

The Meaning of Hope in the Experience of Prenatal Loss for the First Time: A Phenomenological Study with Drawings

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Abstract

Background: Understanding the experiences of women who have experienced prenatal loss for the first time is important to structuring nursing care with a meaning-oriented approach and empowering these women.

Aim: The aim of this research is to examine the emotions, thoughts, and experiences of women who experience prenatal loss and the meaning they place in hope.

Methods: The sample of this research in a descriptive phenomenological design consists of 17 women who experienced prenatal loss for the first time after a planned and desired pregnancy. The data were collected between July 2017 and January 2019 with individual in-depth interviews, semi-structured interview form with personal information, and observation notes drawing guide. The data were analyzed by the thematic analysis method of Braun and Clarke.

Results: From the analysis, 4 themes, 12 sub-themes, and 17 drawings were obtained. The themes were determined as “traumatic pregnancy and childbirth,” “meeting the inevitable end,” “forced farewell,” and “picture of hope.”

Conclusion: Within this research, it was found that the experiences of women in the prenatal loss for the first time ranged between being hopeful and living together with hope and hopelessness. The prenatal loss was the loss of the future, hopes, and dreams about the baby and becoming a mother.

Keywords: Hope, hopelessness, nursing, phenomenology, prenatal loss

Introduction

Hope is seen as a dynamic power and a coping mechanism that empowers the individual to adapt to the future, makes her/him feel safe, increases her/his motivation, deals with her/his life and the future, and finds meaning in life.¹ The meaning of hope for women is not known enough in the process of prenatal loss that more than 56 million women experience in the world.^{2,3} The Second Caritas Process in Watson's Human Caring Theory is on hope and belief: “Existing authentically, activating the hope/belief system, valuing the subjective inner world of oneself and others.”⁴ In addition, “instilling hope” as a nursing intervention has been defined as the development of the individual's belief in his or her capacity.⁵ In order to determine the scope of nursing care in prenatal loss and to increase the quality of care, it is necessary to deeply understand the meanings that these women attribute to hope.

It is known that prenatal loss has many effects on women. Women are deeply affected by the loss of maternal potential and the change in their roles. In the prenatal loss, women may experience a loss of self-esteem by starting to question their purpose in life.⁶ It takes the form of an incomplete farewell when many women are unable to fully manage the process of coping with and grieving the loss. In a phenomenological study, it was determined that the happiness of women who became pregnant again after the prenatal loss was short-lived and they experienced loss anxiety.⁷ In a limited number of studies on the experiences of women with prenatal loss in Turkey, it has been found that women feel hopelessness, fear, and anxiety.^{8,9} Loss of hope can be seen as the essence of all these negative experiences of women in prenatal loss.¹⁰

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Considering the feelings experienced after the loss by women with prenatal loss, these women need to be empowered and their hopes for the future should be raised. With this research, the meaning of hope for women who have experienced prenatal loss for the first time in Turkey has been defined, and their experiences have been clarified with the phenomenological method by using drawings, which is a method that facilitates self-expression. The aim of the study is to examine the feelings, thoughts, and experiences of women who experienced prenatal loss for the first time and the meaning they attribute to hope, in a descriptive phenomenological design, with in-depth interviews and drawing method.

Materials and Methods

Research Design

A descriptive phenomenological design was adopted in this study. The descriptive phenomenological design is recommended for researchers who want to investigate situation-specific factors and comprehensively evaluate the impact of these factors on women.¹¹ Consolidated Criteria for Reporting Qualitative Research guideline was used as a guide in reporting this research.¹²

Participants

The research was conducted with women who experienced prenatal loss at Akdeniz University Hospital Gynecology Clinics between July 2017 and January 2019. A purposeful random sampling technique and maximum variation criterion were used in the research.¹³ Sampling criteria include the following for inclusion: (1) volunteering to participate in the study, (2) being of reproductive age (18-45 years), (3) having an intended pregnancy, (4) experiencing prenatal loss for the first time, and (5) accepting to drawing. Exclusion criteria were as follows: (1) pregnancy after infertility treatment, (2) having a mental development disorder, and (3) not being able to speak or understand Turkish.

