Surrounded by the Misconceptions of Significant Others: The Main Concerns of Iranian Women Following Perinatal Loss

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ABSTRACT

INTRODUCTION
Perinatal loss has significant psychological effects on mothers that can be exacerbated by inappropriate supportive experiences. Although Iranian women consider the support of family and healthcare provider as a basic need and an important factor in adapting to perinatal loss, it is not clear how the support of family, relatives, friends and healthcare professionals is perceived by these mothers. The aim of this study was to explore unfavorable supportive experiences of mothers with perinatal loss.

METHODS
A qualitative conventional content analysis study was performed using 18 purposively sampled mothers with history perinatal loss who attending Health Care Centers in Ahvaz city. Data was gathered using in - depth semi -structured interviews from February 2020 to October 2021. Due to the COVID - 19 pandemic, most interviews were conducted *via* telephone and social media. To extract themes and categories, an inductive conventional content analysis was carried out.

RESULTS
Data analysis led to the emergence of three categories: Significant others' misunderstanding of individual's needs, Confronting unhelpful support and attention from significant others, ignoring the loss in the healthcare system, which were placed in the theme of Surrounded by the misconceptions of significant others.

CONCLUSION
Social support is one of the few variables affecting grief that can be adjusted. Due to the lack of special supportive guidelines for these mothers in Iran, the results of the present study can improve the support provided by the social network and the healthcare professionals' effective support to the bereaved mothers.

KEYWORDS
Lipid profile, CRP, Acne, Sudanese females, Triglyceride, Cholesterol, HDL

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INTRODUCTION

Despite improvements in quality of maternal care and expansion of related global facilities over the past few decades, perinatal loss still occurs frequently and affects the lives of thousands of couples each year.[1] Perinatal loss includes early and late fetal death as well as newborn death during first 28 days after birth.[2] Every year, 5.1 million stillbirths and infant mortality occur in the world, 81 % of which occurs in low and middle income countries.[3] Perinatal loss in Iran accounts for approximately 25 in 1000 live births, and whilst neonatal death accounts for 10.6 % of pregnancies.[4] Perinatal loss is an unexpected and unexplained event, and perceived as one of the most difficult losses due to the subsequent deep shock, grief and sadness.[5,6] Despite the deep sadness and grief of many women following perinatal loss, health professionals and society generally do not recognize such losses due to Lack of familiarity with the meaning of loss from woman's perspective and its impact on her.[7] They also find it less painful and long - lasting compared to the death of an older child or adult.[8] Since perinatal loss is often neglected by general public and there are no traditional and social ceremonies for parents, hence they could felt isolated due to receiving inadequate support. Social support is one of essential factors in coping with the grief. Poor social support from family and friends is associated with complicated grief.[9,10] On the other hand, strong social support protects the individual against negative stress - related psychological and physiological responses and is considered as a buffer that helps the individual to adapt to the new circumstances.[11] Perceived social support refers to a person's cognitive assessment of the environment and his / her relationships with others. Accordingly, social relations are regarded as a source of social support if individuals perceive them as available or appropriate to their needs.[12] Support can be obtained from a variety of sources, including partners, family, friends, and health care providers.[13] Previous studies indicate that family, relatives and friends are the main sources of social support following perinatal loss.[14,15] However, perception of availability of support from family friends would enhance the ability of person in coping with the demands of loss or coping with stress.[16] On the other hand, when the quality of support is perceived as inadequate, the person presents psychological maladaptation. Cocatario showed in a study that many mothers did not receive support after perinatal loss and stated that their social network did not acknowledged the baby`s life and death.[18] However, perinatal loss has important psychological effects on the mother that can be exacerbated by inappropriate supportive experiences.[19] These experiences include being avoided by members of the social network, annoying comments, asking hurtful questions, jokes, and annoying gestures about perinatal loss and being unsympathetic.[20] In these cases, individuals seem to regard the concept of lack of support as something other than absence of support, and receiving insensitive comments and poor advice from relatives is also considered as absence of support.[21] While the consequences of lack of support in developed countries are well studied and identified, there is less information in this regard in developing countries.[22] The results of limited research in Iran indicate that Iranian women referred to support from the family and health professional as their basic need and one of the important factors positively affecting adaptation and returning to daily life after perinatal loss.[23,24] Although these studies referred to the positive role of family support in coping with perinatal loss, the mother's perception regarding the inappropriate support received from her social network and the health professionals is not addressed. In Iran, due to the lack of perinatal loss supportive guidelines and the absence of any intervention to train families how to support these mothers, it is not clear how the support of family, relatives, friends and health care providers is perceived by mothers. Can this compassionate support annoy and upset the person? and what behaviors does the person find annoying? The aim of the present qualitative study was to answer these questions and to deeply explore the unpleasant experiences of mothers with perinatal loss from social supports of couple's families, relatives, friends, and the healthcare providers.

