〔Research Report〕

Support expected from families by mothers who have miscarried while raising preschoolers

Yukiko Terada[1)]

This study aimed to clarify the support that mothers who have miscarried while raising preschoolers expect from their families. This qualitative descriptive study used data collected through semi-structured interviews. We transcribed voice recordings of interviews with three mothers who had miscarried while raising preschoolers and analyzed the types of support they had expected. All mothers received the support they had expected from their husbands. Additionally, they were all supported by the presence of older children or children. They were further supported by their older children or children's sincere feelings for their deceased siblings and their words and attitude.

The mothers' support from their mother and their husbands' parents was not what they had expected. Their husbands' and their mothers' feelings sometimes differed due to different generations, and their values differed. To maintain good family relationships, nurses should provide the specific voice and attitude expected by mothers who have experienced miscarriage. Especially considering "emotional temperature differences in feelings" due to differences in values between generations—the necessity of informing family members is also suggested.

Key words: miscarriage, perinatal bereavement, support from family, child-rearing, qualitative research

I. Introduction

Japan has a declining birth rate, and the average age of both first marriage and first childbirth is increasing (Ministry of Health, Labour and Welfare, 2019). With the age at which women wish to conceive, the risk of miscarriage is also rising. Miscarriage refers to the termination of pregnancy before the end of the 22nd week of pregnancy. Behind this is the increase in older primiparas and the increase in fertility treatments and high-risk pregnancies.

The women who have lost children to miscarriage may experience great sadness, disappointment, and guilt (Barr, 2004), leading to depression. It has become clear that after a miscarriage, women experience not only emotions such as surprise, sadness, and loneliness but also a decrease in physical strength and energy that manifests as fatigue, a disinclination to do anything, and a lack of motivation (Matsushita, Kato, Ikeda et al., 1994; Takenoue, Sato, Matsuyama, 2000; Sutan, Miskam, 2010). Mothers who miscarry while raising other children are still required to meet the demands of child rearing, even if they have the less physical strength and energy than before their miscarriage. Mothers who miscarry while raising preschoolers have experienced more significant fatigue and less energy than before miscarrying because of the burden of child-rearing (Takenoue et al., 2000). Parenting anxiety and accumulated fatigue are significantly heightened in mothers who are raising preschoolers and do not recognize the presence of supporters or parenting counselors (Shimizu, 2015). Parenting anxiety in mothers can be alleviated by building a positive spousal relation-

1) Teikyo University, Faculty of Medical Technology, Department of Nursing

ship (Makino, Kaneizumi, Izu, et al., 2011). Thus, relationships with spouses and families are essential for mothers engaged in the process of raising preschoolers. However, women who have miscarried may face cultural taboos surrounding the death of the fetus and family members' ignorance of the mother's psychological state, which can sometimes lead to mutual misunderstanding between the mother and family members. For example, the mother becomes hurt by the words or actions of family members, who avoid the subject, thereby hindering communication (Ōta, 2006, 2009). Moreover, it has also been reported that mothers with miscarriage sometimes find it challenging to connect with parenting, which can be experienced as frustration with their older child or children (Sugao, 2013). Accordingly, miscarriage also affects the relationship between mothers and their children.

In general, in post-miscarriage care in Japan, if there are signs of miscarriage within 22 weeks of pregnancy and the mother is diagnosed with a miscarriage, she would usually be hospitalized for about 1 to 4 days to receive treatment, and recovery would be possible. In the case of miscarriage up to the 11th week of pregnancy, she may undergo a one-day surgery and be discharged on the same day if there are no abnormalities. (Takenoue, Maeda, Tadokoro et al., 2009). After that, counseling as long-term care and the introduction of self-help groups are currently being provided as support (Ōta, 2009, 2013). However, not all mothers receive counseling and self-help support. According to a questionnaire survey conducted by Ōta (1996) on 26 mothers who experienced perinatal loss, the most common support for mothers after discharge was husbands (76.9%). Grief degree was significantly lower than for those who did not have a relationship of trust with their relatives. The period of grief was significantly more extended than for those who did not have a difference in feelings with their husbands. Thus, it is the unity of feelings between a woman and her husband, and the relationship of trust between her relatives and her mother that facilitates recovery from a miscarriage. Moreover, according to Ōta (1996), husbands most frequently support women who have miscarried and encourage them with emotional sympathy and a relationship of trust during the process of recovery. Perinatal loss may also have a psychological impact on the subsequent pregnancy (Chojenta, Harris, Reilly et al., 2014), but a good relationship with one's partner has been reported to reduce grief, anxiety, and depression in women (Scheidt, Hasenburg, Kunze et al., 2012).