The sample size of the study was decided according to the saturation point of the data.¹⁴ When the data reached the saturation point, that is, when new information did not emerge and the data started to repeat, the data collection process was terminated with the participation of 17 women. During the data collection process, a woman refused to participate in the study because she was discharged.

Data Collection

Interviews were conducted with the women who experienced prenatal loss at the determined times by the first researcher (EÖ) in the patient's room or meeting room of the obstetrics clinics. The researcher reached out to women by contacting clinical nurses and checking patients in the clinic. Before starting the interviews, the women were informed about the purpose of the research and how it would be done, the data would be recorded using a voice recorder, and their informed verbal and written consents were obtained. Interviews last approximately 50 minutes.

In the study, the Personal Information Form prepared by the researchers was used for the literature search.^{7,15-17} The form consists of 11 questions evaluating the age, educational status, occupation, income status, place of residence, and obstetric history.

In the research, 3 different qualitative data collection methods and tools suitable for these methods were used. The first of these

methods is a semi-structured interview form prepared based on the literature.^{10,18} Expert opinions were received from 7 experts during the creation of the form. The semi-structured interview form consists of 5 main open-ended questions to clarify the meanings attributed to loss and hope in prenatal loss. The questions are arranged in a logical string. In addition, women were asked to produce metaphors about their prenatal loss. For this purpose, women were asked, "If you compare pregnancy loss to a living or inanimate object, what would you compare it to?" Probing questions were also used in the study to collect data in depth.

The second data collection method in the research is observation notes. Apart from the interviews with the women, their behavior was recorded by note-taking. The third data collection method in the research is drawings. The drawing usage guide was created by researchers to explain the meaning they attribute to hope by examining the feelings, thoughts, and experiences of women who experienced prenatal loss. The women were asked to draw a picture of hope and what they wanted to convey in the picture they drew. This approach, which is based on drawing after semi-structured individual interviews and explaining the drawings made by the women, helped to understand the meaning of the drawings from the women's point of view. Drawing is particularly useful for working with sensitive people; it allows expressions of different experiences than word-based modes. Thanks to the drawings, the experience visually demonstrates its value.¹⁹

Data Analysis

The audio recordings obtained after the interviews and the notes kept were written by the researcher in Times New Roman font, 81 pages of text with 12 font size, and 2 line spacing. The researchers used the following 6-stage thematic analysis approach of Braun and Clarke (2006) to analyze the data:²⁰ (1) during the familiarization phase with the data, the interviews were read several times and the first analytical observations were recorded. (2) During the coding phase of the data, 643 codes were created and all codes were collated. In order to increase the reliability of the analysis and to evaluate the compatibility between coders, codes were created separately by 2 coders and then these codes were compared and consensus was reached. (3) In the theme search phase, meaningful patterns were searched from the data, themes were created, and all coded data related to each theme were collated. Themes were made separately and finalized together. In continuation (4), at the stage of examining the themes, the functionality of the themes was checked, the relationship between the themes and the differences was examined, and some themes were combined according to the integrity of meaning. (5) During the theme identification and naming phase, a detailed analysis of 19 sub-themes and 6 themes was written, and short and informative names were created for each theme. In the last (6) writing phase, the researchers created analytical literature with extracts from the data. However, a total of 17 drawings for the meaning that each woman attributes to hope in prenatal loss were used in writing according to sub-themes.