MATERIALS AND METHODS

Study Design and Setting

The present qualitative study was performed as a conventional content analysis from February 2020 to October 2021. In the content analysis method, data are obtained directly from the participants and categories are taken from the data text and concepts are interpreted to identify codes, subcategories, categories and themes.[26,27] Attempts were made to search for meanings and connections between concepts and the inductive method was used. The research was undertaken in health care centers of Ahvaz city in south west of Iran.

Selection Criteria

Inclusion criteria included experience of perinatal loss at any stage of pregnancy (miscarriage and legal abortion, stillbirth and infant death up to 28 days after birth), absence of known mental illness and willing to share experiences.

Participants and Recruitment

A total of 18 participants were selected using purposive sampling that was continued until data saturation. For this purpose, the staff of the health care centers identified the women who were covered by these healthcare centers and had a history of perinatal loss, and gave their numbers to the researcher after obtaining their permission and introducing the researcher to them. Shortly after the research, due to the COVID - 19 outbreak and the subsequent limitations, especially quarantine and social distancing, most participants preferred to telephone or online interviews due to fear of COVID -19 infection and sometimes the lack of permission of the spouse relating to COVID - 19 infection and preservation of health protocols. The interview was conducted with four participants in the

healthcare center; one interview was carried out at home and the other at the participant's workplace. At baseline, in addition to introducing herself, the researcher stated the study objectives and all of the ethical issues confidentiality. In requesting a telephone or online interview in addition to above mentioned, researcher, after a telephone call and greeting, asked the person to express her willingness during the next call two days later. If agreed, the time of the interview was determined based on participant`s willingness. Having a few contacts will make the researcher more familiar with the participant and facilitate the interview flow. Online interviews were conducted *via* Skype and WhatsApp platforms.

Ethical Considerations

The present study has been approved by the Ethics Committee of Tehran University of Medical Sciences under the number and Ahvaz Jondishapur University of Medical Sciences. In order to observe ethical considerations, participants were explained about the voluntary participation, the confidentiality of information and their right to withdraw from the research prior to the interview at baseline. Written or oral consent to participate was obtained and participants' permission to record the interviews and to use their quotes was also obtained. The interview time and place were determined based on the participants' Convenience.

Data Collection

Data were collected through in - depth semi - structured interviews. Interviews began with mothers by asking demographic questions, as well as their reproductive history Interviews continued with open - ended questions about participants' experiences of perinatal loss, For instance ": Please tell me your experience of perinatal loss? ", "How did you feel about the behavior of others?", "How did the behavior of others impact on your coping with the perinatal loss?", "How do you assess the support of others for yourself?" The interview guide was designed based on a literature review by researchers with experience in the field of perinatal loss. Depending on the women's responses, and to explore more in - depth information, probing questions were included, for instance, "Could you explain more?" and "What do you mean about this?" Follow - up questions were asked to make the concept under study more clarified. Sampling continued until reaching data saturation and no new data would emerge after the 18th interview. The interviews lasted between 24 to 123 minutes.

Data Analysis

The qualitative data analysis was performed based on the steps proposed by Granheim and Lundman.

