Original Research Article

A Study on the Bangladeshi Mothers' Experiences with Intrauterine Fetal Death (IUFD)

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ABSTRACT

Background: IUFD (intrauterine fetal death/demise) is a devastating experience for moms. IUFD mothers run the danger of going through life feeling depressed, anxious, unhappy, and sorrowful. Therefore, it is essential to do research on how moms cope with such a terrible event.
Purpose: This study aimed to learn more about how mothers in Bangladesh dealt with intrauterine fetal death/demise (IUFD).
Methods: Using a phenomenological perspective, a purposive sample strategy was used to choose the seven informants for descriptive qualitative research. In-depth interviews were used to gather the data, which was then evaluated utilizing Colaizzi's approach.
Result: The findings revealed four key themes, including the mothers' reactions to a loss-such as painful and traumatic experiences—moral support received by the mother, unfavourablebehaviour on the part of others, such as stigma and lack of support, and physical and psychological changes that interfere with the mothers' roles as wife and mother.
Conclusion: IUFD's past was very distressing for mothers, who were left with a heavy emotional weight. Support and therapeutic communication must thus be included in practice.

Keywords: IUFD; maternal experiences; support; Bangladesh.

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1. INTRODUCTION

Pregnant women with a history of intrauterine fetal death or mortality are at significant risk for complications (IUFD). IUFD, defined by the American College of Physicians and Gynecologists in 2002, is the presence of a dead baby in the uterus that weighs 500 grams and usually happens in the twentieth or later weeks of pregnancy. Additionally, statistics on prenatal outcomes include data on newborns weighing 500 grams or greater and deceased fetuses.

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According to data from the World Health Organization (2015), Bangladesh and other ASEAN (Association of South East Asia Nations) nations have infant mortality rates (IMR) of 27/1000 live births. Additionally, according to the Interdental Population Survey (SUPAS) statistics from 2015, Bangladesh reported an overall IMR of 22.23/1000 live births, exceeding the 2015 MDGs (Millennium Development Goals) goal of 23/1000 live births [1]. This number should cause the government, medical institutions, and the community as a whole to take the required precautions.

For parents, a stillbirth—the death of the baby before or during delivery—is a traumatic experience. There are still a lot of occurrences of IUFD, which may be brought on by a variety of variables, including the mother, fetus, and placenta, despite a significant improvement in healthcare quality [2]. Fetal death is shown by the absence of signs of life,

such as heartbeat, umbilical cord pulses, muscle contractions, and breathing efforts, following separation [3]. IUFD often leaves the mother and family traumatized. A mother with IUFD has the risk of developing depression, anxiety, sorrow, and prolonged grief. According to a study of 769 women who had IUFD, the women got assistance from their families (91.7%), nurses (90%) and physicians (53.4%). While single women, divorcees, and widows have a greater level of depression after suffering IUFD, such assistance may lower mothers' despair and anxiety [4]. In addition, moms with IUFD felt stigmatized and disregarded by others around them, according to Brierley-Jones, Crawley, Lomax, and Ayers' (2015) research. Mothers who experience such a situation as an emotional burden end up feeling traumatized and unhappy, which disrupts their ability to fulfil their obligations as mothers [5]. Mothers with IUFD often feel identity loss and social stigma [6].

There have been a lot of studies done on stillbirths. On the sociocultural causes of stillbirth, however, there hasn't been as much investigation [7]. The literature often features mothers who struggle with whether or not to disclose the stillbirth and who experience shame, embarrassment, social rejection, and exclusion from family, friends, colleagues, and strangers [5]. Removing those barriers is required to enable sharing opportunities if there is a social stigma associated with stillbirth, there is a likelihood of an anticipated short period of mourning, and there is an improvement in maternal well-being when mothers are given a chance to share memories of their stillborn babies [7]. Stillbirth was seen by the mother and her family as a highly sudden, unexpected, baffling, and frustrating occurrence since the specific reason was not directly said to them. They blamed various persons in their lives and presented a range of explanations for the incident, including superstitions and biological factors [8].

Additionally, parents assert that these repercussions have a detrimental long-term effect on their ability to manage their personal and professional lives [9]. Research on the psychological responses of mothers who experience IUFD is desperately required, especially in light of Bangladesh's many cultures and how they significantly influence pregnant women's way of life. It is essential to do this study and fully understand this experience, particularly the changes that mothers with IUFD undergo.

2. PURPOSE

This research aimed to report mothers' experiences with IUFD (intrauterine fetal death/demise) in Bangladesh.

