

# **Factors that promote the well-being of women after a miscarriage: Accrued well-being**

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### **Abstract**

Miscarriage is rarely spoken about when it happens. Women experience guilt, isolation and grief during miscarriage that is the loss of a child and this affect negatively their physical and mental well-being. The aim of this thesis was to study the factors that promote the well-being of a woman after a miscarriage.

The thesis used literature from previous knowledge for its background review. The study was conducted using a qualitative research method, with content analysis approach from an inductive point. Data was sourced from nine online open blogs that contained information about the women's experiences of miscarriage. Analysis of data was done systematically to understand and find the meaning of the phenomenon. The theoretical framework used in this study is the theory of accrued well-being, which transcends subjective well-being.

From the data analysis, the findings resulted in five categories; shared experience, support, overcome, resilience and anticipation. The ability to share experiences give support to another, overcome, being resilient and anticipate toward better days are all factors that promote the well-being of women after a miscarriage. There should be continuous awareness that miscarriage can occur while maintaining positive well-being.

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Language: English Keywords: miscarriage, well-being, women, accrued well-being.

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## 1 Introduction

Miscarriage is defined as the spontaneous loss of pregnancy on or before the twenty-second week of the fetus. The motivation toward this research is the knowledge that some women experience miscarriage either once or multiple times in their life time and do not experience the support they should have to promote their well-being. Various researches have been conducted on the concept of miscarriage as it is a matter of concern globally. However, it is important to study what promotes a woman's wellbeing after a miscarriage happens. According to past research, the loss of a fetus causes psychological distress, trauma, grief, anxiety, depression and isolation to the women. While miscarriage is familiar in pregnancy and can be managed, the support needed to promote the woman's well-being may be absent (Bellhouse, Temple-smith & Bilardi, 2018).

To be informed about the loss of a child through spontaneous abortion may be devastating for women who want or plan their pregnancy as some women have instant attachment when confirmed pregnant and for other women, it may take several months to develop such a bond or they might not. The level of prenatal attachment may be slightly different for a first-time mother who is expectant of having a child. It is so because, it is a new experience compared to mothers who have had children in the past. For some women, they conceptualize the fetus during the first trimesters of pregnancy and see them as human beings already as the child is given more value by the mother and seen as something dear and of pride. (Batool & Azam, 2016).

The experience of every woman who has been through a miscarriage is relatively different and through the process, these mothers should encounter care and empathy. To ensure that women's well-being is promoted and improved, there is a need to identify the factors that promote and support the well-being of the women. Findings from these studies will assist women, and health personnel to work more effectively with mothers in the future, give them (women) hands-on support that is not just medical treatment to expel the fetus from the womb but psychological, mental and emotional care. The findings will assist the women to take total control of their health by making radical changes.

## 2 Aim and Research Question

The aim of this study is to identify factors that promote the wellbeing of women after experiencing miscarriage.

Research question

- 1) What are the factors that promote and support the accrued wellbeing of a woman after a miscarriage?

## 3 Background

This chapter, which is the basis of the study will explain and describe concepts and the topic of the subject. The subcategories explained are pregnancy, miscarriage, support.

### 3.1 Pregnancy

Pregnancy happens when an egg is released from the ovary during the ovulation period, and is fertilized by sperm. The fertilized egg moves into the uterus to be implanted and with this, pregnancy is formed. Because of the implantation, a baby begins to grow which may last for 40 weeks or 9 months although some babies are born before week forty, which is still termed as a normal birth. Pregnancy can be detected using urine or blood test samples that search for the pregnancy hormone; the human chorionic gonadotropin (Cherney, Watson & Lamoreux, 2019).

Pregnancy causes changes to the body of the woman, and this occurs in different phases. The phases of fetal development are the three trimesters. The first trimester is from week 1-12, the second is from week 13-26 and the third trimester is from week 27-40. Symptoms of pregnancy are missed period, spotting, nausea, increased urination, fatigue and breast tenderness and enlargement (Terveyskylä, 2019). During the early stage of most pregnancies, there might not be physical changes, but as it progresses, the physical changes become more visible, emotion and mood changes may be evident as well. The first trimester is the period when the fetus develops their vital organs and women experience morning sickness and other pregnancy symptoms. Here, the fetus is still seen as a part of

the mother and not a separate human, therefore, the fear of miscarriage is still high. As pregnancy progress, the risk of spontaneous abortion decreases. It is important for pregnant women, especially first-time mothers to maintain a healthy lifestyle, balanced diet, rest and exercise throughout the pregnancy and this helps with the development and growth of the fetus (Terveyskylä, 2019).

In the next phase, which is the second trimester of pregnancy, the woman's womb begins to grow, the baby and mother's weight continues to increase. At this point, some women may also begin to feel fetal movements. In this mid pregnancy period, nausea and fatigue reduces, and pain may occur in the pelvic area due to the stretched ligament from the growing uterus, the back and the hips of the mother may also be strained because of the increased weight. Exercise, if done according to the recommendation, may reduce back pain and help in controlling weight gain. Women have a range of varying emotions and fears associated with the preparation of the birth of the baby (Terveyskylä, 2019). However, access to the right information and support can relieve the woman's fear.

The third trimester, especially from week 37, is when the baby becomes developed enough to survive outside the uterus and because the woman is aware, a stage of detachment occurs where the woman wants to birth the baby. In this final phase, preparation for labor and motherhood is continuously done. The mother experience discomfort because the weight of the fetus triples in the last few weeks and this may result in back pain and lower abdominal discomfort. There is anxiety about wanting to meet the child and the feeling of getting tired of being pregnant. Labor starts with women differently and the feeling is not the same for a first-time mother and one who has already had a child before. Labor is a gradual process, it can last from 10minutes apart to about a minute apart until the baby is born (Terveyskylä, 2019). Pregnancies are not the same and the experiences are different.

### **3.2 Miscarriage**

Miscarriage according to Andersson et al. (2012) is when a fetus terminates and is expelled from the uterus before the 22<sup>nd</sup> week of pregnancy. About 15- 25% of pregnancies end in miscarriage although statistics about miscarriage varies widely depending on the country and source. Some women will experience this during their reproductive years as about fifty percent of all women bleed in early pregnancy stage and twenty percent of them will lead

to miscarriage (Webster-Bain, 2011). Miscarriages that occur before the thirteenth week of pregnancy are considered early miscarriage and from the fourteenth week there is a reduced risk of miscarriage (Andersson et al. 2012). The chances of miscarriage between week three to six is about seventy five percent and decreases to five percent from week six. The second trimester chances of miscarriage are three percent and, after week twenty-two, the loss of a fetus is not regarded as miscarriage. (Webster-Bain, 2011)

Another study describes miscarriage as the loss and denial of a woman's reproductive story (Batool & Azam, 2016). Several women already develop attachment with the fetus upon discovery that they are pregnant so, when the pregnancy ends abruptly, it is considered as a child loss (Adolfsson et al. 2004). Some women grief however, the intensity of grief increases with the gestational age of the fetus, and older women have been observed to cope less well with the loss of a miscarriage (Jacobs & Harvey, 2000). The effect of miscarriage is associated with negative reactions such as shock, disbelief, grief, depression, lack of control and fears with other future pregnancies (Leach, Wojnar & Pettinato, 2014). Likewise, miscarriage can cause a strain to personal life and marital relationship especially when the partner does not show concern for the woman (Sejourne et al 2010).

### **3.3 Symptoms of Miscarriage**

The common clinical symptoms of miscarriage are bleeding through the vagina, spotting lower back pain caused by contraction in the uterus and abdominal cramping. Women who experience bleeding before week twenty, about 50 percent of them may have a miscarriage (Adolfsson, 2011). Bleeding that comes with miscarriage varies from light spotting to brownish discharge and heavy bleeding. Bleeding can last for several days and is intermittent. Other signs of miscarriage are the absence of pregnancy symptoms such as morning sickness, breast soreness, tissue, and fluid discharge from vagina (Andersson et al. 2012).