In this method, concepts and codes were summarized based on participants' descriptions and categorized based on their differences or similarities. Then the themes were extracted.[27] at the end of each interview, the content of the recorded interviews was listened to several times and then all the notes were typed verbatim along with the recorded material. Then the transcribed interview was read repeatedly at the same time, and was then analyzed using inductive conventional content analysis and reviewed several times for immersion. It was then broken down into meaning units or codes, then the original codes were compared constantly and similar codes were subcategorized. Also, each group was named according to its meaning and content. Each subcategory was categorized into categories that contained the main concepts of the research after constantly comparing subcategories and based on their similarity. For each new interview, the same process was followed by constant comparisons, until the final pattern emerged.

Rigor

The Lincoln and Cuba's four criteria were used to ensure the trustworthiness of the study results.[28] Credibility was confirmed by long - term engagement with data and member checking where transcripts of interviews and other data were provided to participants in their initial, coded format, and corrections were made as needed. Credibility was also ensured through field review, reviewing the recorded items, peer checking and continuous comparison of data. The researcher used rich description methods to increase the dependability. To ensure conformability, external check was performed and the interview text of, codes and extracted categories were provided to the research team and several qualitative research experts to verify the correctness of the study process. To achieve transferability, samples with maximum variation were selected and also provide a rich description of the data collection process, coding and analysis steps was also presented.[29] To prevent bias and its subsequent impacts on the study results, the researcher recorded the experiences and feelings in a dairy in order to ensure reflexivity.

RESULTS

Participants included 18 married mothers with an experience of perinatal loss with an age range of 24 - 51 (34.5 ± 6.44) years and marriage duration of 2 – 21 (9.29 ±6.61) years. The majority of perinatal losses occurred due to miscarriage (n = 7). The time since last perinatal loss was 2 - 144 months (Table 1).

Participant no	Age (y (	Education Level	Occupation	Gravid	Type of loss	History of Loss	No. of Living child	Time since Loss (mo.)
P1	32	University	housewife	1	Neonatal death	No	0	6
P2	34	University	employee	1	IUFD	No	0	4
P3	33	University	housewife	2	Still birth	yes	0	6
P4	29	High school	housewife	2	Miscarriage	No	1	2
P5	37	University	employee	2	Neonatal death	No	1	108

P6	29	Diploma	housewife	1	IUFD	No	0	7
P7	31	University	housewife	2	IUFD	No	1	8
P8	51	University	employee	4	Miscarriage	yes	1	120
P9	34	Primary school	housewife	5	Miscarriage	yes	3	5
P10	26	High school	employee	2	Miscarriage	No	1	7
P11	42	University	employee	4	Miscarriage	yes	2	144
P12	35	University	housewife	4	legal Abortion	yes	1	15
P13	30	University	employee	1	Neonatal death	No	0	7
P14	24	Diploma	housewife	2	Miscarriage	No	1	12
P15	36	University	employee	3	Neonatal death	yes	1	6
P16	34	University	employee	3	Miscarriage	yes	1	24
P17	41	High school	housewife	6	Still birth	yes	2	10
P18	36	University	employee	2	IUFD	yes	0	16

Table 1. Descriptive Characteristic of the Respondents.

Inductive data analysis led to the emergence of one theme, three main categories and seven subcategory. The extracted theme included "surrounded by the misconceptions of significant others " and reflects the experiences and feelings of mothers with a history of perinatal loss regarding the support receiving from others.

The main categories included 1) Significant others' misunderstanding of individual's needs, 2) Facing annoying support and attention from significant others and 3) Ignoring the loss in the health care system (Table 2).

Subcategories	Categories	Theme
1. Facing intrusive behavior	Significant others'	misunderstanding of individual's needs
2. Lack of acknowledgement of the baby		
3. Ignoring individual's physical needs		Surrounded by the misconceptions of significant others
1. Damage caused by the unawareness	confronting unhelpful support and attention from significant others	
2. Facing annoying sympathy and attention		
1. Irresponsible health system	Ignoring the loss in the health care system	
2. Lack of emotional support of the healthcare professionals		

Table 2. Categories and Subcategories of the Theme 'Surrounded by the Misconceptions of Significant Others.