Rigor

More than 1 data collection method (individual interview and observation notes) was used to increase the construct validity of the study. Interview forms consisting of open-ended questions were presented to experts in qualitative research. Thus, the validity problems of the interview form were tried to be resolved. The

interview form was given its final form in line with expert opinions. The reason for using the semi-structured interview technique in the research is that this technique gives the researcher the opportunity to ask different parallel or sub-questions depending on the flow of the interview, and thus, the researcher affects the flow of the interview and enables the person to open up and illuminate the answers even more. To ensure reliability, a research notebook was used to record accurate, meaningful, and logical notes about the research. In addition, the researcher did not act as a guide during the interview and observation.

In order to increase credibility, a conceptual framework was created as a result of the literature review while the interview form was being developed. For internal validity, all findings are given directly without comment. In addition, expert opinions were obtained for the intercoder consistency ratio-Kappa analysis from 2 experts. The Kappa value was calculated as 0.891, and internal reliability was ensured by deciding that there was a perfect agreement between the raters³⁵ and that the coding was reliable.

In order to increase the transferability, data collection tools, raw data, coding and observation notes, writings, and extracts that form the basis of the report are used. When the competence of the researchers is examined, the working experience of the first researcher (EÖ) is 11 years, and the last 3.5 years of this period are in the field of obstetrics and gynecology. The second researcher-thesis advisor (İB) has been a science expert in the field of obstetrics and gynecology for 17 years. The researchers were not the participants' nurses.

Ethical Consideration

Ethical permission for the study was given by Akdeniz University Clinical Research Ethics Committee (no: 437, date: July 19, 2017). In order to conduct the study, permission was obtained from the hospital and clinic where the study was conducted. Informed consent form was obtained from the women. The women were informed that participation in the research is voluntary, that they can leave the research whenever they want, that the data collected will be kept completely confidential, and that their security will be ensured. In the quotations made from the women, their names were kept confidential and coded (participant 1=P 1).

Results

Totally 17 women between the ages of 19 and 39 participated in this research, which was carried out to examine the feelings, thoughts, and experiences of women who experienced prenatal loss for the first time, and the meaning they attribute to hope through in-depth interviews and drawing method. All of the women are married and the duration of marriage varies between 3.5 months and 17 years. The demographic, obstetric, and loss-related information of the participants are given in Table 1. As a result of the interviews with the women and the analysis of the drawings, 4 themes and 12 sub-themes were obtained (Table 2).

Theme 1 Traumatic Pregnancy and Childbirth

Women expressed their concerns and fear of loss due to the uncertainty of the process related to the traumatic pregnancy experience. At the same time, they expressed their desire to get rid of it as soon as possible due to the fact that the birth process is traumatic, painful, and difficult. In this theme, 2 sub-themes were obtained, namely "fearful waiting" and "doing a stillbirth" (Table 2).

Sub-Theme 1 Fearful Waiting

Some of the women stated that they had been through a difficult process from the beginning of their pregnancy and were left alone with anxiety and fear arising from the unknown: "The feeling of pregnancy brings to my mind a fearful expectation, not good things. My pregnancy was very difficult..." (P 12). Another woman stated that her baby's heart stopped because her amniotic fluid decreased, and she spent almost every day in the hospital during this process: "Is she/he dead? Will she/he die, what happened? I went through a lot of stress to see if there could be a solution, I was sleep-deprived, I had nightmares" (P 5).

Sub-Theme 2 Doing a Stillbirth

Women described their experience during childbirth as painful: "I was crying all the time, I wanted it to end and get rid of... I suffered for hours to throw this (fetus) away, I was glad that I got rid of it..." (P 17). A woman who wanted this painful experience to end as soon as possible expressed her feelings with the following sentences: "Because it hurt so much, I sometimes rebelled... I started begging her/him (fetus): "Please get out... Don't upset me..." (P 2).

Some of the women stated that in addition to the physical pain of childbirth, they also experienced the pain of giving birth to a stillborn baby: "I didn't take out a human-like live birth. The reason I cried is because I was discharged from the hospital without her/him..." (P 2). Participants stated that they did not experience a normal birth process, they could not hold their babies in their arms, and their babies did not cry when they were born: "I mean, think about it, she/he won't cry after born... I won't be able to say baby. Because she/he is dead now" (P 5). A woman likened her body to her baby's coffin because her baby died in her womb. "I became my baby's coffin..." (P 9).