### **3.4 Causes of Miscarriage**

The causes of miscarriage may sometimes be unknown in women. However, there are risk factors associated with the reason why pregnancy loss may occur in a woman. The factors highlighted are chromosomal abnormality, ectopic pregnancy, infectious diseases, age and



environmental factors with excess use of alcohol and smoking as contributing factors (Andersson et al. 2012).

### **3.4.1 Chromosomal abnormality**

Chromosomes are defined as inherited structures in the cell, and it contains a person's genes. Usually, a fetus has two chromosomes which are inherited from the female egg and another from the male sperm. These are made up of genes that support the growth and development of the fetus. When there is an abnormality in the formation of chromosomes which may be an incomplete chromosome or excess chromosome, these may affect pregnancy in its early stage, the first or second trimester leading to the loss of the fetus (Pinar, Gibbins, He, Kostadinov & Silver, 2018).

In the early gestation period, the problem of chromosome abnormalities is usual and cytogenetic abnormalities are about 70 percent before the sixth week of pregnancy (Pinar, Gibbins, He, Kostadinov & Silver, 2018). Chromosome abnormalities can be categorized in two ways; numerical and structural. The numerical abnormalities are more common compared to the structural abnormalities. They are described as the deviation from the normal diploid number of a given species. Abnormalities of the chromosomes can further divide into a group whereby the individual chromosome is either missing or duplicated. In contrast, the structural abnormalities are the genomic rearrangement of one or more chromosomes. Structural deformation is the unequal exchange between chromosomes. This kind of disorder is classified as deletion, translocation, and inversions, duplications, ring chromosomes and isochromosomes (DA & Tadi, 2020). Cytogenetic abnormalities can be investigated with conventional karyotype, chromosomal microarray. A variability in its success is recorded between the range of 49 – 93 percent. (Pinar, Gibbins, He, Kostadinov & Silver, 2018).

### **3.4.2 Ectopic Pregnancy**

In normal pregnancy, implantation and development of a fetus occur in the uterus but there can also be exceptions when complications happen in pregnancy. An ectopic pregnancy is implanted in any area other than the uterus. Most ectopic pregnancies happen in the fallopian tube and other areas of the body such as the cervix, abdomen, and

ovary. When implantation happens in the cervix and corneal, it is life threatening even though this rarely happens. In recent times, the rate of cesarean section increased therefore, cesarean scar ectopic pregnancy is high, and this is dangerous to the health of the woman (Pinar, Gibbins, He, Kostadinov & Silver, 2018)

Ectopic pregnancy risk factors are inflammation in the ovaries, intrauterine devices (IUD), previous fallopian tube surgeries, sterilization, previous ectopic pregnancy, or infertility. With ectopic pregnancy, the symptoms show up after the last menstrual period of the woman when pregnancy has occurred between six to eight weeks. Women complain of symptoms such as abdominal pain, acute pain on a part of the lower abdomen, absence of vaginal bleeding (Adolfsson et al, 2015). Ectopic pregnancies are not often detected in the early stage as the uterus is empty during ultrasound check, but it presents a rise in HCG level (Webster-Bain, 2011). Women should be monitored by assessing the pelvic with ultrasound as follow-up to exclude ectopic pregnancy.

### **3.4.3 Infectious Diseases**

Infectious diseases as defined by the Merriam Webster dictionary (2021) is caused by the entrance of microorganisms such as bacteria, viruses, protozoa, and fungi which grow and multiply in the body. When women get infected, in some cases, it may be asymptomatic. So, in the early stage of pregnancy, if microorganisms are present in the body and it is not treated, there is increase risk of miscarriage. Infections can be viral or genital. According to research, Chlamydia, mycoplasma, and bacterial vaginosis have been found to increase the risk of miscarriage. Primary genital herpes infection in women has also shown to increase the possibility of miscarriage in early pregnancy (Adolfsson et al. 2015) Syphilis is associated as a risk for miscarriage in women if not discovered and treated early by medical practitioners (Laghari, H., et al. 2014). Other infectious diseases that can abort a developing fetus are rubella, cytomegalovirus, listeria, and toxoplasma gondii (Adolfsson et al. 2015). The pandemic hit the world in the year 2019 and this was the beginning of SAR-CoV-2 which is also referred to as COVID-19. According to literature, women who are infected with COVID-19 during preconception and the initial half period of pregnancy may be at risk of spontaneous abortion (Cavalcante, M. et al. 2021).

### **3.4.4 Age and Environmental factors**

Age is a risk factors associated with miscarriage in adult female. When a woman gets older in age, the risk level and chances of spontaneous abortion is high. About seven percent among the ages of 25-29 years and about 43 percent within the ages of 40 – 44 experience miscarriage. Those who have had about three pregnancy losses have a risk of 20-70percent chances of pregnancy loss especially in the first trimester (Adolfsson et al. 2004). Aside age, the environment of a woman can increase the risk of miscarriage. When a woman smokes or have a partner who smokes, the risk of a miscarriage occurring is higher compared to a non-smoker. Likewise, women who consume more alcohol are at risk of having a miscarriage (Adolfsson et al. 2015). A woman planning to get pregnant may abstain from smoking cigarettes and the use of alcohol.

## **3.5 Categories of Miscarriage**

Miscarriage happens in different forms and it is categorized into different group. This study will discuss four main categories of miscarriage; complete, incomplete, threatened and re-occurring miscarriage.

### **3.5.1 Complete Miscarriage**

Complete miscarriage, also known as abortus completus is when the entire pregnancy is aborted. The fetus, placenta and other membrane is removed from the uterus at the same time (Adolfsson et al. 2015). Bleeding is associated with miscarriage however; it decreases gradually and stops eventually. When bleeding becomes more excessive than normal, transfusion of blood and IV fluids may be administered (Vardhan et al. 2007). The uterus then contracts when all the properties of conception have been expelled so that the uterus reduces to its normal size before conception. The use of vaginal ultrasound can be used to confirm that the uterine cavity is empty, and the cervix is closed (Adolfsson et al. 2015).

### **3.5.2 Incomplete Miscarriage**

Incomplete miscarriage is when the fetal matter and the placenta are expelled out of the uterus at various times, and this happens when the pregnancy is above ten weeks. The

process of expelling the dead fetus and other membrane is done in stages because of an established placenta. The fetus is first expelled then, the placenta and amnion membrane are removed (Adolfsson et al. 2015). The signs of incomplete miscarriage are lower abdominal pain with heavy vaginal bleeding. The bleeding from vagina may contain clots of blood and other fleshy tissue. If this continues, there is the need for emergency care to prevent severe blood loss and infection (Vardhan et al. 2007).

### **3.5.3 Threatened Miscarriage**

When a pregnancy is threatened, it is because of a slight detachment of the placenta within the decidua. It may result in spotting through the vagina with the absence of abdominal pain and a risk to the mother's life (Vardhan et al. 2007). About one in seven pregnancies experience threatened miscarriage and twenty percent of these pregnancies end in miscarriage. The symptoms common to threatened miscarriage is minor vaginal bleeding and lower back pain. Pregnancy can be sustained through this period and the baby given birth to at about their estimated delivery date. On the contrary, a threatened miscarriage can become severe and result in a complete miscarriage. As a result of this, an ultrasound assessment is performed to determine the situation (Adolfsson et al. 2015).

### **3.5.4 Reoccurring Miscarriage**

Reoccurring miscarriage is when a woman experiences two or more consecutive miscarriage at the same time in pregnancy. There is an elevated risk of a repeated miscarriage if the underlying problem is not discovered and treated. Repeated pregnancy loss may be due to maternal, sperm or genetic problems. Usually, thorough investigation is done after three miscarriages and the outcome of the investigation is used to determine treatment. For positive results, treatment may include surgery or the combination of surgery and medication (Adolfsson et al. 2015).

## **3.6 Support**

Research shows that, many women experience psychological distress, self-blame, guilt, depression, and anxiety about their miscarriage, but support provided is seen to improve

the health of women. Iwanowicz-Palaus defined social support as the assistance available to an individual in a demanding situation. Social integration and interpersonal relationships have impact on the women, allowing them to feel surrounded by people upon whom they can rely on. It is affirmed that the support of people during this demanding situation decreases the anxiety of the women and empowers them. Social support is seen as a factor that improves health, disease prevention and quality treatment. (Iwanowicz-Palaus et al. 2021).