Significant Others' Misunderstanding of Individual's Needs

Many participants believed that relatives did not have a proper understanding of their needs in the event of perinatal loss, and they were confronted with their relatives' misconceptions. These misconceptions about the needs of the person have caused the actions of relatives to be opposed to her needs and the mother does not consider them as help. On the other hand, the real needs of these mothers are neglected by relatives, which in turn have caused more annoyance to the mother. This category consists of three subcategories.

Facing Intrusive Behavior

According to the participants, since others couldn't understand the mothers following perinatal loss, they make

Decisions for them without their contribution, which they thought would be in her best interest under those circumstances. These decisions have led to the individual's feelings of disregard, dissatisfaction, and sometimes constant regrets. The dead baby funeral is one of the most frequently cases decided by relatives without informing mother and allowing her to participate. People around intended to keep the mother unaware so as not to be anguished by the loss, however, the others' benevolent decision has caused unpleasant feelings and led mothers to consider this behavior as unfair. A mother of a 10 - day old baby says: "They took my son to bury him. I did not know at all. Then I found out. They did not allow me to see him. They did not even tell me where they buried him. I was his mother, I mean I had the right to be there. Then I found out that my uncle and a few others attended there. It is not really fair (P5)". "I didn't know at all where and how my baby was buried, I do not know until now. I really wanted to go to his grave (P13)".

Lack of Acknowledgement of the Baby

Some of the participants believed that issue was the family and relatives' lack of understanding of the mother's feeling

for the uniqueness and value of the lost baby. They felt that others did not understand their pain and loss well, and equated it with the experiences of others when citing the experiences of other people. These mothers saw their experience as individualized and different, who expected others to understand this issue as well. "They came to my house at night. They all told me not to bother you. There were many women who experienced the same issue on the month 9 of pregnancy. They had their baby born and then died. Well, it doesn't matter to me. Now, it's my baby who is dead (P6)". "Maybe because I felt that it was real and I wanted others to feel it was real and treated it as a real baby who was born and lived for ten or twelve days and is now gone ("P5").

Ignoring Individual's Physical Needs by Family and Relatives

According to the participants, it was essential that their families understand and meet their daily needs because, according to the doctor's advice, the person needs care and rest in bed in many cases, before and after the perinatal loss due to high - risk pregnancy. Therefore, the person needed relatives to help her to carry out her daily affairs and take care of other children. In these cases, however, most of relatives have provided emotional support, they provided no help. "When they called, they told me to rest and do not stand up so. But I told them who is going to do my personal affairs. I do not tell them, but maybe if I had someone who did my daily affairs and I rested instead, I would not have a miscarriage (P4)" When the mother is neglected by relatives and has not received the necessary support to meet her daily needs, in case of perinatal loss, she would blame the relatives for their refusal to help. "I told my mom that it's your fault that none of you came here to take care of me till this period passes ("P15).

Confronting Unhelpful Support and Attention from Significant Others

Participants feel suffering due to their inappropriate attention and misconceptions of family and relatives about how to support the mother following perinatal loss. Although family and relatives treated out of love and intended to help her, the same mentality and their misconceptions made the situation more difficult for the mother under these circumstances. This category consists of two subcategories.

Damage Caused By the Others Unawareness

According to many participants, despite the desire of those around her to help, their unawareness of the mother's needs and how to calm her down has caused her annoyance. Repeated useless consolations have been among the things that have upset the mother. "I did not really want to tolerate hearing repetitive words, but I was silent so that my mother and sister would not upset, I wish the relatives would stop consoling us at such times. Their words are painful (P8)". Some participants stated that the immediate family was unaware of how to treat and relieve her when she cried and was upset, therefore, their needs, including the need for physical touch and hug by intimate people, were ignored. "Most of them wanted to console me but they didn't know how to do it. I wanted to be hugged when I cried. My husband knew what to do, but not the other family members. I was embarrassed to tell it to my dad (P3).

