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Trying to conceive: An interpretive phenomenological analysis of couples' experiences of pregnancy after stillbirth

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ABSTRACT

Objective: Stillbirth affects 1:200 pregnancies in high income countries. Most women are pregnant again within 12 months. Little is known about how couples negotiate a subsequent pregnancy. This paper presents findings from a study exploring the experiences of couples' in pregnancy after stillbirth.
Methods: Qualitative, interpretive phenomenological analysis was used to conduct in-depth interviews with eight heterosexual couples in the immediate pregnancy after stillbirth. Couples were interviewed together to explore their dyadic, lived experiences of stillbirth and the pregnancy that follows.
Results: Hoping for a born alive baby was one superordinate theme and *Trying to conceive* one of its subordinate themes, is presented here. Couples jointly negotiated their decision to get pregnant again, varying upon their individual circumstances, including their experiences of stillbirth. Gender differences were apparent in a couple's agreement to pursue a pregnancy after stillbirth and may be explained by the desire of men to fully parent the baby who died before reaching a decision about a subsequent pregnancy. Sexual intercourse often became less about emotional connection and more about a means to achieve a pregnancy.
Conclusion: Couples spoke of the need for each partner to be in agreement with the decision for a pregnancy. The experiences of trying to conceive after stillbirth impacted the couple relationships. Couples who were able to discuss their feelings with one another appeared more cohesive than those who experienced communication challenges in the aftermath of loss. New insights into men's thinking about the decision to get pregnant after stillbirth were revealed.
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Statement of significance

Problem

Very little is known about couples' decision-making or negotiation of pregnancy after stillbirth.

What is already known

The majority of couples who experience a stillbirth will achieve a subsequent pregnancy within 12 months. Some information is known about women's decision-making but the experiences of couples are absent.

What this paper adds

Couples experiences of stillbirth, the reason for their baby's death and their relationship to their deceased baby all play a role in decision-making and negotiation of pregnancy after stillbirth.

1. Introduction

The death of a child is an unimaginable loss for any couple. Many couples proceed to a subsequent pregnancy or pregnancy after loss (PAL) within a short time frame of their baby's death [1]. Pregnancy after stillbirth poses the potential for psychological harm to mothers, partners and the subsequent children born after perinatal loss. These include increased rates of anxiety,

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depression and disorganised attachment to babies conceived after loss [2–9].

Couples are adjusting to a new pregnancy and attempting to bond with a new baby while still actively grieving the loss of their previous baby and have reported difficulties in attaching to their new baby as a protective means of coping, not wanting to bond to the new baby in case it too should die [10,11]. However, some parents will actively engage with their new pregnancy seeing it in a new light and an opportunity to bond antenatally [12].Couples require additional supportive measures and attend maternity services more frequently in pregnancies after stillbirth [13–15].

Little is known about how a couple reaches the decision to negotiate another pregnancy after loss. What has been reported is the overwhelming desire for some women to want to achieve another pregnancy [16].Less is known about men's views. Although a few studies have sought to explore the experiences of couples [17–20] none have specifically focused on their experiences as part of a couple nor interviewed couples together as a dyad. The aim of the study was to understand how couples, as a dyad, make sense of a pregnancy after stillbirth.

2. Methods

Interpretive Phenomenological Analysis (IPA) is useful when exploring phenomena that are challenging and poignant [21,22]. Joint interviews have been shown to contribute to the helical or spiral nature of hermeneutic interpretation because of the presence of both members of the couple [23]. Researchers have used joint interviewing techniques to elicit couples' responses on sensitive issues relating to perinatal loss [24,25].

This study took place in a large maternity hospital, with approximately 8000 births per annum and a well-developed clinical pregnancy loss service. Participants were English speaking women and men, aged 18 years or older, who agreed to be interviewed together. Potential participants were informed of the study by clinicians caring for them and those who expressed an interest contacted the researcher. Written, informed consent was obtained from both parties. Full ethical approval was obtained from the Local Institutional Ethics Board [EMC 4(d) 14/04/15] and access permission obtained from the relevant gatekeepers.

Data were obtained from face to face interviews lasting 72–134 min. Couples were interviewed together in the second or third trimester of the immediate pregnancy following a stillbirth. A semi-structured interview guide was used, and all interviews were audio recorded. The process of collecting and analysing data was done concurrently. Field notes were made immediately before and after each interview and a reflective journal was employed in keeping with IPA principles [22]. The interviews were transcribed verbatim and the raw data was anonymised, participants were assigned pseudonyms, and checked.