In other words, spousal and family relationships, and support are essential for mothers raising preschoolers. They are also crucial in the case of miscarriage (Kersting, Wagner, 2012). In the future, as the shift to nuclear families progresses, when women experience a miscarriage in households consisting solely of the married couple or the couple and their children, the task of assisting the mother will also fall on the husband, which will also affect the marital relationship (Takenoue, Sato, Tsuji, 2006). However, to date, only the support received by mothers has been reported.

The above findings indicate that spousal and family relationships and support are essential in raising preschoolers. Further, miscarriage experienced in this context impacts the mother's relationship with her husband and family, particularly her preschoolers. It is essential to support mothers at the center of such heartbreak, but the kinds of support required by mothers who have miscarried

while raising preschoolers have yet to be clarified. In this study, we aim to clarify the support expected by mothers, who have miscarried while raising preschoolers, from their families.

II. Method

1. Study Design

Qualitative descriptive research

2. Definitions of Terminology

Miscarriage: a spontaneous abortion occurring at less than 22 weeks of gestation.

Family: all relatives who were considered part of her immediate family.

3. Participants

Mothers who met all of the following inclusion criteria consented to the study:

1) Had miscarried while raising preschoolers
2) Had given birth to another child after a miscarriage
3) Had cohabited with a husband or partner at the time of the miscarriage

The exclusion criteria were women who had previously sought or were still receiving psychiatric or psychosomatic treatment.

The reasons for targeting mothers who have experienced a miscarriage while raising preschoolers and who subsequently gave birth to another child are as follows: Although mothers who have lost a child to miscarriage are often unfortunate and may feel disappointed, guilty, and depressed (Matsushita et al., 1994), some say that they were saved by the presence of their older child or children (Kohno, Sugishita et al., 1994; Oi, 2001; Meaney, Corcoran, Spillane, et al., 2017), and that the safe birth of their next child helped them cope with their feelings about the miscarriage and to understand that they were not alone. It has been reported that some mothers said that they could talk about miscarriage while raising children (Hanahara, Tamari, Okayama et al., 2011). Therefore, although the experience of miscarriage while raising preschoolers was painful, we considered that mothers who gave birth to another child would understand the purpose of the study and might be willing to participate.

4. Data Collection Method

After receiving approval from the Ethical Review Committee, the researcher obtained permission to place a research recruitment leaflet in the office where the self-help group was based to recruit mothers who had had a miscarriage. The researcher also sent out a research recruitment letter, a letter of explanation, and an interview guide to the caretakers of five self-help groups in the Kanto area. These were sent to groups whose members included miscarriage survivors, arranged to visit them in person, and obtained consent to participate in the study.

The participants were mothers recruited via a self-help group that asked members to contact the researchers directly by telephone or e-mail later, to ensure anonymity.

The data collection period was December 2016 (following approval by our institution's ethics committee) to January 2017. Data were collected through semi-structured interviews. The interviews were conducted in private rooms at a time and place that suited the participants, and confidentiality was maintained. Before beginning the interviews, we obtained permission to record the interview details and used an audio recorder for this purpose. Each one-on-one interview with the researcher took about 60 min to complete, and no family members were present. Each participant was requested to sit for only one interview.

At the start of the interview, mothers who had miscarried while raising children were asked to provide their current age in approximate terms (e.g., "late thirties" or "early forties") and the number of years after experiencing a miscarriage. Further, they were asked their age at the time of their miscarriage (in similarly approximate terms), the weeks they were pregnant at the time of their miscarriage, and their child or children's age (s) at the time of their miscarriage. Next, the following items were asked:

1) What kind of support did you receive from your family after your miscarriage? What are your thoughts about this?
2) What were your expectations about the support you received from your family after miscarriage? What are your thoughts about this?