Facing Annoying Sympathy and Attention

Due to the importance of childbearing in Iranian culture and close family relationships, pregnancy is always important and attracts the others' attention. Although most of this attention is sympathetic and shows the importance of mother and fetus, the wrong mentality and the excessive attention of others on the issue of loss, have made the mother sometimes feel guilty and sad. "I chose a doctor near my house due to the COVID - 19 pandemic, and my sisters - in - law insisted that I should be under the supervision of a well - known doctor. But I didn't` want. When l lost the pregnancy, I thought it wouldn't occur if I chose another doctor (P13)." Many of the participants found the attention and curiosity of others around as annoying and attributed it to the desire to invade their privacy. "When this happened, I didn`t want to see anyone or go anywhere, because people would ask me many questions. I didn't want to talk about the baby at all (P1)." The COVID - 19 outbreak in Iran prevented close relatives from visiting the mother due to quarantine and social distancing, and they could contact her by phone or on social media. Some respondents considered it an opportunity to avoid curious people. "Fortunately, we didn`t meet anyone during the pandemic. This time, I didn`t want anyone to know about loss (P12)". Use of inappropriate words, even though the mother considered it out of their kindness and fair intention, has caused a sense of weakness and humiliation so led to unpleasant experiences. "After the miscarriage, I saw my husband's uncle's wife in the apartment yard. She had heard the news of miscarriage and talked to me and showed sympathy in a way that I really felt weak and humiliated and later tried to attend in my husband's family gatherings less frequently (P11)".

Ignoring the Perinatal Loss in the Healthcare System

The structure of the Iranian health care system has never done any action to reflect on the issue of women with a perinatal loss. Ignoring this issue in health policy - making and paying no attention to the specific psychological and physical conditions of the mother when being aware of the possibility of perinatal loss and after it and absence of planning to perform the special care required by these mothers are regarded as important factors contributing to the subsequent mental damage. This category consists of two subcategories.

Irresponsible Healthcare System

Some participants stated that when there is a need for medical intervention in sudden and urgent obstetric events when mother, demands the support of the physician and medical personnel more than ever, she feels that the health professionals didn`t value her feelings or her fetus. "I told the doctor to take me to the operating room and change the cervical cerclage stitches. But he said it isn't advisable due to COVID - 19 pandemic. There is a risk of infection. Although I insisted a lot, he didn't accept. Since I had undergone cervical cerclage before, I knew that a problem would occur, I felt it before, and it ultimately

occurred (P17)." Another factor that led to the unpleasant feelings in mothers considering their special conditions included inattention of the health care providers to their needs and their non - participation in the related decisions.

A woman who experienced her Neonate Death in Nicu Said

"My baby was sick, but they didn`t ask me whether I wanted to see my baby or hug him for the last time. I feel regretted. As if I wasn`t his mother that they didn't even ask me (P13)." On the other hand, according to most participants, failure to provide adequate information and ignoring to answer the individual's questions by the health professionals at any stage of the perinatal loss have caused discomfort and confusion to the mother, her spouse and family. This made it difficult to decide and anxious about confrontation with the unknown.

A Mother with an Iufd Diagnosis Said

"I said, 'What should I do now? I really don`t know what to do. No pain, nothing. Finally, we went to my brother's house. His wife has also experienced a perinatal loss on 6$^{th}$ month of pregnancy. I told my sister in law, what to do because I didn`t know what was going on, it wasn`t the time to give birth (P2)".

Lack of Emotional Support of the Healthcare Professionals

Many participants complained about the lack of emotional support from medical staff. This neglect is not only related to the physician`s behavior and performance but also it extends to the care provided by the staff. "A few hours after being hospitalized, no one came to visit me. It`s true that the baby is dead, but it isn`t all about a fetal heart check. Anyway, a woman also needs attention and caring in that situation. These things should be reminded to the staff" (P18). Unawareness of the necessary procedures during hospitalization has caused fear and anxiety in the women, and the lack of emotional care by the medical team has increased this fear and anxiety.