Theme 2 Meeting the Inevitable End

The main theme of meeting the inevitable end focused on women's reactions to the prenatal loss they experienced. Within this theme, 5 sub-themes were obtained: "storms inside me," "experiencing disappointment," "effort to be alone," "inability to experience grief," and "fear of re-living" (Table 2).

Sub-Theme 1 Storms Inside Me

The women made a metaphor by comparing their experience of loss to stormy weather and stated that loss is a process with ups and downs like a storm. Some women have also compared the process they went through such as "falling off a cliff" (P 10), "hitting the very bottom" (P 13), and "dark clouds collapsing on me" (P 17).

Sub-Theme 2 Experiencing Disappointment

The women stated that they had dreams and hopeful expectations about their pregnancy and babies, but they interpreted the pregnancy loss they experienced as taking away their future and they were disappointed with the loss: "I would like to wait for its arrival (fetus) with excitement and hope. Like all the pregnant women around me, I wanted to crave, be happy, and be in a hurry" (P 8). Some women also stated that they acted prematurely to dream because of the loss they experienced.

Sub-Theme 3 Effort to be Alone

Some women stated that they wanted to be alone in this process and to withdraw into themselves: "I don't want to talk to anyone, to have a dialogue. I want to be a little alone... I want to shut myself up" (P 11). It has been observed that the desire to be alone in women arises

Table 1. Characteristics of Women Experiencing Prenatal Loss

Participants	Age	Educational Status	Marriage Duration	Working Status	Place of Residence	Number of Pregnancy	Number of Living Children	Week of Pregnancy
P1	39	Illiterate	16 years	Not-Working	City	3	2	7
P2	29	Undergraduate and upper	4 years	Working	District	2	1	11
P3	31	High school	10 years	Working	City	3	2	13
P4	31	Undergraduate and upper	10 years	Working	District	2	1	22
P5	31	Undergraduate and upper	7 years	Working	District	2	1	22
P6	19	Elementary school	3.5 months	Working	City	1	-	13
P7	30	Undergraduate and upper	5 years	Not-Working	City	2	1	26
P8	36	Undergraduate and upper	12 years	Working	District	3	2	14
P9	39	High school	17 years	Not-Working	District	3	2	9
P10	34	High school	3 years	Working	District	1	-	17
P11	35	Elementary school	17 years	Not-Working	City	4	3	14
P12	30	Elementary school	8 years	Not-Working	City	2	1	26
P13	19	Elementary school	1 years	Not-Working	District	1	-	26
P14	34	Undergraduate and upper	13 years	Working	District	2	1	16
P15	33	Undergraduate and upper	8 years	Working	City	2	1	16
P16	38	Elementary school	2.5 years	Not-Working	District	2	1	23
P17	35	High school	9 years	Not-Working	City	2	1	22

as a result of women's desire to minimize their relationship with their environment and feeling that they are not understood: "Do they not understand my sensitivity? Do I get sad, do I cry? They say everything directly" (P 12).

Sub-Theme 4 Inability to Experience Grief

Most of the women stated that they could not experience their grief in the face of the loss they experienced. Some women stated that they fell into fear and panic after encountering a sudden loss and stated that they found themselves in the birth process without experiencing the grief of the loss of their baby: "I couldn't even experience my pain. Because I had to get my baby out of my body" (P 16). Some women, on the other hand, stated that they had to be strong because of the insufficient support of their families and that their partner's pain preceded their own.

Sub-Theme 5 Fear of Re-living

Women stated that they were afraid of experiencing the same experience again. "I can't afford it, I don't know, now I'm thinking, will I experience the same things if I get pregnant again in the future?" (P 11). These women shared that they did not want to get pregnant again because of the fear of experiencing prenatal loss again.