Past research shows that women felt that their families and friends do not understand the loss of a fetus as the loss of a baby is more socially recognized. Women acknowledge that support from other women who had been through miscarriage is a helpful support they had gotten. Access to the right social network is an important factor towards supporting women after a miscarriage and this has improved the loss and grief felt by these women (Bellhouse, Temple-Smith & Bilardi, 2018).

Lack of information increases the distress experienced during a pregnancy loss because requesting information alone is a form of coping strategy. The means of communicating information to these women must be clear and precise without the use of medical terminologies and malicious comments. The women as a result acquire helpful information and prevent adding to the distress. This information is sought to find knowledge concerning their pregnancy and the loss. When clear information is provided, some of the problems are solved and support is experienced (Robinson, 2014).

## **4 Theoretical Framework**

A theoretical framework is explained as a structure that sums up concepts and theories, formed from past scientific research and findings. Theoretical framework is important in research as it forms the basis for analysis and interpretation of data. It is a premise that is used as support for a study in research work (Kivunja, 2018). In this study, the theory of wellbeing as a process of Accrual is used and posited by Gillett-Swan Jenna and Sargeant Jonathon.

## **4.1 Well-being**

The Merriam-Webster dictionary (2021) defines 'well-being' as a state of delight, wholesomeness, and thriving. However, does this definition encapsulate the whole concept of well-being? Well-being as a concept is explained in literature from different disciplines and it is defined to suit each subject without having a common definition. Presently, this concept is developing continuously from a health-based point to a broader acceptance of other elements that contribute to a person's well-being (Gillett-Swan & Sargeant, 2014).

### **4.1.1 Subjective Well-being**

While there are many definitions of well-being, subjective well-being (SWB) is defined by Diener et al. (1999) in the study of Gillett-Swan and Sargeant as "a broad category of phenomena that includes people's emotional responses, domain satisfactions, and global judgments of life satisfaction". This explains that SWB is an individual's experience over a certain period whereby these experiences that make SWB are ever changing and flexible because of uncontrollable factors. The use of SWB as a standard for women's well-being at any given time should be done with care as this involves subjective experience of a person influenced by temporary behavior. (Gillett-Swan & Sargeant, 2014).

Well-being may be considered as an integrated approach rather than focusing on temporary short-lived perspectives. It has been interchanged with terms like wellness, good mental health and SWB. On the contrary, wellness does not mean the absence of a disease, and good mental health is not well-being therefore, the concept of well-being cannot be narrowed in meaning. It is further explained from a broader perspective. The key factors of well-being are emotional, physical, and cognitive self, and as such, when defining well-being, these factors affect an individual comprising many components. Cognitive well-being involves the ability to learn, thought process, recall, and other educational achievements (Gillett-Swan & Sargeant, 2014). Finding a definition that cut across SWB as an integrated approach that is relevant to women and the support intervention after a miscarriage is important.

#### **4.1.2 Accrued Well-being**

Gillett-Swan and Sargeant (2014) states that accrued wellbeing is “an individual’s capacity to manage over time, the range of inputs, both constructive and undesirable that can, in isolation, affect a person’s emotional, physical and cognitive state in response to a given context”. An important aspect of accrued well-being (AWB) is that it evolves combined with changes in life’s experiences of SWB and it is life-long developments until death occurs. AWB is reliable, develops with a person’s age and knowledge is gathered. The awareness and consideration of well-being accrual through a lifespan is important in creating support services that are relevant to the stages in an individual’s life considering their circumstance, age, environment, context, and experiences. As such, AWB does not focus on confined subjective emotions of individual’s; rather, it aims to provide support services that are better and workable with. (Gillett-Swan & Sargeant, 2014).

Individual’s assessment of well-being changes based on nature and inputs at a time and SWB is affected for a short-term period. Therefore, assessing the present experiences of self may be a misleading factor without considering well-being accrual over time. “Individual” may represent a person, community, and society. Well-being inputs are the physical, social, economic, environmental, cognitive, and psychological effects which are affected by experiences accrued, how an individual has related to the inputs in the past and how it is intended to be related to in the future may be carefully understood. A decreased well-being from personal assessment, when support is offered, knowing the level of AWB is useful towards the decision process because subjective opinion of individuals may not represent the true weight of the inputs and limiting the efficiency of other factors such as physiological health, social support, and economic situation. When well-being is seen to be absent, other positive elements are ignored and support may be available to deal with the stressful situation. (Gillett-Swan & Sargeant, 2014).

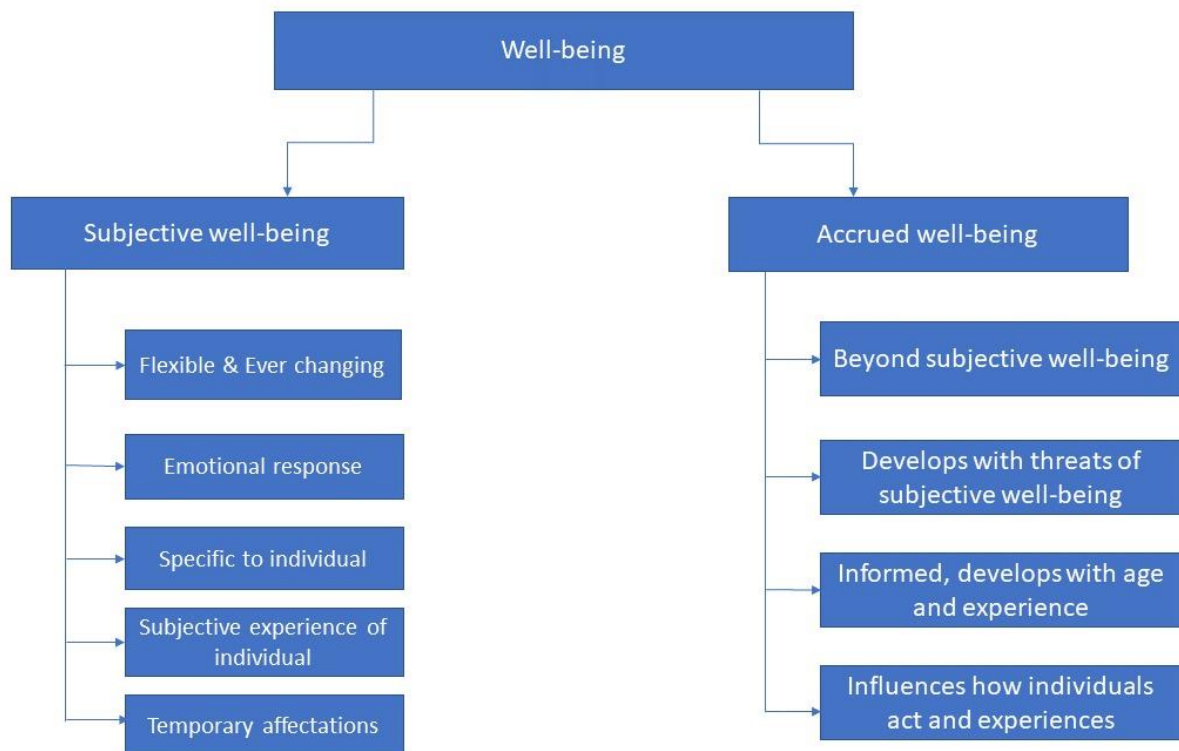


Figure 1: Illustration of accrued well-being.

Well-being from an accrual process is a continued development, changing with time, acting, and building on past happenings and affects the individuals' current knowledge of well-being beyond the subjective state. Well-being of an individual may endure or be worn away by external threats. However, within the accrual viewpoint, well-being of an individual is not interrupted by threatened inputs and both the good and unpleasant experience contributes to the accrued experience which is a protective factor. AWB compared to SWB is "an enabler, a state of readiness and it is capacity building". As such, the importance of accrual well-being is that it builds on the physical, psychological and experiences of life over time which impacts well-being in the future. It also provides insight into the provision of relevant support socially and personally for individuals. (Gillett-Swan & Sargeant, 2014).