A 34 Years Old Woman Said

The nurses provided care and didn`t tell me anything. I frequently asked what they want to do. How is the curettage done? But they all said that they didn`t know. I remember who was very scared and they didn't care about it at all" (P9). One of the issues that have intensified the feeling of sadness, grief and regret in most mothers with the perinatal loss is the lack of appropriate care for these mothers in the ward, the mismanaging of the situation, and consequently hospitalizing them in rooms where other mothers along with their babies attended. They took me to a room where mothers were beside their babies. I remember well that I was upset when seeing that everyone was there with their babies, but not me. I couldn`t do anything else (P9). Due to the grief following the perinatal loss and the occurrence of psychological and physical symptoms, participants need counseling sessions to cope with the perinatal loss that are not defined in the medical structure of Iran. Also, these mothers are left unattended after discharge and received no special follow - up and care. "Anyway, this is a disaster for me and other mothers. Well, now shouldn't we received counseling services and devote at least a few free sessions with a skilled counselor to these cases. They discharge and leave us alone and unattended" (P16).

DISCUSSION

To our knowledge this is one of few studies to explore the significant others support among Iranian mothers experiencing perinatal loss. The participants highlighted several types of unpleasant support from social networks. One of the most important aspects of significant others' support that caused these women to suffer was the Significant others ' misunderstanding of individual's need, which was characterized by facing significant other's intrusive behavior, Lack of significant others' acknowledgement of the baby and ignoring individual's physical needs. The study participants expressed the most traumatic experiences of perinatal loss which was the families' decision on the deceased baby burial event without the knowledge of the mothers, assuming this is in the best interest of the mother and prevents her from psychological trauma. Not only was the grieving mother kept uninformed of the burial event, but the deceased babies' grave was also kept hidden to ensure that the mother would not visit her babies' grave in the future. Studies in Kenya and Uganda also showed similar experiences of mothers who were not allowed to participate in their baby's burial despite their desire.[30] On the contrary, in western countries, parents are the only decision makers about their deceased baby funeral.[31] believing that saying goodbye to the dead baby can prevent complicated grief.[32] A systematic review on still birth in low - and middle - income countries indicates that different cultural and religious factors play an important role.[33] In the same vein, this study revealed that the lack of significant others' understanding of the u uniqueness of the baby was perceived traumatic for the grieving mother. Similarly, most studies demonstrate that mothers needed their family and friends to accept and acknowledge their loss and subsequent grief otherwise, they would feel others do not understand the sheer value of unborn child's life and death so as a result they would perceive the care from their social networks to be unfavorable and unhelpful.[34,35] Regardless of the need of bereaved mothers experiencing perinatal loss, reproductive loss has not been acknowledged by the society and healthcare providers.[36] One of the concerns of participants in this study was the family's disregard for their physical and daily needs because these mothers expected family members to be caring for their needs and help them in their daily affairs in such challenging circumstances. In the same vein, Gijzen (2016) highlight that most of the responsibility for supporting the bereaved person lies with family and friends.[37] Studies in the United States and Australia indicate that the social members` actions such as providing meals and attending to the chores were perceived as compassionate care by the bereaved mothers.[38] The bereaved Norwegian parents regarded these measures as a sign of support from their relatives who intend to comfort and help them in better adapting with the subsequent grief.[39] The damage caused by the confrontation with unhelpful support and attention from significant others has been aspects of this unpleasant and unhelpful support. In most cases, the social networks' lack of awareness and experience of the perinatal loss fails to