Theme 3 Forced Farewell

This theme focused on the meanings women attribute to loss. There are 2 sub-themes under this theme: "feeling incomplete" and "keeping alive in memories."

Sub-Theme 1 Feeling Incomplete

It has been observed that women describe incompleteness with metaphors such as "a branch of a tree withering" (P 4), "breaking off a limb" (P 9), "breaking a bird's wing" (P 7), "a tree with fallen fruit" (P 12). Some women stated that they were incomplete because they were discharged without their babies after birth: "The reason for my crying is that the nurses took my baby and sent it to pathology. I couldn't take it in my lap, I'll take the reports here, that's all..." (P 2).

Sub-Theme 2 Keeping Alive in Memories

A few of the women stated that they wanted to remember their pregnancy experience well, they did not want to forget their babies, and they wanted to keep their memories alive by having a tomb built. "We will not leave my baby here, we will take it, we are thinking of making a grave" (P 2). One of the women stated that she could not take care of her baby after birth and that she wanted to remember it with good

Table 2. Thematic Analysis of the Meaning of Hope in the Experience of Prenatal Loss		
Codes	Sub-Themes	Themes
<ul style="list-style-type: none"> The feeling of pregnancy now brings to my mind a fearful expectation, not good things. Will he die or will he die, what happened, I wonder if there is a solution. 	Fearful waiting	Traumatic pregnancy and childbirth
<ul style="list-style-type: none"> Since you're dead, I say leave me, but it doesn't go. Should I be in favor of having a stillbirth with surgery, or should I be in favor of losing my baby? It has been 22 weeks, it has become a baby and you are dead... 	Doing stillbirth	
<ul style="list-style-type: none"> The water of the sea has receded and the sun seems to never come out. They keep the body in the coffin until they bury it, so I became my baby's coffin. 	Storms inside me	Meeting the inevitable end
<ul style="list-style-type: none"> The flutter of his chest was like the flapping of wings of birds. I would like to wait for her arrival with excitement and hope and be in a happy rush like all the pregnant women around me. 	Experiencing disappointment	
<ul style="list-style-type: none"> I want to be on my own. I want to shut myself up. Anything that comes to mind makes me worse. I don't want to share my sadness with them. 	Effort to be alone	
<ul style="list-style-type: none"> I'm not upset because I have to get my baby out of my body. My family got ahead of my pain with their reactions. My husband cries more than me when I cry. 	Inability to experience grief	
<ul style="list-style-type: none"> If I become pregnant again, will I experience the same things again? I don't want to go back to those moments. Once again, there is no way to conceive a child. 	Fear of re-living	
<ul style="list-style-type: none"> When mothers take them in their arms, they say that the pain goes away, I could not hold them. I'll take those reports with me instead of my baby. 	Feeling incomplete	Forced farewell
<ul style="list-style-type: none"> We will not leave my baby here, we will take it, we are thinking of making a grave. I did not look, I want to remember as I saw it on ultrasound. 	Keeping alive in memories	
<ul style="list-style-type: none"> On a sunny spring day, my flowers in my garden, my children and my dog. My hope is to realize this painting. There is always hope. You just need to know how to see the light. 	Living with hope	Picture of hope
<ul style="list-style-type: none"> One side of me is lively and chirpy because I have a healthy child and I have hope. My other side is empty, the chimney of the house is not smoking, the tree is empty. One half of me is inside the house and the other half is outside the house. I am happy at home with my children and my family. I'm black outside the house, red inside the house. 	Living with hope and despair together	
<ul style="list-style-type: none"> Even though I am sad and hurt, I will bloom again thanks to my children. I will take root like a tree. My wife and my future baby are waiting for me in the future. Thanks to the bridge, I go to them, good days are waiting for us. 	On the way to hope	

feelings like in ultrasound pictures: "I did not look at my baby. I want to remember her/him as I saw her/him on the ultrasound" (P 4).