## 5 Qualitative research method

The research method applied in this study is a qualitative method and this method is chosen to achieve the goal of the research question. According to Bengtsson (2016), qualitative research contributes to the understanding of the human condition in different contexts and of a perceived situation and accepting an individual's experience as their truth. This method



is used across different disciplines and some of the characteristics are flexibility, holistic, the researcher is extremely involved and is the instrument of the research in other situations. From the different data collected, analyses and interpretations are made from what the informant describes, and this is used for the formulation of subsequent strategies. (Polit & Beck, 2012).

Using a qualitative method of research, the author finds and reflects on previous knowledge focusing on the research question. The author should observe and understand the experiences as lived by them first-hand with focus on the phenomenon studied. The discussion and observation are done in a loosely structured way, and this gives the informant the ability to express their experiences, beliefs, and values completely. Besides direct discussion with the informant, there are exceptions such as analyzing a written documented experience of a person. (Polit & Beck, 2012).

With the observations made, the author can understand the influence that the experience will have on the findings. However, a good study is when concepts and findings are categorized from the experience of the participant of the study, who has been through the events of the subject matter. The purpose of this study is to create an understanding towards promoting the well-being of women after miscarriage and, qualitative research approach is a suitable method that seeks to understand this study from the women's personal experience.

## **5.1 Data material and selection**

Qualitative research requires the collection of data material. In this area, data material is majorly interview and observation. At times, personal handwritten diaries, and electronic documentation such as blogs can be used (Polit & Beck, 2012). In this study, blogs are used as data material.

A Blog is written evidence of an individual's thoughts, news, opinions, or experiences, photos and videos of a particular subject that is documented on the internet through web pages for the public to read (Cambridge dictionary, 2022). A blog is operated in a way that it focuses on one main phenomenon. The owners of the blogs document their personal story on the blog often and regularly update the blog on their perspective and recent

observations. In some cases, the bloggers do have guest bloggers to write their experiences and opinions on their blogs too. The public can read the recent post and the old post as they are dated. People can comment and contribute to the blog posts. Blog owners usually make their names known rather than being anonymous.

The emergence of blog started in the 1990's and was referred to as a personal homepage. In 1997, the word weblog was formed and was later shortened to blog. Early 2000 were a period that witnessed a rise in the use of blogs as in-depth topics and up-to-date news were being discussed compared to mainstream media outlets and by 2001, more people had developed interest in blogging. In the mid-2000s, blogging became a conventional way to write our experiences and reflections (Chapman, 2011). If the informant decides to document their thoughts through blogs, they are expressive and "write from the heart".

The data material selection was done through blog search using Google search engine and searching with the word miscarriage blogs or real miscarriage blogs and with these results, some blogs are linked to other blogs for their stories to be seen. The search was 21million – 23 million. With the huge amount of hits, and reading some of the blogs, nine blogs were chosen from Google online search engine for this study. The blogs were chosen with the criteria that the women are more expressive in their thought and there is more content to rely on.

Another criterion was to have the blogs in English language for better understanding of their experience. All nine blogs were merged into Microsoft word using time's new roman, with font size 12 and 1.5 spacing which became 45pages. 8 out of the blogs were written by the women who had experienced miscarriage and one was written by the partner who blogs the events about them. Three of the stories do not have a specific entry date but the other stories as 2016 – 2022. There is no specific knowledge about the Ethnicity of the bloggers, but the understanding is that they are all English native speakers. The table below shows a brief introduction of the bloggers and informants represented in the study.

Blog A	Theme: Anchor of courage after a miscarriage (2017). First miscarriage.
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Blog B	Theme: Let's talk about miscarriage, Baby (2019). First miscarriage.
Blog C	Theme: Miscarriage story of Hope: PCOS, MTHFR, and Blood clotting Disorder, Ectopic pregnancy& Recurring Miscarriages.
Blog D	Theme: Lessons miscarriage thought me. Stories of hope series. First miscarriage.
Blog E	Theme: we had some great news. We <del>have</del> had some great news. First miscarriage.
Blog F	Theme: Multiple Miscarriages: There is comfort in learning that you are not alone.
Blog G	Theme: Clinical psychologist and writer. Has a child then, first miscarriage.
Blog H	Theme: Surviving miscarriage. Recurrent miscarriage
Blog I	Theme: Miscarriage happens and it is okay, here's what no one talks about.

Figure 2: Introduction of the informants

## 5.2 Qualitative Content Analysis

In literature review, different analytical methods can be considered for use (Bengtsson, 2016) and this study uses content analysis from an inductive perspective. According to Down-Wambolt (1992) in Bengtsson work, content analysis is defined as a research method that provides a systematic and objective means to make valid inferences from verbal, visual or written data to describe and quantify a specific event. There is no exception as the data used can be quantitative or qualitative data. This method of analysis describes and quantifies the event studied and maintains the meaningful facts from the data (Bengtsson, 2016).

In content analysis, planning is important. Planning involves evaluating the aim of the research, the samples, method of data collection and analysis, and the practical implication. Then, the coding system choice is concluded on either to use an inductive or deductive method. The data is then compared with the original data and the subjects are merged (Bengtsson, 2016).

Blogs are used as data material in the study even though other means of data material can be interviews, written documents, diaries, and observation (Polit & Beck, 2012). One important aspect of this is to group the information collected and compare the similarities and differences in its original state because direct analysis is seldom done hence, coding is needed. Coding is an approach in which verbal or documented information is translated. There are valid computer programs that can be used in coding the data, but in this study, coding is done manually. With the progress made during coding, analysis and interpretations are executed so, categories and subcategories are identified (Polit & Beck, 2021).

Content analysis may sometimes lead to the discovery of exceptional findings, a deeper understanding of the phenomenon studied. At the end of the analysis, the writer should reflect on how the new findings relate to the literature and determine if the findings are or are not reasonable and logical (Bengtsson, 2016). In this study, reflection is done to highlight the connections and differences in the categories. This process of analysis is a reliable and learnable method that prevents the opinion of the writer (Bengtsson, 2016).

## **6 Ethical Consideration**

Scientific research is a systematic investigation that increases or adds new nursing knowledge for more understanding of the concepts studied. The discovered finding contributes to the interest of patients, families, and society at large by improving life. Research includes all areas of health, that is, health promotion, illness prevention, and provision of care for all ages in sickness or recovery (Gerrish & Lacey, 2010). As a standard, it is vital for researchers to reflect on research ethics such that ethical standards and regulations are maintained. The absence of this reflection may lead to the violation of human rights and expose participants to various risks (Gerrish & Lacey, 2010).

Research ethics is research integrity and protecting the subject's involved and ethical consideration is the evaluation of the study from an ethical viewpoint (TENK, 2012). Previous studies shows that there is an increased concern that health researchers have not maintained total integrity and procedures that ensure ethical trustworthiness of research (Gerrish & Lacey, 2010). The process taken in this study considered carefully ethical consideration through choosing the participants, execution, and result evaluation (TENK, 2012). Ethical principle is a process that protects the right of a participant and ensures safety. Ethical principle is of three important categories.

The first category is to show respect for people and in this study, it is depicted as human consent, respect for their demands, voluntary participation and giving sufficient information. The second category is beneficence. Beneficence is beyond the ethics of respecting the participant's right and opinion while protecting them from risk, but to ensure their positive well-being. Therefore, beneficence in ethical principles does not cause harm and maximizes all benefits. The third category is the principle of justice. This principle explains that the benefits and burden of research are distributed. This principle may help to make an informed decision about who to include and exclude from a study especially vulnerable people who cannot guide their interest, and should not exploited for knowledge (Greaney et al. 2012).