5. Analytical Method

Transcriptions were prepared by transcribing the contents of the audio recordings and then repeatedly reading the transcriptions for complete understanding. From the transcriptions, shorter passages that contextualized meaningful words were extracted and coded. As much as possible, the mothers' words were verbatim. Given that the central question was asked from two perspectives ("What kind of support did you receive?" and "What were your expectations?"), the respective responses should be noted in the verbatim record and considered during the coding and categorization processes. Words were assigned codes, and those with the same meaning were collated, resulting in subcategories comprising multiple codes. Categories were then formed from these subcategories by raising the level of conceptual abstraction. Relationships among mutual categories were considered. Concerning the passage of time following their miscarriage, given that the study focused on mothers who had experienced childbirth, we speculated that they would seek different kinds of support from their family members. Simultaneously, they were hospitalized for the dilation and curettage procedure, during their convalescence at home, and afterward while taking care of their preschoolers.

A nursing researcher conducted all research procedures with qualitative research experience and was supervised by two other nursing researchers to ensure the credibility and validity of the analysis results; the analytical method was selected based on a qualitative descriptive research method (Gregg, 2016). Furthermore, the researcher is a midwife who has worked with women who have experienced a miscarriage and their families.

6. Ethical Considerations

The ethics review committee of our institution approved this study (28022). The study participants were mothers recruited via a self-help group that asked members to contact the researchers directly by telephone or e-mail later to ensure anonymity. The mothers were informed that they could withdraw consent to participate in the study at any point during the interview or after the interview was completed. Further, that participation would be regarded as having been withdrawn the moment the participant made known their intention to do so. There was a caveat that consent could not be withdrawn after analysis had begun because their data would already have been integrated with the other participants'. The mothers were also given information about data management and the publication of results, after which written consent was obtained.

Here I describe my considerations for the participants as they recalled and shared their painful experiences. During the interviews, participants were likely to experience various emotions that

could elicit feelings of sadness, crying, and other psychological stress. Such psychological burdens on participants should always be considered during interviews, and the researcher should exercise care and ask how participants feel as appropriate, depending on their situation. If the participant becomes psychologically distressed during the interview, the interview should be stopped immediately, and the participant should be evaluated. The interview can only resume if it is possible to do so, but if not, the interview should be postponed or canceled. It was unnecessary to stop, postpone, or cancel any of the interviews conducted in this study.

III. Results

1. Overview of Study Participants

Three mothers (participants A, B, and C) participated in the study. They were raising preschoolers and had miscarriages within the first 22 weeks of a subsequent pregnancy. Their older children or children's ages ranged between three to five years. All three participants were from a nuclear family living apart from their grandparents.

Participant A lost her newborn second child due to a congenital illness when her first child was three years old. She experienced a miscarriage in the 7th week of a subsequent pregnancy and later gave birth to two or more children. At the time of the interview, she was in her early forties. Her husband rarely helps with housework and childcare activities, leaving her to do most of it by herself.

Participant B experienced miscarriage between the 8th and 9th weeks of pregnancy when her first child was four years old. She subsequently gave birth to her second child. She experienced her subsequent miscarriage between the 5th and 6th weeks of pregnancy when her first child was 10 years old and her second child was four years old. At the time of the interview, she was in her late forties. Her husband is usually supportive and willing to help with housework and childcare activities.

Participant C was miscarried in the 20th week of pregnancy when her first child was five years old. She later gave birth to a second child, and at the time of the interview, was in her late thirties. Her husband usually performs an equal share of housework and childcare activities.

In the notation used below, categories are noted in curly brackets【　】, subcategories in square brackets［　］, and the mothers' narrative accounts are set in italic text in double quotation marks. Some modifications have been made to the narratives to protect privacy, however, not to the extent of markedly impairing the quality or content of the narratives.

2. Support from Family Members Received by Mothers Who Miscarried While Raising Preschoolers to Help Them Return to the Same Daily Routine as Before Their Miscarriage

The mothers were required to return to the same daily routine before their miscarriage. Accordingly, their husbands could【offer consolation immediately after a miscarriage】and were there to［prepare an environment in which the mother could rest］and［adopt a caring attitude］. The support that the mothers received from family members after miscarriage consisted of both physical and mental support. Physical support was limited to only a few days following a miscarriage, during which any mother would need rest. Therein, family members appeared to display a caring

attitude toward mothers who had miscarried while providing this physical support. In this case, 【offer consolation immediately after a miscarriage】 constituted a category that included two subcategories: [prepare an environment in which the mother could rest] and [adopt a caring attitude].