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3. METHODS

This study used a qualitative phenomenological research design. The women in Chuadanga District, Bangladesh, who had suffered intrauterine fetal death (IUFD), were the target demographic. The most diverse samples were used in a purposed sampling technique to draw in the participants [10]. Based on the criteria of women who had IUFD for more than six months in accordance with the time in the loss process stage, they were assessed to determine their eligibility to participate in this research [11]. The technique was appropriate since it allowed researchers to understand the viewpoint of the informants who would be questioned and allowed for in-depth analysis of the meaning that IUFD-affected mothers had come to associate with their condition. According to the interview findings, several informants' purposes had several parallels and discrepancies.

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Additionally, the questions to be asked during the moms' interviews were developed. There still needs to be more debate on the interview guide's construction, even though it is often

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more organized than spontaneous conversation interviews [12]. The interview questions look more closely at the informants' replies when they recount their feelings due to having IUFD.

Two rounds of interviews were done. Using the Bangladeshi language for around 45 minutes, the first cycle was conducted to gather data in its entirety and was tape-recorded. The participants were requested to ratify the interview results in the second round. Everything the researchers experienced throughout the interview procedure was recorded. The interview transcript also includes the informants' stances, attitudes, and facial expressions in response to the inquiries. The use of software Colaizzi's approach was used to analyze and analyze the data to identify themes and describe the experiences of the mother participants.

Before the survey, the researchers outlined the study's goals and participants' rights and responsibilities. They signed informed consent if they agreed. Additionally, their identities were kept a secret. Depending on when they joined, the participants were assigned a code name ranging from I1 to I7. The Health Department of the Local Civil Surgeon Office granted this ethical research permission.

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4. RESULTS

Seven people in this research had an average period in the loss process stage of more than six months and had IUFD. The majority (57.2%) were primipara aged 26 to 40. Additionally, during 8 to 9 months of pregnancy, most miscarry. The study's participant demographic profile is shown in Table 1.

Four themes that reflected varied experiences of moms who encountered IUFD were identified from this research. These topics, chosen based on the study goals, are presented independently and about one another to highlight the experiences of moms who suffer from IUFD.

Table 1. Demographic profile

Demographic profile	*n*	%
Age		
18–25	3	39.17%
26–40	4	60.83%
Parity		
Primipara	4	60.83%
Multipara	3	39.17%
Age of the fetus at death		
6 – 7 months	3	39.17%
8 – 9 months	4	60.83%

4.1 Maternal response to loss

The moms' reaction to the loss was the first topic of this research. The informants said that having an IUFD was a harrowing experience for this subject. They said that the event caused them much pain and distress. Informants went through several stages of grieving, including despair, sobbing, rage, and disappointment, before eventually being able to accept what had happened.

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4.2 Moral support

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The moms' moral support system was brought up in the second topic. This topic made it clear that some informants had assistance from those closest to them, including their families, medical teams, and the community, who might aid in the informants' rehabilitation of their health. Receiving assistance might help the moms go through the typical grief process. In addition, the support given by the medical staff, particularly the nurses, may aid mothers in understanding the significance of the loss, and the family could comprehend the circumstances that happened in moms with IUFD so that mothers could engage in regular activities.

4.3 Negative actions of those around the moms

This subject brought up the unfavorable conduct of those around the moms. In this research, the moms felt that they were not treated well by the community, the family, the medical staff, and even the nurse. They felt that they were subjected to stigma, rejection, and even a lack of communication.

4.4 Physical and mental changes that conflict with being a wife and mother

This subject brings up physical and psychological changes that interfere with being a wife and mother, revealing the changes moms go through after having IUFD. The informants disclosed that they had a variety of physical and psychological issues, which made it difficult for them to carry out everyday tasks and interfered with their roles as wives or mothers.

5. DISCUSSION

The purpose of this research was to look at moms who have IUFD. This research questioned seven moms who had IUFD for more than six months. Mothers' reactions to a loss, the spiritual support mothers get the adverse actions of others and physical and psychological changes that conflict with the function of wife and mother were created as the four main topics.

The moms' reactions to loss served as the study's primary focus. Some participants were so deeply traumatized by this occurrence that they sobbed and felt sad when they remembered it. Even though it had been more than two years, the informant said that the event had traumatized them to the point that they were terrified to get pregnant again. The informants' trauma responses included feeling terrible about their pre-IUFD acts, believing that God had abandoned them, and regretting being pregnant. According to prior research, a woman would delay becoming pregnant and be too concerned about getting pregnant again when a baby dies after one year [1]. Another research discovered a difference between moms who are over 30 years old and mothers who are 18 years old in terms of how they react to loss. When compared to informants who are 18 or 20 years old, those over 30 show a more profound loss reaction and lower expectations for further pregnancies. According to maternal variables, moms over 35 have a greater probability of having IUFD at this age difference [14].