The Finnish advisory board on research integrity advised that the collection and evaluation of data should be in accordance with the acceptable scientific and ethical criteria. The findings from the research should be open, accurate and published as scientific facts and follow the guidelines of the research authorities. Furthermore, this research work has acknowledged all works used from other research by citing the works appropriately and to avoid unethical ways of doing research such as plagiarism (TENK, 2012).

Plagiarism is the act of taking another person's work as one's own and directly copying without references which may either be intentional or negligence and, misappropriation of other people's research work is illegal and unethical (TENK, 2012). This study ensures that all results presented are not falsified and are according to the data assessment and categorization. The results were not doctored to suit the research question and that will bridge the ethics of research. Fabrication means that the results are not true and are invented for the purpose of the research. Falsification can be misrepresentation of results

therefore, omitting information that is important in making conclusions for personal reasons. (TENK, 2012).

In this study, content analysis is used as a research method for women who had experienced miscarriage and the data materials are sourced for through blogs. Blog according to the Merriam-Webster dictionary (2022) is “a website that contains online personal reflections, comments, and often hyperlinks, videos, and photographs provided by the writer”. There is no direct representation and contact with these bloggers except the events documented on the blogs which are presented to be real life stories.

The bloggers are unaware about the use of their article in this study, and this means that direct consent was not sought for which may be an ethical concern. However, the blogs are open sources to the public and the writers do have the knowledge that the public may use their content in various contexts. The blogs that were chosen and used as data have their names published on their sites. For privacy and respect to the subjects, their names will be withheld, and they will be anonymous in the study. All content used from the blogs has not been altered and this is done to show originality and maintain all ethical conduct in research.

## **7 Result**

In this chapter, after assessment of the data from the blog, the results from the data are presented systematically. The findings from the women’s blog are grouped into categories and sub-categories. There are six categories, and each category has a minimum of two sub-categories. A diagram is used to describe the categories and subcategories.

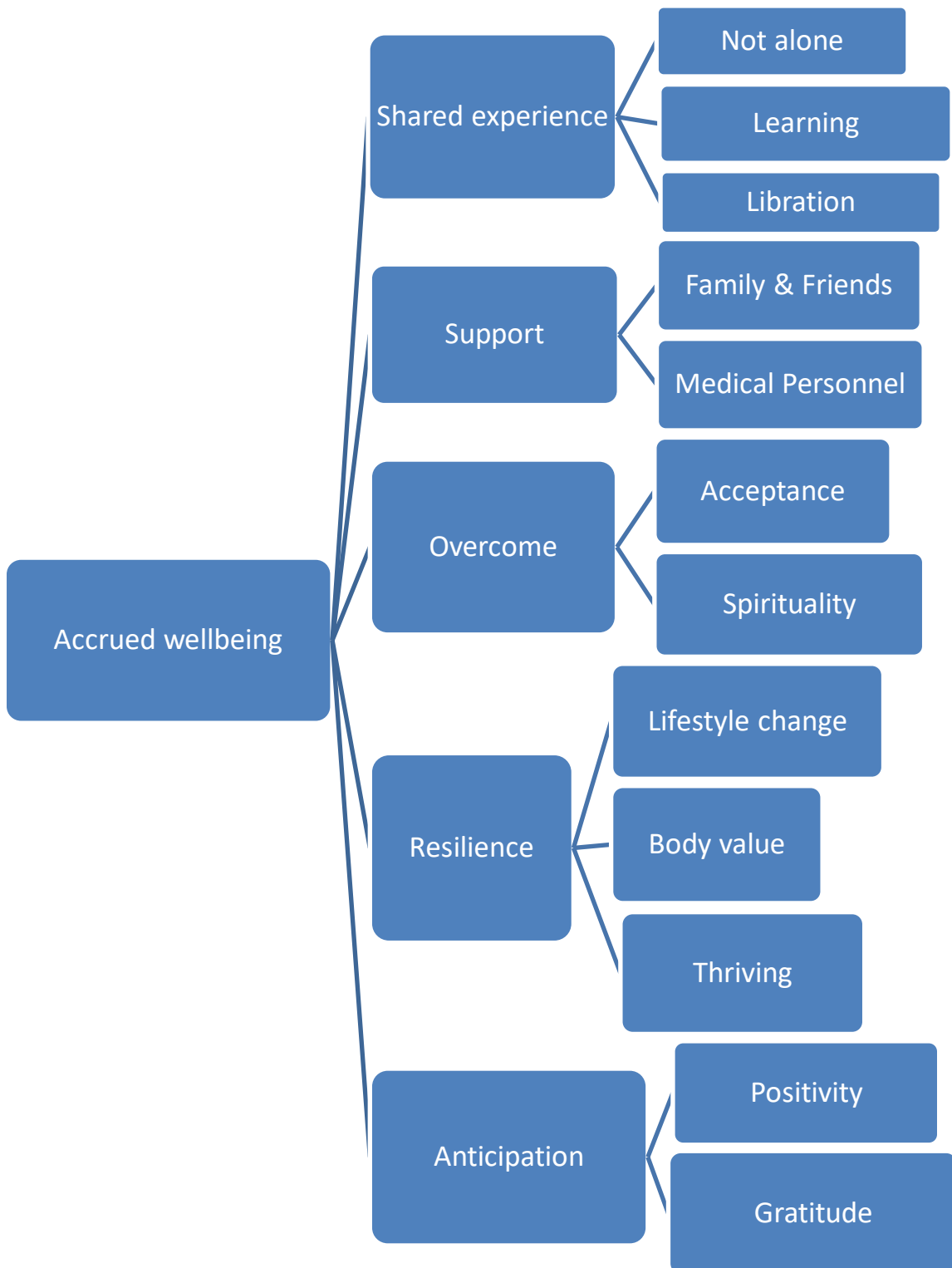


Figure 3: Result categories and sub-categories.

## 7.1 Shared experience

The women admitted that in spite of the unsuccessful attempts at becoming a mother, shared experience was an important aspect of promoting their wellbeing. The impact of an experience shared may create a positive change as it is hearing, seeing and doing what someone has done. The women admitted it may have eased their feelings of anxiety and hopelessness. The following subcategories; not alone, learning and liberation are discussed under this category.

### 7.1.1 Not alone

The women's well-being was promoted and supported when they got the knowledge that miscarriage is a common problem. When the women finally gained the courage to speak up, they came to the awareness that they were not alone in struggles of miscarriage. Their family, friends and colleagues have also experienced such in the past only that they were not informed because most women are ashamed to speak about it. So, the women felt, knowing they are not alone later helped in some sort of way and reduced their feelings of anxiety and hopelessness.

*"I know I'm not the only one. I've heard stories from other women from all walks of life, and to our dismay, miscarriages are common." (Blog A)*

*"Contemplative as I am, I paused for a while, meditated on the line and embraced the truth that I'm not the only one. Thus, I have to push myself forward." (Blog A)*

*".....One by one, I was getting messages from those that were having issues as well. For the first time in a long time, I felt normal and not alone." (Blog C)*

Generally, when experiences are shared, it is a model for others going through the same circumstances and they immediately feel competent to handle the situation. This may have a massive impact on their happiness and well-being.

*"Because if sharing our experience helps someone else going through similar circumstances, then it's absolutely worth it. Even if it's for them just to know they are not alone. That others have experienced similar things. That there may be someone they can turn to in order to*



*express how they are feeling. And that as contrived as it may sound, things do get easier in time.” (Blog E)*

*“... In moving away from the antiquated silence whilst moving toward a culture of openness, representing our stories is tantamount. I want women to feel, not just intellectually know, they are not alone and that there is absolutely no shame in loss. ” (Blog G)*

*“I know that once I started opening up about it, friends that have healthy babies finally shared their stories with me as well. I was shocked at how many times that happened and those conversations brought me back to life.” (Blog H)*

### **7.1.2 Learning**

Learning according to Merriam-Webster is defined as knowledge or skill acquired by instruction or study (Merriam Webster, 2022). Reading through the different stories of the women, learning through other women was seen as a valuable skill that contributes to promoting the well-being of the women after miscarriage. Learning is not an instantaneous skill to acquire. It is a continuous experience that is accumulated with age and can be until death. The women attributed the knowledge acquired from learning through others has been priceless and as a means of changing the narratives.