Theme 4 Picture of Hope

This theme focuses on clarifying the meanings attributed to hope in women's drawings. There are 3 sub-themes under this theme: "living with hope," "living with hope and despair together," and "on the way of hope."

Sub-Theme 1 Living with Hope

It has been revealed that women see becoming pregnant, giving birth to a baby, and their future babies as "hope." It has been seen that

hope contains the future, the joy of life, and dreams: "Hope is our reason to live. Hope means the future, making plans, dreaming." (P 15). Most of the women stated that they were hopeful at the end of this process. "Despite everything, life goes on, we can live it all over again nicely. There is always hope. You just have to know how to see the light" (P 5). Women used metaphors about hope such as "sunrise" and "blooming of tree." One woman interpreted her drawing as follows: "Let's draw a huge sun first. Let's get some clear clouds now. Just like life. This rain is a blessing. Here is our family too. Let's get strength from my wife. Let our flowers grow. Let the sun rise above us. It is like being reborn from our ashes..." (P 5).

Sub-Theme 2 Living with Hope and Despair Together

It has been understood that some women experience hope and despair at the same time in the face of the experience of loss. Women who experience hope and despair together have a child living at home. Women stated that their children attach themselves to life, that they are hope, and that they will get rid of hopelessness thanks to their love: "I want to draw a dead sapling, a dead sapling without leaves and branches, its trunk is black, withered. I drew a healthy and lush tree next to it. She/he is my current baby. Both of them are mine." (P 4) (Figure 1).

Sub-Theme 3 On the Way of Hope

It was observed that some of the women perceived their experience as "hopelessness." "Hope passed me..." (P 16). At the same time, these women described their experiences with "dark/black" colors. A woman drew this experience by comparing it to the wound in her heart (Figure 2). "My lost baby is in my heart. It became a wound, like a black stain that will always remain on me..." (P 14).

Despite their despair, a woman painted a picture in which they can walk into the future with hope: "What I am going through right now is in my past and my future child and husband are waiting for me. But my past is dark and black, full of pain. I did my past in black. Even though half of the sun is black, the sun is not rising on me right now. Then I cross this bridge. Hope is in my dreams" (P 13).

Discussion

Within this research, for the first time in Turkey, the meanings attributed to hope by women who experienced prenatal loss were examined through in-depth interviews and drawing methods. Initially, the experiences of pregnancy and childbirth were described by these women as extremely traumatic and distressing. Women stated that they had to endure the physical and emotional experience of birth knowing that they would not have a healthy, living newborn. In Lea Kint's⁷ (2015) research, this experience was discussed with the themes of "being a mother where birth ends in death." The time between the diagnosis of stillbirth and induction of childbirth may vary according to the needs of women and care should be taken to meet these needs.¹⁸

Doing a stillbirth has been a daunting and challenging experience for women. In one study, it was stated that women who experienced prenatal loss needed time to prepare themselves psychologically for vaginal birth.²¹ In a supportive systematic review and meta-analysis study, it was determined that stillbirth is a life-changing event with devastating psychological, physical, and social effects.²²



Figure 1. Drawing of participant 4: healthy tree and dead sapling.