【Offer consolation immediately after a miscarriage】 After experiencing miscarriage, all three mothers received support from their husbands. Participant C was the only mother who received additional support from someone other than her husband. Participant A received support from her husband only at the time of her miscarriage. Participant B stated that although she had arranged to inform her mother about miscarriage in the case of an emergency, she had never received any support from her mother. Participant C reported that it was necessary to make arrangements such as cremation of the miscarried fetus, at which time her mother took care of her older child. This category comprised two subcategories [prepare an environment in which the mother could rest] and [adopt a caring attitude]. Additionally, the participants' husbands differed in their degree of cooperation in completing regular housework and parenting tasks. Participant A mostly took care of these duties herself, participant B's husband actively helped when he could, and participant C shared these duties with her husband equally.

[Prepare an environment in which the mother can rest] This subcategory represents the support the mothers received from their husbands. Husbands were able to support mothers who were resting at home. Participant A remarked, "*It was a natural miscarriage, so he watched the child while I was resting.*" Participant B said, "*On the day of the operation (after the miscarriage) and afterward, they would say 'take a rest' and do all sorts of things . . . they would help me with the housework, cook dinner, and so on. He took care of the housework and looked after the children so that I could rest.*"

Moreover, because participant C needed to be in the hospital, her mother took care of her older child, who was in kindergarten, so that she could focus on her operation and her older child could have a normal life. My mother "*took care of the preparations for sending him to kindergarten for the new term.*" The three mothers expected their family members to play with their older children and do household chores so that they could rest, and they received support from their families as expected.

[Adopting a caring attitude] This subcategory expresses the husbands' attitudes toward mothers who have *experienced* miscarriage. Participant B said, "*In that regard, I do not talk about it much either; I was happy because he offered consolation in the way he acted; he expressed it through his actions.*" Participant C said, "*I will always remember feeling that he supported me without talking very much at all.*" The mothers' husbands did not verbally express feelings of consolation, but the mothers perceived such feelings in other ways, stating that their husbands expressed their feelings with a compassionate attitude.

3. Support Received and Support Expected From Family Members by Mothers Who Miscarried While Raising Preschoolers

Support received from the family following a miscarriage: The period immediately after miscarriage was followed by a period when the mothers returned to the same daily routine as before their miscarriage when 【real and apparent attempts to support the mother constituted support in and of themselves】. The mothers were delighted by

[verbal expressions of sympathy (for the mother)] from family members. However, in some cases, they had been hurt by parents-in-law who attempted to offer sympathetic words. On which occasions [the presence of a husband protecting the mother from her parents-in-law] constituted a form of support. Furthermore, [the presence of the older child constituted support].

【Real and apparent attempts to support the mother constituted support in and of themselves】. When the mothers entered the period of return to the same daily routine as before their miscarriage, there was a change in the nature of the support they required from family members. Accordingly, we refer to the support from this period onward as the category of 【real and apparent attempts to support the mother constituted support in and of themselves】. This category expresses the concrete support the mothers received from family members and comprises three subcategories: [verbal expressions of sympathy (for the mother)], [the presence of a husband protecting the mother from her parents-in-law], and [the presence of the older child constituted support].

[Verbal expressions of sympathy (for the mother)]. This subcategory represents the things said to mothers. They felt happy by the verbal expressions intended to provide emotional comfort, such as, "*Oh, what a shame*…" (*zannen datta ne*).

> (*My mother said*) *things like,* "*Oh, what a shame*"*—words I could accept as being purely intended to comfort a daughter.*"
> (*My father-in-law said*) *something like,* "*Yes, it was a shame…but cheer up!*'

[The presence of a husband protecting the mother from her parents-in-law]. This subcategory represents the presence of husbands who protected the mothers when they did not want to meet with or talk to their parents-in-law. The husbands' parents (the mothers' parents-in-law) sometimes hurt the mother even when they intended to comfort her. Participant B said that she was supported by her husband's efforts to protect her from hurtful words. "*Even when they* (*her parents-in-law*) *tried to say something to me, he* (*my husband*) *would stand by me.*" Participant C said, "*When it was time to visit my husband's parents, he went only with our older child. He did not force me* (*to see my parents-in-law*). *He protected me.*" As shown by these comments, the husband's actions expressed that he was protecting the mother, who did not feel up to seeing or talking to her parents-in-law.