provide appropriate support to the bereaved mother. Consistent with the findings of this study, To found that unlike other types of loss in which mourning ceremonies are acknowledged, in the event of perinatal loss, family and friends have poor knowledge and understanding of the appropriate response and how to provide the best support to the grieving mother.[40] The most disturbing thing for the participants, was facing annoying sympathy and attention of family, relatives and friends, which came in various forms from unnecessary comments to excessive curiosity and poor advice. Similarly, Belhouse revealed that all Australian women experienced insensitive comments and advice from others about the perinatal loss, perceived it as negative social support experience. Furthermore, the bereaved people regarded insensitive comments and poor advice as a lack of social support. Argue that bereaved people, who have lost their loved ones due to an accident, face inappropriate comments from their social networks based on their mental presumptions regarding the grief that led to bereaved further suffering. Humiliating sympathy from significant others was frequently described by the participants as unpleasant and unhelpful and resulting in women's avoidance from these people. In contrast, a study in Norway demonstrates what afflicted the bereaved parents and what they saw as a stressful experience of social support was the withdrawal of friends and neighbors and their avoidance of confrontation so that they would not have to deal with the bereaved. These differences could be attributed to the different cultural values of Iranian people with great close social relations and a greater sense of intimacy to friends and family.[41] in the present study, one of the consequences of Irresponsible healthcare system was the intensification of sadness, grief and fear experienced by all participants. An Indian study, similarly, regarded irresponsible healthcare system as a critical factor contributing to perinatal grief.[42] In general, in low and middle income countries, many women were dissatisfied with the quality of healthcare, described as neglectful and inappropriate attitudes of health professionals, which is contributed to their poor communication skills. The results also indicate that the staff failed to allocate a separate room for mothers with live births in the ward, an experience that was deemed as the cause of their suffering. Consistent with this study, the bereaved mothers in Afghanistan asserted that sharing the same room with mothers who gave birth alive neonates and hearing their babies crying have exacerbated their suffering.[43] A systematic review found that bereaved mothers were not involved in hospital - related decisions, including the type of delivery, lack of opportunity to see and hug their deceased baby before or after death.[44] However, one of the principles of respectful and supportive care of perinatal grief is the right to participate in decisions making of the other detrimental consequences of the irresponsible healthcare system were poor information sharing with the expectant mother by healthcare professionals from the time of diagnosis to the birth of the baby due to their disregard for the right of the expectant mother in receiving accurate information which in turn results in the confusion of the expectant mother and her family's confusion after the perinatal loss.[44,45] another factor contributing to the dissatisfaction of the study participants includes lack of counseling services for women who experience perinatal loss. Koori argue that counseling for parents with perinatal grief provides an opportunity to improve their mental health.[46] Allahdadian recognize the provision of counseling services for improving the mental health as one of the essential supportive needs of bereaved Iranian mothers. While these services are still unavailable in other developing countries such as India, Kenya and Uganda, targeted grief and counseling programs, have been established in Western countries for many years. Another unpleasant support aspect of the healthcare system is the unsympathetic care of the medical professionals while providing compassionate and empathetic care is deemed far more effective than focusing on task-oriented care. Previous studies in Iran also demonstrate ineffective communications of healthcare professionals with the expectant mothers.[47] study conducted in British hospitals reveals that parents' recovery after stillbirth is accelerated by human care and healthcare staff supports.[48] Contrary to the findings of the present study, Australian women following perinatal loss assessed the behavior of health personnel as positive and supportive.[49] It seems that the discrepancy of findings of this study with the studies in western countries could be attributed to the study setting, the existence of supportive guidelines for these mothers and well - established training programs for the healthcare professional regarding perinatal loss.

CONCLUSION

The results of the study showed an increase in the suffering of the participants due to inadequate support. Social support is one of the few factors that affecting complicated grief and can be adjusted and modified. There are no supportive guidelines for Iranian mothers who experiencing perinatal loss. Due to complications of perinatal loss, the health care system, family members, relatives and friends are not aware of how to deal with and support these people because they have received no training in this regard. Therefore, the experiences of these mothers about the support they receive can lead to a better understanding of the social network and health personnel of the individual needs and improve the support provided by the individual social network and the health professional and lead to effective support of others.

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