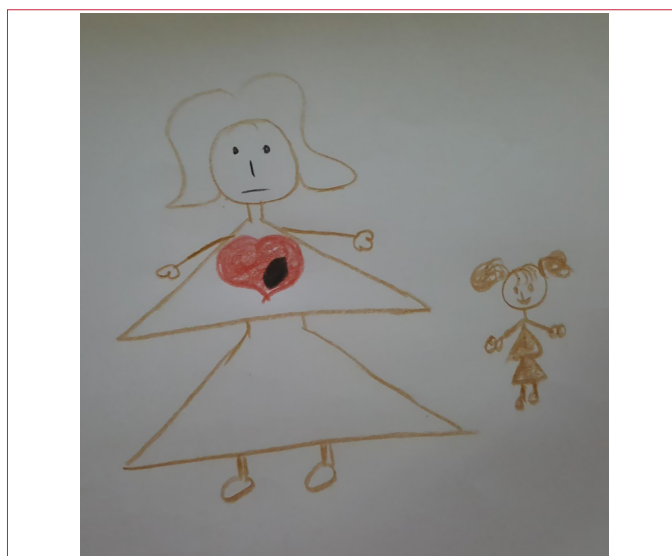


Figure 2. Drawing of participant 14: the wound in my heart.

The devastation and hurt over the loss of the desired baby are understood in women's experiences of coping with the loss. The women in this study described their pregnancy loss experience as a painful, disappointing, and life-changing event. Pregnancy no longer equates to a healthy baby at the end of 9 months for women, and this realization can cause great vulnerability and distress for women who previously thought they had control over their reproduction.²³ It was determined that women who experienced prenatal loss experienced anxiety, hopelessness, anger, isolation, and guilt.²⁴ In the study, some women reported that they postponed their baby dreams or needed reassurance from the doctor because of the fear of experiencing the same things again. Loss of pregnancy can lead to insecurity for the future. Deciding to try and become pregnant again following pregnancy loss often triggers conflicting emotions, doubts, and insecurities, and women feel anxious about the next pregnancy.⁶

It has been understood that women try to find the meaning they attribute to hope as a fundamental part of their loss experience. The loss of women has been experienced not only as the loss of their babies but also as the loss of their hopes in anticipation of having a child. The experience of prenatal loss is an intense process in which the mother experiences fear and hope while she continues to grieve for the baby she lost.²⁴ In this study, the hope experiences of women who experienced prenatal loss emerged in 3 ways. The first experiences belong to women who are hopeful even if they are lost. These women mentioned that they did not lose their hope after pregnancy loss and that they had dreams of happy days in the future. Women have experienced that there is always hope, and the important thing is to realize it. In a qualitative study investigating the impact of stillbirth on bereaved parents in Ireland, the central theme of "maintaining hope" was achieved, although the experience had a deep and lasting devastating effect.¹⁶ This experience, which is defined by the concept of hope again in the literature, is a theoretical indicator of the psychological discomfort and adaptation process experienced by these women while trying to recover from this trauma.²⁴ It can be interpreted that women who experience hope after a compelling experience such as prenatal loss grow up with trauma. Indeed, Burden et al²² (2016), in a

systematic review and meta-analysis study, determined that women who experienced prenatal loss could improve their flexibility capacity and gain new life skills. In a qualitative study conducted with 7 women who experienced prenatal loss in Canada, a sub-theme supporting this situation emerged as “finding self while journey.”¹⁷ A similar study was conducted in Australia with 19 women who experienced prenatal loss. According to this, women’s nurturing of their hopes inside is discussed with the sub-theme of “a transforming self.”⁷

Secondary experiences of hope belong to women who live together with hope and despair. Although these women talked about their experiences of hopelessness, they stated that they wanted to be hopeful. The women compared their experience to the wound in their hearts and stated that they felt hopeless and still wanted to get out of hopelessness. Although a few women described their experience as hopeless, they mentioned that their hopes would be renewed once their baby dreams came true. As a matter of fact, the hopes of women living their dreams of their future babies support the research findings.^{9,17} Irani et al¹⁵ (2019) in their qualitative study in Iran found that women who experienced prenatal loss were in a dilemma between hope and despair. Women hope for a return to normalcy, but they experience despair with their worries about the future. It is thought that women in this group may need more careful evaluation and care in terms of nursing care compared to the first group. Hope-belief, which is the Second Caritas Process of Watson’s Human Caring Theory, aim to improve the positive health perception of individuals with a holistic approach.⁴ In addition, this process defines increasing well-being by ensuring that the individual adapts to health-protective behaviors through an effective relationship that the nurse will develop. It is predicted that nursing approaches based on Human Caring Theory can be effective in increasing hope in these women and it is recommended to be tested with research.²⁵