[The presence of an older child constituted support]: This subcategory represents the presence of an older child constituting support in and of itself for mothers after miscarriage. The presence of an older child or child supported the mothers in their loss. "*Having the older child was a relief in itself.*" "*The presence of my child may have lessened the shock.*" They felt that having and caring for their older children made the loss "*less damaging.*" Some mothers felt supported not because they felt distracted by taking care of their children but because they felt supported just by having them. "*I feel like my children help me, at least in terms of emotional support, so I feel supported.*"

4. Disconnect among Family Members

One mother stated, "Although the feeling was there, I could not get it across in words." This section describes findings concerning mothers' feelings about their experience of being unable to accept attitudes and words of family members who intended to provide comfort or when such atti-

tudes and words did not suit their situation.

After a miscarriage, the mothers experienced 【disconnect from their grandparents】. "Grandparents" refers to both the mothers' parents and their parents-in-law. We found [differences in how the loss of the child was felt] between the mothers and grandparents. For example, grandparents believed that the child never truly existed and exerted a strong feeling that their values were correct. The mothers sometimes had to cope with [words and actions disregarding their identity as mothers]. The mothers also felt hurt by [being asked by grandparents to "give their older child a sibling"]. Moreover, aside from themselves, their husbands were most intimately familiar with the miscarriage, but the mothers perceived [emotional temperature differential between the mothers and their husbands]. Nevertheless, the mothers did not view their husbands negatively but rather attributed this emotional temperature differential to differences between men and women and/or between fathers and mothers. Their reading of what lay behind their husbands' words and actions demonstrated [the mothers' understanding of their husbands].

【Disconnect from grandparents】 This category represents the difference between the values held by the grandparents and the values held by the parents. Three subcategories constitute this category: [differences in how the loss of the child is felt], [words and actions disregarding their identity as mothers], and [being asked by grandparents to "give their older child a sibling"].

[Differences in how the loss of the child is felt].' This subcategory represents differences in feelings of loss, where the mothers felt as though they had lost a beloved child. However, other family members (i.e., the grandparents) did not necessarily regard dwelling on this feeling of loss in a positive light. Mothers continue to feel the loss of their child after the miscarriage. However, a family member (grandparents' generation) who did not want to dwell on their feelings for the deceased child said, "*The thing is, those in my parents' generation, who only ever gave birth to healthy babies, do not want to trouble ourselves about children who have died because of miscarriage, stillbirth, or neonatal death.*" For example, "*I was told to 'Put that (the loss of the baby) aside and quickly start trying (for the next one).'*"

As the mother continues to grieve the loss of her child, she recalls, "*It felt like the people around me could not believe that I would still be dragging around that sorrow six months later.*" The mother is hurt again with these words.

[Words and actions disregarding their identity as mothers] In the words of participant B, pregnancy and childbirth are "*extremely delicate issues.*" It is not just what the mothers were told directly, as participant C recalled. "*After the miscarriage, we went back to my husband's parents' house for our older child's shichi-go-san ceremony (traditional Japanese ceremony celebrating the growth of preschoolers). During our visit, my husband's brother called, and I could hear them talking about how they had learned the sex of the baby that his wife was going to have. (The mother-in-law) was beside herself with joy. Hearing that, I just started bawling my eyes out,*" she said, adding that she had overheard their words and it had hurt her.

The mothers reported feeling hurt not only by words said to them directly but also sometimes by words they had overheard their parents say. "*Men are difficult, wouldn't you say? Like they think their values are faultless—even more so than women,*

wouldn't you say? Especially among the elderly."

[Being asked by grandparents to "give their older child a sibling"]. In response to the grandparents telling their grandchild, "*We are sorry you do not have a sibling,*" Participant B said, "*It's not like I didn't want to have another child* (*because I lost my child*)," although the mother herself wanted her older child to have a sibling. The dilemma lies between me and my inability to have a healthy child. I know that the "*grandparents may not be happy about not having another grandchild.*" *Nonetheless*, as discussed in the subcategory [*Leave her alone*], the mothers are increasingly unable to tell their parents about their miscarriage experiences, which leads to a vicious cycle. Even telling an older child, "*You are an only child again,*" is perceived as trampling on the grief of mothers who have lost their child, even though they originally wanted to get pregnant.