Data analysis was an iterative process involving several layers of analysis, firstly for the individual experience and secondly an additional layer of dyadic interpretation was required. Superordinate themes were then developed, involving individual cases and then cross-case analysis was conducted. One author (MM) led the analysis which was cross-checked and validated by a senior researcher and second author (ES). There were iterations of the findings before the full themes were finalised. The findings and emergent themes were reviewed and discussed between three authors (MM, ES, PL-W).

It is incumbent upon all researchers to ensure the trustworthiness and accuracy of the research process. To demonstrate trustworthiness within an IPA study, Conroy [23] suggest adherence to quality principles. The framework proposed by Yardley [26] outlines how this was achieved in this study (Table 1 Trustworthiness in Study).

3. Results

A convenience sample of eight heterosexual couples, who were pregnant following a stillbirth in their immediate, previous pregnancy agreed to take part in the study. Although not an exclusion criterion, no same sex couples came forward to be interviewed. All the couples, except one, were married or cohabiting, aged 30–40 years, and were parents prior to loss. Valerie and Tim and were younger (25−29 years) and had no living child prior to their index loss. All the couples were engaged in paid employment outside the home (see Table 2 Sample Biographical Information).

How couples made sense of pregnancy after loss is encompassed in the superordinate theme *Hoping for a born alive baby*. To move forward and contemplate a subsequent pregnancy couples first acknowledged that they were parents to different babies before they began to think about a subsequent pregnancy. *Trying to conceive* after stillbirth was one of three subordinate themes that emerged from the dyadic interviews with couples and was represented across all eight interviews. This theme developed from the emergent themes of *reaching a decision*, *intimacy was a functional act*, *difficulty waiting*, and *impact on relationship*. The study themes are representative of all couples (Table 3).

3.1. Reaching a decision

Deciding to get pregnant following a stillbirth was not undertaken lightly. How couples negotiated the decision to get pregnant again, varied upon the individual couple's circumstances including their experiences of stillbirth, for example, whether their pregnancy was complicated by a fatal fetal anomaly or was an unexpected death and was a theme explored by all couples. Gender differences were apparent too in a couple's agreement to attempt a pregnancy after loss. Men expressed a desire to wait before trying

Table 1
Trustworthiness in study.

Yardley (2000)	Interpretative Phenomenological Analysis	Strategies employed in this study
Principles of quality	Smith et al. (2009)	
Sensitivity to context.	Context and sensitivity of study.	Did groundwork and consulted with key stakeholders.
	Rapport with key gatekeepers.	Built on existing relationships with clinical staff.
	Verbatim extracts.	Large number of verbatim extracts to demonstrate findings.
Commitment and rigor.	Degree of attentiveness in data collection.	Focused on individuals within the couple as well as the couple dyad.
	Care with data analysis.	Each case analysed extensively as per IPA principles.
	Thoroughness of the study.	Attention to description and interpretation.
		Worked closely with experienced supervisors.
Transparency and coherence.	Clarity at all stages of the research process.	Clear, extensive write up with use of tables, images, and raw data transcripts.
	Coherence with underlying theoretical assumptions.	Reporting lived experiences and interpretation.
Impact and importance.	Interesting, important, or useful.	Addresses a gap in the literature.
		Will inform policy, education, and research.

Table 2
Sample biographical information.

Participant	Parental age (years)	Marital status	Stillborn Infant(s)	Gestation at time of loss	Diagnosis	Names/Ages (years) of Siblings	Time from loss (months) to PAL	PAL Gestation (weeks) at interview	Time since loss (months) at interview
Grace & Adam	35–40	Married	Julia	32 + 4 weeks IUD & IOL	Triploidy/diagnosed antenatally @24 weeks	Sarah (3.5)	9	32	16
Jill & David	35–40	Married	Zoe	32 weeks IUD &IOL	Cardiac Anomaly/Edward's Syndrome/diagnosed antenatally @24 weeks	Molly (12)	15 (miscarriage 6/52; 9 months after index loss)	27	22
Valerie & Tim	25–29	Single/ cohabiting	Rachel	25 weeks SOL & IUD	PPROM/diagnosed antenatally @ 17 weeks	None	24	35	33
Kim & Simon	35–40	Married	Ruby	22 weeks IUD (Twin 1) LUCS @38 weeks (Twin 2)	IUD Twin/diagnosed antenatally @22 weeks. Fetus papyraceus. Unknown cause	Harry (5) Euan (4) Louis (15 months)	14	38	20
Nadine & Jonah	30–34	Single/ Cohabiting	Imogen	39 weeks IUD & IOL	Group B strep/unexpected IUD	Liam (10)	3	34	11
Naomi & Doug	35–40	Married	Dylan	19 weeks IUD & IOL	Hypercoagulability disorder/ unexpected IUD	Jamie (5) Suri (3.5)	7	26	13
			Oliver	19 weeks IUD & IOL	Hypercoagulability disorder/ unexpected IUD				
Iona & Evan	35–40	Married	Kristine	32 weeks IUD & IOL	Major cardiac anomaly/ diagnosed antenatally @14 weeks	Cait (6) Eva (4)	23	36	31
Amy & Brian	35–40	Married	Conor	22 + 6 weeks SOL & IUD	PPROM diagnosed antenatally @22 weeks	Bill (3) John (2)	3	38	11

PAL = pregnancy after loss. PPROM = premature prolonged rupture of membranes. IUD = intrauterine death. IOL = induction of labour. SOL = spontaneous onset of labour. LUCS = lower uterine caesarean section.