*“The things I learned from health videos, from my doctors and friends who have similar experiences are priceless, although I would consider it as “learning the hard way”.” (Blog A)*

*“... I wanted to share my story so far in hopes that it teaches women to speak up about their experiences, to change the discourse and not feel ashamed of their bodies or their paths to pregnancy. I wish I had been able to read a post like this when I first started trying. I was so naïve about how it all worked.” (Blog H)*

Some of the women agreed that, learning through shared experience of other women’s situation brings a positive hope to them and can alleviate the psychological pain miscarriages causes for women hence bringing them comfort is such a terrible state.

*“I 100 percent do not want to discount accounts of miscarriage from women who went on to have a baby and/or learned something really profound. I have read and heard many of*

*these narratives and found them extremely helpful and comforting, and I think we need that.” (Blog B)*

*“We’ve always believed that opening up, talking about things, sharing experiences with others, makes them easier to deal with. Bob Hoskins was definitely right- it is good to talk.” (Blog E)*

*“... Though I would never wish a miscarriage on anyone, it happens. I hope that in some way, sharing my experience may bring some level of comfort. I will say this: It is okay to feel exactly what you are feeling, whatever that is.” (Blog I)*

### **7.1.3 Liberation**

Liberation is a state when one is liberated which means to be set free. For some of the women, knowing that they do not have to bear the burden of miscarriage alone gave them freedom from guilt, isolation, and suffering. Having the thought that people cared and are supportive made a positive difference while experiencing the pain of miscarriage.

*“There is no reason for anyone to go through this experience without a support network, without compassion, understanding and maybe someone to make them a jar of soup and some muffins. There is no reason that something that affects one quarter of the female population should be shared only in hushed tones shrouded in shame, inadequacy, or fault”. (Blog I)*

*“The opportunity to speak about our situation with friends and family liberated us from the feeling of isolation and silent suffering. To know they were praying, to know that I didn’t have to pretend that everything was ok when it wasn’t, was a huge consolation in the midst of our pain. And knowing what I know now, I have the hope to see myself through this”. (Blog F)*

A quote from C.G. Junig says, “Real liberation comes not from glossing over or repressing painful states of feeling, but only from experiencing them to the full.” (Saunders, 2006)

## 7.2 Support

Support is evident in promoting the well-being of women after a miscarriage and it is important towards overcoming the pain of loss daily. From the stories, the women had a different form of support system; support from family and friends, support from the healthcare workers.

### 7.2.1 Support of family and friend

Support of the spouse, other family member and friends through counsel and presence is useful towards healing from loss and the unconditional love that is felt creates a feeling of togetherness and it is reassuring to know that the burden of loss is shared by a woman's loved ones as one person is stronger for the other at one point or the other. There are moments when people cannot be physically present, the messages of care, support and empathy can reduce grieving time and give renewed hope.

*"I am grateful for my husband who supported me through every step of the short pregnancy to its very end with unconditional love and presence". (Blog I)*

*"However, with prayer, contemplation, counsel and the company of friends and loved ones, the dark gloomy sky eventually cleared" (Blog A)*

*"During my pregnancy, I've seen the love of my husband for me taken to a whole new level. The cravings were real, so were his patience and determination. The days following the miscarriage, he was my rock, at first, I thought he was too objective in life to even grieve. However, he'd kept on saying that one of us should be the stronger one. Whenever I had emotional meltdowns, his constant assurance of a much bigger heart and understanding worked wonders". (Blog A)*

*"...We received messages of support and love, and I could feel the community as we all grieved together. Friends offered to bring us dinner and family offered to keep our toddler. Prayers flooded in, and I could feel the effects of their grace. It was the support I needed and wished I'd had the first time". (Blog F)*

*".... the support of your community is paramount in regards to true grieving and healing. Don't keep quiet about this. If you can, share your pregnancy news with family or friends*

*you trust and ask them to pray for you and your baby. Connect with other women, listen to their stories. Share your story. Don't stay quiet about it. There is comfort in community and learning that you are not suffering alone". (Blog F)*

*"I am grateful for the network of women that rapidly surrounded me. I have never been one for 'sisterhood' vibes, but I get it now. I felt the embrace by the most generous women offering presence, and love and food and really good advice". (Blog I)*

*"However, I was fortunate enough to be surrounded by loads of loving support from family and friends alike" (Blog G)*

### **7.2.2 Support from medical personnel**

A woman highlighted support from her physician and other medical staff. Support in this way is the ability to acknowledge the loss of the woman and speaking with empathy, giving medical information that is accurate about miscarriage and things to expect during this period. Required medical testing may be offered to know the cause and treatment approach to use. Resources may be offered to help in grieving and remembering the loss. Medical personnel may also follow up with the patient in some weeks.

*"I am grateful to have received a tremendous amount of support from my doctor and her skilled staff. They are kind, considerate, and respectful." (Blog G)*

*"Our doctor was beyond empathetic and he agreed that there was something else causing us an issue that we had not found yet" (Blog C)*

### **7.3 Overcoming**

Overcoming is the present participle of overcome and this is a verb. It is an action word. To overcome, an action must be taken. The Cambridge dictionary (2022) explains overcome as to defeat or succeed in controlling or dealing with something. Miscarriages are inevitable therefore, coming to terms with this tragedy and discomfort enable the women to begin managing the emotional and physical pain and can overcome and move forward. Although overcoming a miscarriage may be tough, with accrued well-being, a victim is not intercepted by threats because both good and unpleasant experiences contribute to the

accrual experience (Gillett-Swan & Sargeant, 2014). The subcategories for this section include acceptance and spirituality.

### 7.3.1 Acceptance

Overcoming life stressors as miscarriage through acceptance is vital towards healing and promoting the well-being of women who has been through spontaneous abortion. Moving forward by engaging in regular social and physical activities in the midst of adversity may reduce the worry and guilt women feel. Accepting what happened, and the emotions experienced are part of healing. The adverse effects from the stories can be transformed to positive opportunities.

*"...These words struck me like lightning. I loved the child and will always do. And it's with this love that I was forced to move forward. This sounds depressing but it's the truth. Life must go on. There's no end to life, only the end of you. It's futile to harbor bitterness towards other women bearing children so smoothly". (Blog A)*

*"Before we even began, we received the news of my blood work panel. It showed I was positive for the heterozygous PAI-1 4G/5G blood clotting disorder, as well as MTHFR meaning I had a mutation on both genes of my DNA. This wasn't the worst blood clotting disorder to have, but it wasn't the best either. It meant I would need blood thinner shots, (lovenox) to sustain pregnancy. I was beyond ecstatic to learn of this news. We began the monitored cycle with 3 ovaries that matured and ended up pregnant again..." (Blog C)*

*".... Andrew and I established a set of rituals to help us cope; we set up a little shrine to our baby in the living room including a figurine my best friend gave me and a candle my mom gifted us. We talked to the baby...I no longer obsess over the little things; I have much more patience". (Blog D)*

*"It seems like a never-ending battle, but just about the time you are ready to give up is when the miracle happens. Cry often, grieve as much as you want, pray, and know that it takes a little science too". (Blog C)*

Acceptance as described by some of the women isn't that they got pregnant and had a baby. It is accepting the fact that there might never be a baby or a "happy ending," but they

will continue to seek medical assistance with patience and hope. Women may also seek other options such as adoption if they want to have a family of their own.

*“... In interviews she says that people didn’t start really laughing at it until she was visibly pregnant with another child. We want there to be a happy ending. My miscarriage happened last week. There is no baby. There is no wisdom. There is no happy ending”.* (Blog B)

*“Don’t give up hope; seek help from professionals who can give you actual answers and solutions. There are people who dedicate their entire professions to helping women who are struggling with infertility and miscarriages”* (Blog F)

*“I know 100% that we’ll be parents and I just have to be ok with waiting a while longer. There are days when I accept that and there are days when I sob just thinking about it. But in my heart and my gut, I know that we’ll be ok”* (Blog H)

### **7.3.2 Spirituality**

Some of the women believed that connecting to God helped them get through the period of miscarriage and this promoted their well-being. This season of their life moved them closer to God through prayers, faith and diffidence. They came to the understanding that sometimes, things don’t go as planned and it is different from the plan of God and trusting that through the trials, the love of God is sufficient. At times, the painful experience brings out the good in us even when the outcome of the plan is negative, strength may be drawn in other areas. A bible verse says, *“And we know that God causes everything to work together for the good of those who love God and are called according to his purpose for them, Romans 8: 28”* (NLT, 2022).

