervision, Project administration, Methodology, Conceptualization. **Amanda Spong:** Writing – review & editing, Supervision.

Declaration of competing 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.

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