【Emotional temperature differential between mothers and their husbands】 The mothers sensed a difference between their feelings and those of their husbands. Aside from themselves, their husbands were most intimately familiar with the miscarriage. Participant A described her husband's reaction to miscarriage as follows: "*My husband is a man, and there is a difference between being a mother and a father. Thus, men are the same even if they have a miscarriage, and they do not want to see their wives obsess over it and become depressed, so they think it is okay to try for another one. It was the same as my husband.*" This comment shows that the husband, as a man, feels a "temperature difference" between himself and his wife. Participant C remarked,' "*We had the cremation…Afterward, he said something to the effect that he had received a degree of closure on his feelings. I thought, 'Really!' As though such a thing was possible…'* Some mothers were shocked at how quickly they were able to recover. "*I did not know such a thing was possible.*"

[Mothers' understanding of their husbands] This subcategory echoes the 【emotional temperature differential between the mothers and their husbands】 subcategory. Although the mothers were skeptical about their husband's behavior, participant A said, "*I feel like, I wonder if there is a temperature difference…an emotional temperature differential so that, with the miscarriage too, he's just not looking at it very much. If the baby had the shape of a baby and were born, he would think of them as a baby even if they were not breathing. However, a miscarriage is a little different, particularly for men.*" There was a difference between men and women. "(*Regarding her husband's statement that he had found some closure with the cremation*). *Thinking again about what he said, there was a kindness even in the force of those words; their strength was in their overall kindness. We have a 5-year-old*—(*my husband*) *was saying we have to recover; we cannot afford to fail.*" I think these words reflect the difference between fathers and mothers, and I do not think of my husband negatively or try to read too much into this behavior that I was trying to understand.

5. Expectations of Family Support and Thoughts on Family Members' Responses

When reflecting on their familial relationships and feelings upon losing their baby, the mothers confessed that they felt the 【desire to be considered concerning their miscarriage experience】. They were grateful for the support they had received from their husbands at the time of the miscarriage. Nonetheless, they conveyed a desire for consideration from their parents-in-law by expressions such as [leaving her alone] or [desire a few

simple words of comfort].

【Desire to be considered for their miscarriage experience】None of the mothers had negative feelings about the support they received from their husbands at the time of miscarriage. They were grateful for their husbands' support at the time of their loss, but they had clear ideas about how they wished their parents-in-law had acted at the time. Two subcategories comprise this category: [leave her alone] and [desire a few simple words of comfort]. All mothers desired more consideration from their mothers-in-law.

[Leave her alone]. This subcategory concerns mothers' relationships with their mothers-in-law. This relationship was originally perceived by one mother "*to be working well on the surface…started to feel* (*to the daughter-in-law herself*) *as though she was somehow, somewhere lacking* (*in the eyes of her mother-in-law*)." Therefore, participant B initially did not want to explore its depth. "*Anyway, I just didn't want to talk about it* (*her experience of miscarriage*). *I guess I did not want to get into it.'* Indicating that she did not want to get too involved, she remarked, "*You know, I just did not feel like having a conversation about that with my mother-in-law. That is why I did not want to say anything about the miscarriage—anyway; I guess I did not want to mention it. That subject.*"

[Desire a few simple words of comfort]. Participant C, who falls into this subcategory, remarked, "*Something like 'what a shame' or 'how sad' – just those few simple words make all the difference. My mother*-in-law *was careful not to say anything* [that might upset me], *but that silence left a bad aftertaste.*" This indicated her desire to care for words to support her family's expectations. "*She* (*my mother-in-law*) *had nothing to say. I know she felt sorry for me, but words are important, and when you do not say anything, nothing gets across, you know?*" This was a comment that could have affected the relationship between the two families.

IV. Discussion

The mothers in this study had experienced miscarriages while raising children and had to return to the same daily routine as before their miscarriage quickly, without dwelling on their loss. We discuss this matter in two parts: (1) returning to the same daily routine as before the miscarriage and support from family, and (2) expectations of support from family members.