*“I knew I could not give up, but I also knew it was going to take a lot of prayers and a lot of science, both working together to get me my rainbow baby”.* (Blog C)

*“It took a lot of faith, prayer, and humility to get us to a point of acceptance. We had to accept that God’s plans are not our own, and even if we don’t understand His plan for us, we must have faith in His love for us”.* (Blog F)

## 7.4 Resilience

The Cambridge dictionary (2022) defines resilience as the ability to be able to return quickly from a tragic situation, crisis and adversity to a good condition. According to the stories of some of the women, resilience is built to cope with loss, trauma and changes that occur with miscarriage. The percentage of miscarriage that happens during pregnancy in women is high and it is inevitable. So, resilience allowed the women to better adapt and foster their well-being. The women took radical steps by changing their lifestyle, value their body more and to thrive.

The theoretical framework by Gillett-Swan & Sargeant (2014) for this study focuses on accrued well-being and there is a connection between accrued well-being and resilience. To support this connection, another scientific work states that resilience is defined as “a stable trajectory of health functioning after a highly adverse event; a conscious effort to move forward in an insightful and integrated positive manner as a result of lessons learned from an adverse experience” (Southwick, Bonanno, Masten, Panter-Brick & Yehuda, 2014). Accrued well-being shows that a woman will persist through the temporary feelings of having a miscarriage, develop with the threats, and is informed through other women’s experiences of spontaneous abortion to promote their well-being.

## 7.5 Lifestyle change

The women took further steps by changing their lifestyle. Lifestyle changes can be said to be modifications of habits, practices and patterns and this is done to achieve positive goals in life. A few of the women said that they had to change their diets and also encourage their partners to stop the consumption of alcohol while another said she did some radical change but was not specific. Aside diet, other changes included engaging in more physical activities such as exercising, change in sleeping pattern and the management of stress.

*“I started a strict diet, and I did a recurrent miscarriage blood work panel”.* (Blog C)

*“I changed my diet and made my husband change his. I stopped drinking alcohol. I started feeling less hopeful and more desperate”.* (Blog D)

These changes are made such that even though the goals expected in the future are not certain, it is possible to be optimistic and prepare towards tomorrow.

*"I don't want to lose another one, so I've made radical lifestyle changes to ensure a successful attempt the next time around. We can never control the turn of events in the future but we can predict and get ready for anything to the best of our capacity". (Blog A)*

### **7.5.1 Body value**

Another way towards promoting a woman's well-being at the aftermath of a miscarriage is valuing the body. Forgiving one's body is another step towards healing and this impacts their health. The body may have failed in pregnancy leading to miscarriage, looking on the positive side, begins with self-love. With body value, each day is lived at its best and there is renewed hope. The love for oneself determines how we treat ourselves and this can influence the goals of overcoming the problems of miscarriage.

*"Slowly, I began to remember what it was that I loved about yoga. I began to remember what it was that I loved about my body, I began to forgive myself. One of the biggest realizations I had was the miscarriage was not something that happened to me, it was something I went through. And I survived" (Blog D)*

*"Self-love was the hardest love to give at that time. It took me time to learn to warm up to myself again. The best experience in life is to know that you're loved, and you're in no position to deprive that of others. Most especially to the children God plans to give you. And if you wish to have a successful pregnancy, love yourself". (Blog A)*

### **7.5.2 Thriving**

To thrive is the consciousness to achieve a goal and flourish notwithstanding the circumstances (Merriam-Webster, 2022). Thriving amidst adversity is a tough decision but the women agreed that it improved their well-being going through a miscarriage. Even though the women had lost a child, they still admit that they are mothers and will continue to try in the future and even beyond being a mother, they realized that they had other dreams to accomplish and influence their world positively.

*"The miscarriage may have cut my baby's life short but it will never erase the fact that I became a mother. We may have lost our child but we will never forget the joy it brought to*



*our life. We may have failed the first time but it doesn't mean we would never succeed if we try again". (Blog A)*

*"...that I still have dreams to pursue and that I still have a role to play in this world. In time I was able to bounce back and see things clearly. I've learned to let go of the things I can never control and focus on the things I can manage. When a miscarriage befalls an enthusiastic family, it's downright traumatizing. Once could already cause so much pain, let alone multiple occurrences. Still. I refuse to give up hope". (Blog A)*

For one of the women, thriving meant to be positive and develop the courage to try over and over again without giving up. There is a saying "when you get into a tight place and everything goes against you, till it seems as though you could not hang on a minute longer, never give up then, for that is just the place and time that the tide will turn" – Harriet Beecher Stowe

*"For those who are curious, yes Brian and I had been "trying". Yes, we will continue to be "trying" in the future". (Blog B)*

Another woman associated thriving with taking care of their health through staying fit to promote their well-being. They achieved their goals by drawing strength through their faith and growing through adversity while keeping hope may eventually result in fulfillment of better days.

*"Since this journey began, I have lost 80 pounds, gained a beautiful rainbow baby, and strengthened my faith in our lord Jesus. I still believe to this day that I endured such darkness to enjoy the true light it brought afterwards. Never lose hope". (Blog C)*

## **7.6 Anticipation**

The women looked forward to the good days and also wanted to impact other women who had similar issue as miscarriage that they are not alone. If they had been through it, they believed that their stories could uplift the women who are struggling with the pain of spontaneous abortion through their newly found project and are grateful. The sub-categories are positive attitude and gratitude.

### 7.6.1 Positive attitude

The women were optimistic about themselves and their situation. They remained hopeful and saw the best through their positive attitude. An act of support and care is able to inspire a miscarriage victim not to lose hope and improve their wellness. The acceptance that the past is the past and hopeful for a better future was important for the women to move forward. They also believed that they had the inner strength to change every difficult situation through self-empowerment, improved both their physical and mental well-being.

*“It wasn’t until I received a care package in the mail from our reproductive staff that I allowed myself to really process what had happened to me in the past months. In the package there was a brochure, the words “Never lose hope” rang through every page. I knew I could not give up”.* (Blog C)

*“And we do that because we really believe that you have the power within yourself to improve not only your physical, but your mental wellbeing as well, through the things you do every day, the habits you form”.* (Blog E)

*“Yes, we’ll remain positive people because that’s who we are. It’s what we help others try to be. Why? Because we know that no matter how much you wish for it, you can’t change the past, you can only learn in time to accept it. Instead, we’ll look to the future”.* (Blog E)

The women made use of social media to share their experience of miscarriage to encourage other women and this can happen to any woman, and they are not alone. They created hash tag for easy accessibility and through these experiences; a new habit is formed regardless of the pain in the past.

*“.... Because of this, I felt motivated to share my experience on social media. I thought if I could help even one woman feel less alone, then my pain wouldn’t be for nothing”* (Blog D)

*“In 2014, I launched the #IHadAMiscarriage campaign to address these global stories. The outpouring of compassion and candor was noteworthy. It was deeply heartening to witness women from all generations sharing stories they previously felt they shouldn’t. There’s something profoundly liberating in that. Then in 2015, I started the @IHadAMiscarriage Instagram account, where women can submit their own stories of pregnancy loss and life*

*after, as a source of community, normalization, and connectivity. I wanted to create what I wish existed in the world after my own miscarriage". (Blog G)*

### **7.6.2 Gratitude**

Gratitude is being grateful and can be a means to relieve stress. When the past is set aside and grateful for the current situation, there is hope for tomorrow. The situation has helped women to learn new things and gain new experience to help other women. Laying aside worry and allowing nature to do its work is a means to an improved well-being.