The second subject discussed the assistance the moms got. The participants stated this, saying that the support they got from their community, family, and medical professionals might aid in their recovery from mental illness. Health practitioners must make harsh judgments regarding which topics to bring up with parents at this delicate time and when is the best opportunity to advise them of the choices they will need to make [15]. Mothers who encounter IUFD value the medical staff's assistance, particularly the nurses. In this research, the moms disclosed that the nurses' aid included zeal, focus, and optimism. Mothers were inspired by the care they got from qualified medical staff about the mental health outcomes

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after experiencing fetal death, either while they were in the hospital or after returning home [16].

In contrast to unmarried, divorced, and widowed women with depression rates more excellent after suffering IUFD, support from families, nurses, and physicians is instrumental in lowering depression and anxiety in women with IUFD [4]. A kind of social assistance from the mother's support system is also included in this study. Participants said they got a prayer, encouragement from the community, and assistance from their families and medical staff. The ladies acknowledged their need for help from their families through these difficult times and mourning phases [17]. The need to offer high-quality psychological support to parents grieved in labour was stressed, and it was thought that participation in customized support programs would have considerable advantages [18].

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This research demonstrates the two types of assistance participants experienced: emotional support and information support. Family support in the hospital or at home, the length of time it took them to speak to or get information from the healthcare professionals nearby, and how simple it was for them to do so all demonstrated emotional and informational support. By questioning whether their views were valued, if the information was sufficient, and who had supplied the information, the information offered to mothers and family members was reviewed [19].

When care was not provided properly, moms experienced additional anguish on top of their loss of their child, with unpredicted long-term effects. However, when this one opportunity was grasped and used fully, the advantages seemed to be substantial and lasting. Parents felt strongly that medical practitioners were emotionally distant from them [20]. The family and the nearest individual turn into the mother's most extensive support system while she is dealing with difficult circumstances. Communication and transparency seem to be quite crucial. Therefore, any assistance provided to moms who suffer IUFD by family, friends, and the community may help mothers go through the grief process and help them move on from loss so that mothers can resume their regular activities.

The third subject discusses the mother's neighbours' unfavorable conduct. Informants reported that they get unfavorable conduct from others around them, including negative stigma even to accept rejection. Mothers experience the stigma associated with infant mortality, and it may come from a variety of sources, including family, friends, colleagues, strangers, and even the mothers themselves [5]. They surmise that the mother purposefully failed to continue her pregnancy in order to cause IUFD. Shame on the mother for failing routine prenatal exams and maintaining poor nutrition. They related experiences that seemed to indicate that interactions with others and other people's opinions about them had both undergone irreversible alteration [21]. Because of it, Mother feels a growing feeling of guilt. Negative stigma is brought on by a lack of family or community awareness about IUFD, which leads the behavior to impair the mother's mental health and impede the healing process.

The last subject explores how the roles of wife and mother were altered by physical and psychological changes. As far as communication and socializing go, this may sour the bond between the mother's family and the neighbourhood. Delays in the process of obtaining IUFD events encountered by the informants also affected their activities and their roles as spouses and mothers. Obstacles to exercise such as emotional symptoms, a lack of desire, feeling worn out, and guilt are common in women who experienced baby loss [22]. Mothers who have miscarriages often experience psychological changes. When a woman goes through this time after her baby dies, it has a significant impact on how she displays psychological symptoms, including grief, worry, dread, and pain. IUFD mothers often

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reported having negative psychological symptoms, such as sadness, anxiety, posttraumatic stress disorder, panic attacks, phobias, and even suicidal thoughts [23]. The mother is unable to carry out her typical duties as a wife or mother since there have been physical and psychological changes.

According to research on mourning, individuals anticipate that the grieving process will come to an end and that the severity of their feelings would lessen with time [24]. Conflicting emotional responses to sex have been observed by some couples. Guilt and unsettling pictures, thoughts, and emotions that interfered with sex were mentioned by women more often than by males [25]. As a result, moms who suffer infant mortality require the aid of healthcare professionals to understand the value of physical activities like working, exercising, and keeping a healthy weight. These activities may also help mothers feel better emotionally and mentally.

6. CONCLUSION

This research identified four themes that summarized the experiences of mothers with IUFD, including the mothers' response to loss, the mothers' moral support, the mothers' negative interactions with others, the mother's physical and psychological changes that affected their roles as mothers, and the mothers' response to loss. The results of this research could better inform health and community cadres about mothers' experiences with IUFD. It is desired that the community would assist maternal psychological problems more sensitively and refrain from stigmatizing and judging mothers who have had IUFD experiences. Additionally, it is anticipated that nurses would advance their certifications to strengthen their competencies and broaden their knowledge of nursing in medical and psychological care with therapeutic communication for women with IUFD in order to improve healthcare services.

ETHICAL APPROVAL

The ethical approval for this study was considered by the District Civil Surgeon office, Chuadanga, Bangladesh, under the Ministry of Health, Government of Peoples Republic of Bangladesh

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