1. Returning to the Same Daily Routine as Before Their Miscarriage and Support from Family Members

Women who experience miscarriage need to rest for 1–2 days for medical reasons. Therefore, during this rest period, they cannot care for their older children or children and cannot attend housework. Someone needs to cover them in the interim. In the case of mothers who participated in the present study, their husbands took care of housework and parenting duties during the rest period. With the shift to nuclear families progressing, likely, women will increasingly experience a miscarriage in households consisting solely of married couples or couples and their children. Thus, the task of assisting the mother will also fall on the husband and has been reported to probably affect the marital relationship (Takenoue et al., 2006). However, the marital relationships of the mothers in this study did not appear to be markedly affected by the experience of miscarriage.

One reason for the relatively stable marital relationships observed in this study is that the mothers felt satisfied with their husbands' support im-

mediately after miscarriage, which enabled them to stay rested. Another major factor appeared to be that following the rest period. When they had recovered physically, they quickly returned to the lives they had led before the miscarriage. They felt that they could care for their older children or children and manage the housework with their husbands' support.

Takenoue (2005) found that forms of support that women were grateful to receive from husbands after miscarriage included "being attuned to the way I was feeling" and "hugging me without saying anything." Their results also indicated that a caring attitude, even a silent one, constituted a form of support that the women were grateful to receive from their husbands; a husband demonstrated a caring attitude toward the mother directly after miscarriage constituted support for the mother.

The present study included mothers with an older child or children, so caring for them is included within the support provided by the husband, which is a characteristic of this study. The physical burden of caring for the older child or children on the mother is lessened when the husband takes care of this duty. Moreover, this parenting support is apparent to the mother and can be easily comprehended. Therefore, we believe that this parenting support can support the mothers gratefully received from their husbands.

2. Expectations of Support from Family Members

In this section, we consider the support that the mothers expected from family members after miscarriage, the support that they were happy to receive, and their feelings of disconnection from their families.

None of the mothers in this study blamed or reproached their husbands, but two of the three mothers described the experience of finding something their husband said to be at odds with their feelings. However, these mothers carefully considered their husbands, attributing this experience to their husbands as men or fathers. Miyamoto, Ōta, Horiuchi (2005) stated, "Although husbands are the ones to whom they are closest, they can be unexpectedly hesitant or indecisive when it comes to talking about their children. This is the difference between women who find it comparatively easier to express their emotions, and men who do not like publicly revealing their emotions (per society's demands)."

As stated, the experience of losing a child through miscarriage or stillbirth shows that even though it is a painful experience for men, there is a painfulness in men's inability to express their emotions (Stinson, Lasker, Lohmann et al., 1992). They may have understood the social expectations about the roles of men and women and stifled their emotions to behave in ways consistent with these norms (Jones, Robb, Murphy et al., 2019). Fathers' accounts of their experiences of miscarriage and stillbirth and found that they tended to keep a lid on their sadness and were concerned about their wives' mental and physical well-being and attempted to fulfill their role as fathers and husbands by hiding their pain (Imamura, 2012; Obst, Due, Oxlad et al., 2020). However, the mothers in the present study voiced hope that their husbands might feel the same way. A concept that has been attracting recent attention In EU countries is that of "caring masculinities" (Eliott, 2016; Scambor, Hrženjak, Bergmann et al., 2015), which holds that for men (fathers) to express their feelings of sadness and pain just like women (mothers) is conducive to their mental health and family

relationships. The 【emotional temperature differential between the mothers and their husbands】 was not the support they expected, indicating that fathers also expressed their grief over the loss of their children and wanted support to be shared with their mothers. Together, these findings suggest that husbands must express their own emotions and share them with their wives. This could contribute to the maintenance of an excellent marital relationship after the experience of a miscarriage.

Additionally, among the forms of support the mothers in the present study received from their husbands, one was protection from their parents-in-law. This also constituted a gratifying form of support. Two of the three mothers harbored negative feelings, especially toward their respective mothers-in-law. The relationship between daughter- and mother-in-law has a reputation for being problematic from the outset, and the experience of miscarriage could further strain this relationship. A husband taking the mother's side rather than his mother allows the mother to feel protected, leading to a feeling of gratitude for her husband.

All mothers in this study found support in the presence of their older children or children. The mothers spent more time in their daily lives with their older children or children with their husbands, so they felt that the presence of their older child or children was a source of support and comfort in and of itself, even when childcare duties exasperated them. Nevertheless, mothers could suffer an emotional breakdown after miscarriage. Further, a mental state could emerge where the very presence of the older child or children could become a source of pain, which could lead to an abdication of childcare duties. Accordingly, we cannot state categorically that mothers with older children will, in all cases, be supported or comforted by the presence of an older child.