*"If there is anything beautiful in this experience, I think that's learning to be appreciative of what we have now and learning to let go and trust in the power of life". (Blog A)*

*"Having come out on the other side, I am able to have gratitude for the experience. A deep level of gratitude. I am grateful for the depth of understanding I gained through this experience.... I am grateful that my body is strong and healthy enough to do what it needed to do...". (Blog I)*

## **8 Discussion**

This chapter discusses the findings and method in the study. The aim of the study is to identify the factors that promote the well-being of women after miscarriage. The Problem definition of the study is what are the factors that promote and support the well-being of a woman after a miscarriage. The method is discussed to ensure the quality of the study and determine that it fulfills the aim of the study and problem definition. The method of study is a qualitative method therefore, the concept of validity, credibility, transferability, and transparency is ensured.

### **8.1 Discussion of Result**

The aim of this study is to identify the factors that promote well-being of women after miscarriage. From the data analysis, five themes are found; shared experience, support, overcome, resilience and anticipation.

For the women, most of them emphasized on the importance of shared experience to promote accrued well-being of women after a miscarriage. In the past, women did not really speak about their experience of miscarriage, and it is projected as a taboo to do so. Overtime, the women realized that it becomes easier for them if they had heard of other women's miscarriage, shared their experiences with other and it is even easier for women who are currently going through the same issue. Shared experience for the women makes them feel that they are not alone. Miscarriage is not peculiar to them only. There is the aspect of learning from others' experience. Knowledge is gained and it is priceless such that the old narrative of not speaking about it is changing. It is also liberating for the women that the experiences from the stories are liberating and they have freedom from the feeling of guilt and isolation. Shared experience is consistent with the theory of Gillet-Swan and Sargeant, 2014 that explains that accrued well-being is informed and continuously develops with experience.

The findings show support from family and friends and for some of the women, support by medical personnel has helped in promoting their well-being. Support by family and friends focuses on healing from the loss and gives them a sense of assurance that they do not bear the burden of miscarriage alone and they can be stronger for each other. In other cases when the families are not physically present, the woman knows that their thoughts are with her. With support from medical personnel, it is different with two of the women. Personnel refer to it as a normal occurrence, but the women expressed the empathic nature of the health workers, their kindness, respect, and consideration which has a positive input towards their well-being. This finding relates to the background information from Bellhouse, Temple-Smith & Bilardi (2018) that support is important towards promoting the well-being of women after miscarriage.

The theoretical framework by Gillett-Swan and Sargeant (2014) says that with accrued well-being, an individual develops with the threats that come with subjective well-being. To overcome a miscarriage is accepting the threats, the physical and emotional pain, and the loss of the fetus because both good and bad amounts to the accrual experience. With the acceptance of the occurrence, healing begins, and the women can move forward to other steps. Some of the women overcome through their faith, spirituality that is getting closer to God through prayers and believing that sometimes not all things planned will have the outcome they want. However, they know that God's love is abundant through the

experience. The women also believe that bad experiences sometimes bring out the good in them.

Resilience is a factor that is identified to promote the well-being of the women after a miscarriage, and it was found to have a close connection with accrued well-being. Being resilient had to do with changes in lifestyle, body value and to thrive. It was paramount for the women to start over again from adversity, tragedy to a better condition. To promote their well-being, the women decided on a lifestyle change that included diet, stress management and physical exercise to maintain a healthy body. Through resilience, some of the women are optimistic to try again even though they are unsure of the outcome, they prepare towards the future. Body value is also an integral aspect of resilience. Forgiving the body even though it failed to carry a child to full term is necessary and this begins with self-love and hope renewed. The love for self is a determinant towards how the body is treated. The decision to thrive amidst adversity is also identified to promote the well-being of women. The decision to thrive relates to accrued well-being that says it is “an enabler, a state of readiness and is capacity building”.

Finding shows that anticipation is important towards promoting the well-being of women. The women in their ability looked towards better days. For them, it is vital to impact other women with their stories and experiences on miscarriage. Some of the women immerse themselves with a positive attitude and gratitude. They were hopeful in their situation and leaving the past as the past. They offered support to victims to inspire them. The women acknowledge their inner strength and believe they can make changes by self-empowering themselves. Positive attitude allows the women to ameliorate their mental and physical well-being. Some of the women reported that gratitude is necessary and being appreciative of other things promotes their well-being.

## **8.2 Discussion of method**

The use of a qualitative research method in this study is appropriate to identify the factors that promote the well-being of women after miscarriage. The choice of using blogs was also suitable towards the study. The writer could have chosen to use interviews or questionnaires, but this was perceived to have its limitation as it may decrease the ability

of the informant to describe their whole experience. The blogs were documented and found online and were chosen carefully with thorough reading.

Out of the nine data materials found, some had more content than the other but overall, the content was enough for the study. The women documented their experiences to the best of their knowledge and since blogs are a voluntary writing place, it is believed it was done without pressure and prejudice. The informants whose blogs were used are not specific to a particular ethnicity, race and culture neither do they have the awareness that their blog is used. The only similarity is that they are native English speakers. Therefore, the findings are more towards a general view of the phenomenon rather than focusing on a particular race and or culture. In contrast, if the data material focuses on a particular ethnic group, experiences may be different. The trustworthiness of qualitative research is measured by its: transferability, credibility, confirmability, and dependability.

Transferability is the degree to which the result of a study is applicable in other settings (Polit & Beck, 2012). The findings from the study can be used by women who have miscarriage and tend to move towards a better well-being. Transferability is joint efforts whereby the writer provides detailed information about the finding and allows the consumers to decide the applicability of the result (Polit & Beck, 2012). The informants are not numerous in numbers such that it could represent all women who experiences miscarriage therefore it is difficult to know the extent of transferability. Qualitative studies do have a large amount of data (Asper & Corte, 2019). The writer suggests that the finding can be used, and that the reader uses the findings to the best of their knowledge.

Credibility as described by Lincoln and Guba (1985) in the study of Polit and Beck is the representation of the truth of the data and its interpretation. The author only presents the facts about the findings and context in the research. (Polit & Beck, 2012). The method used is credible to the study and relies on the truth of the data and technique of interpretation. The keywords used in the search for data were miscarriage blog, real life miscarriage and hope after miscarriage. This produced many hits from Google search engines. The data was read thoroughly, and themes and categories were generated so that the reader will understand the study and for integrity purposes. The findings are presented in a well-organized way that shows a relationship between the data and the results. The content of the data is presented and explained transparently.

Confirmability of the data analysis reflects the voice and the understanding of the writer. The writer has put into quotations the voice of the informants from the blogs and also established the writers' voice in explaining what is understood from the account of the bloggers. Facts about the data from the blogs can be found online and every quotation made in the categories. The analysis is without fabrication.

Dependability is also a criterion to measure the quality of the study. Polit & Beck (2012) referred to dependability as If the study is to be repeated with the same informant and context, will the result be the same. The study used data from blogs and overtime, the result will be the same and if the blogs are updated with is a common thing for bloggers, new findings may be discovered and added to the current finding. The theory of accrued well-being which is a new theory is a suitable theory for the study.

## **9 Conclusion**

Miscarriage affects many women as gathered from the data physically, emotionally and their mental well-being. For women to have a holistic well-being, findings show that there are factors that promote the well-being of women after miscarriage. Spontaneous abortion continues to happen and until women are able to speak about it without fear, there will be positive change in their well-being as they come to the realization that they are not alone.

The concept miscarriage should get more awareness and women should be educated about this that it is not their fault, and the most common cause of miscarriage is chromosomal abnormalities. The theory of accrued well-being provides significant guidelines when conducting this study. Accrued well-being is beyond a subjective state; rather, it is informed, develops with threats and experiences. The women highlight shared experience as a factor that promotes their well-being even though other factors are also as important.

This study is able to serve as a guideline for women in the future and health personnel to their patients. Due to the small amount of data used in this study, the finding may not serve every woman therefore it may not be used as a general standard. Further studies can be done using more data and a different research method.

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