The tertiary experiences in the study belong to women who stated that they had no hope and that they felt hopeless. These women stated that they lost their love for life, which existed with their dead babies. In studies on the experiences of women who have experienced prenatal loss in Turkey before, it has been found that women experience hopelessness and fear.^{8,9} As a result, it is understood that women experiencing prenatal loss experience hope at different levels from hope to despair.

In the present study, the drawing method was used to reveal the meaning that women who have experienced prenatal loss attach to hope. A phenomenological pattern was used that allowed women to use their own words to interpret their drawings. Drawing is particularly useful for working with sensitive people; it allows expressions of different experiences than word-based modes. Through illustrations, experiences visually demonstrate their value.¹⁹ Drawings produced by women have provided rich information in discovering the meaning of their situation. Some women stated that the pictures they drew helped them to question and make sense of their experiences, so that they could better convey their experiences, and that the drawing method helped them with its distracting aspect. As a result, drawing has been found to be an effective method of questioning the hope of women who have experienced prenatal loss. It has been observed that the drawing method has not been used in studies examining prenatal loss experiences before, and the research is unique in this respect. As a result, it has been seen that hope in prenatal loss can be better understood with drawings and it is thought that it can be

used as an effective method, especially when working with vulnerable groups.

Limitations

This research has several limitations. In the study, only the women who experienced loss were interviewed, and their partners and relatives were not included in the study. Partners and relatives may also be included in the interviews in future studies for a more comprehensive understanding of the phenomenon. The women participating in the study are the women who experienced prenatal loss for the first time. Therefore, the data of the study do not reflect the experiences of women who have experienced repeated loss. The most important limitation of this study is that it was interviewed only once with the patients. Repeated interviews were not conducted. It is important to increase the number of interviews with patients and evaluate their compatible/incompatible behaviors at different times. Thus, the meaning of hope for women in the prenatal loss experience will be understood more clearly.

Implication for Practice

In this study, attention was drawn to the diversity of women’s experiences of hope in prenatal loss. For this reason, it can be recommended to develop nursing practices and competencies related to hope in the care of women with prenatal loss. It can be recommended to develop and implement strategies at individual, institutional, and national levels in order to increase the awareness of the healthcare professionals who care for women with prenatal loss and about the positive and negative experiences of women on hope in loss.

The results of this study will be useful for teaching nursing students about women’s experiences of hope in the process of prenatal loss in undergraduate and graduate education programs. In addition, within the scope of lifelong learning, results will be useful in order to understand these women in the in-service training of obstetrics and gynecology nurses. Thus, the results of the research can be used in the evaluation of the psychological state of women during prenatal loss processes and in the management of care.

Conclusion

For the first time in our country, the feelings, thoughts, and experiences of women who experienced prenatal loss and the meanings they attribute to hope were examined through in-depth interviews and drawing methods. Prenatal loss is experienced as the loss of the future, the loss of hopes and dreams about the baby, as well as the loss of hope of becoming a mother. Women who experience prenatal loss are adversely affected by stillbirth, yet they value the memories of their babies. It has been determined that women experience prenatal loss between being hopeful, experiencing hope and hopelessness together, and hopelessness. In this study, it was determined that the hope of women who experienced prenatal loss should be improved.

Longitudinal studies are recommended to understand the effects of prenatal loss on women’s hopes. To fully understand the whole picture of the phenomenon, it is recommended to conduct qualitative studies of family members, especially partners who have experienced loss. More qualitative research is needed in other countries/regions to better understand the meaning of hope in the experience of prenatal loss.

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Informed Consent: Verbal and written informed consents were obtained from the women participated in this study.

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