Takenoue et al. (2006) reported that women who experienced natural miscarriages found the most comfort in their parents and their parents-in-law looking after them and worrying about them without saying anything in particular. They tended to feel at ease after crying together with family. However, in the present study, it became clear that the mothers desired consideration in the form of "leaving her alone" or "desire a few simple words of comfort."

Matsushita, Ikeda, Kato et al. (1994) studied 508 women who had experienced natural miscarriages and revealed that in-laws tended to withstand the worst of women's feelings of anger after a natural miscarriage significantly more often if they resided together but that husbands did if the in-laws lived separately. However, in the present study, none of the mothers lived in the same household as their in-laws, and none directed any feelings of anger toward their husbands. One of the three mothers seemed to harbor anger toward her parents and two toward their parents-in-law for inconsiderate words or behavior. Regardless of whether they lived with their parents-in-law, generational differences seemed likely to engender differences in values. They were more likely to be emotionally disconnected from their parents or parents-in-law than from their husbands. Additionally, generational value differences tend to hinder mutual understanding and seem to be why mothers also felt the need for others to "leave her alone" as a support form.

Ishimura, Satou, Yoshida, Hayashi et al. (2016) studied three women who experienced a stillbirth followed by a smooth pregnancy and childbirth within one year after the birth of a second child.

They revealed that the driving force behind subsequent pregnancies was the presence of family members who encouraged their decision to attempt another pregnancy. However, in the present study, the decision to attempt another pregnancy could be described as not being motivated by pressure from the women's parents and parents-in-law to "give a sibling to the older child." Such remarks demonstrated a lack of consideration for the feelings of the mothers who had lost a baby even though they had also wanted to have another child and hurting the mothers' feelings. Thus, the mothers might no longer feel comfortable communicating their experience of miscarriage to their parents and parents-in-law, which puts these relationships in danger of deteriorating.

V.　Nursing Implications

The women who have experienced miscarriage hope for their family members to receive support so that their families can support them (Ōta, 2006). However, the situation surrounding support from nursing professionals for families of women who have miscarriages remains unclear.

The present study revealed that mothers who miscarried while raising children required support from their families, such as expressions of personal sympathy. Such support enabled them to return to the same daily routine as before their miscarriage. Moreover, the mothers did not want remarks from family members that suggested they "give the older child a sibling." Therefore, nurses can maintain positive relationships between mothers and their family members by communicating these expectations of support to the family members and husbands of women who have miscarried while raising children.

VI.　Limitations and challenges of this study

This study focused on mothers who experienced miscarriages while raising preschoolers. Mothers may also experience problems in their daily lives stemming from symptoms of depression caused by their experience of miscarriage. It is expected that further support from family members will be required in such cases. The study excluded "individuals who had previously sought or were still receiving psychiatric or psychosomatic treatment;" thus, further investigation into family support for such individuals is required.

The three participants had very different backgrounds, including the number of weeks of gestation at the time of miscarriage and their prior circumstances. Another limitation of this study is that the participants were recruited from self-help groups. They were in situations in which they could speak in interviews and were able to receive the support they expected from their husbands. In the future, it will be necessary to broaden the scope of the study further to include women who did not receive the support they expected from their family members.

Another limitation of the study is that it was conducted between 2016 and 2017, and the participants' experience of miscarriage was further in the past.

VII.　Conclusion

In conclusion, the support that mothers expect from their families may be summarized as follows:

1. Rest is necessary immediately after miscarriage to promote physical recovery, so mothers hope for cooperation from family members in the form of caring for their children and attending

to housework.

2. Mothers want expressions of personal sympathy and acknowledgment of the existence of the baby that was lost.
3. The presence of an older child or children and their relationship with their mothers constitute a form of support.
4. Mothers hope for their husbands to protect them from their parents-in-law.
5. Consideration for mothers' experience of miscarriage is expected from parents and parents-in-law.

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Conflicts of Interest

There are no conflicts of interest to report in connection with this study.

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Postscript

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Author Contributions

Y.T. contributed to the conception and design of this study, conducted the qualitative research, and drafted the manuscript.

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