Table 3
Theme representation across sample.

Superordinate theme: hoping for a born alive baby								
	Grace & Adam	Jill & David	Valerie & Tim	Kim & Simon	Nadine & Jonah	Naomi & Doug	Iona & Evan	Amy & Brian
Subordinate theme: trying to conceive								
Reaching a decision	X	X	X	X	X	X	X	X
Intimacy was a functional act	X	X	X	X			X	
Difficulty waiting	X	X	X		X	X		X
Impact on relationship	X	X	X	X	X	X	X	X

to achieve a subsequent pregnancy, while women wished to achieve a pregnancy very soon after the index loss. These issues will now be discussed.

Couples who were told antenatally that their babies had a life limiting condition and were unlikely to survive, tended to wait longer to get pregnant again. Couples said that because their babies died from congenital anomalies they wanted to wait until they had the results of post-mortems and laboratory investigations before trying again.

> "I suppose coming back to the decision thing, before we ever got the results we had agreed on it really, if there was no answer to what happened we weren't going to try again, if we got an answer we would try again" [Doug, son stillborn at 20 weeks]

Getting the results of post-mortem investigations was of paramount importance for couples whose babies had a genetic or congenital anomaly.

> " . . . having a reason of course is huge." "It was a 4% chance of it happening again" [Iona and Evan, daughter stillborn at 34 weeks]

Couples such as Nadine and Jonah, and Amy and Brian, whose babies died unexpectedly and had no obvious congenital or chromosomal anomalies had the shortest inter-pregnancy interval, and were pregnant again within 3 months.

> "So, I think because I was so desperately excited about having him, then when he was stillborn, I thought I'm not going to get through the due date time. I would like to be pregnant, so I just felt I wanted another baby, we wanted another baby, especially me" [Amy, son stillborn at 23 + 5 weeks]

Several participants admitted to having an idea of their family make up ever before they became mothers. Some women even aspired to a set number of children with several women wanting '*big families*' from the outset of their relationships.

> "I come from a big family you know so I'd love loads of kids if I could. So, the decision I suppose was always there and I knew that Adam was on board, he loves kids and he wanted kids as well." [Grace, daughter stillborn at 32 weeks]

Couples continued their relationship with their deceased child, mourning the baby, honouring their memory and the person they would have been. The need to remember the deceased baby and their relationship with them was articulated by couples and for some, especially men, this influenced their decisions when to consider a new pregnancy in their lives:

> "I don't think we wanted to start (trying to conceive) obviously straightaway just because, you nearly want to remember Julia you don't want to like, the moment she is being buried and things like 'Okay let's have a baby as fast as possible, let's forget

about this' because you don't want to forget about this." [Adam, daughter stillborn at 32 weeks]

Couples accounts suggested that these parenting aspirations were often deeply embedded in their own family traditions. Men too talked about aspiring to a certain family grouping; however, men were aware that the ultimate decision rested with the women.

"I've always wanted lots of kids, so it really was a question for Amy." [Brian son stillborn at 23 + 5 weeks]

Women said the decision to achieve a pregnancy after stillbirth may have been facilitated by partners to make them happy.

"I suppose I felt Brian supported me in that when we decided to have another child, Brian said whatever makes you happy." [Amy, son stillborn at 23 + 5 weeks]

Amy was cognisant that Brian was doing 'whatever' to make her 'happy' in planning a pregnancy after loss. However, not every man interviewed was willing or able to agree to a pregnancy so soon after loss.

"It wasn't really a decision . . . It wasn't planned but it wasn't unexpected" [Tim, daughter stillborn at 32 weeks]

Some men viewed a subsequent pregnancy as a means by which their partner's grief could be ameliorated.

"I was kind of thinking in my own head that it would take your mind off it (grief), not that was the only fact that we got pregnant but I do think it did, the fact that you did get pregnant when you did, it did help with the grieving process" [Jonah, daughter stillborn at 39 weeks]

Couples spoke about the fear and readiness for a subsequent pregnancy after loss and the challenges that making the final decision brings. They agreed that there was no 'right' time for them to try to get pregnant.

"Yeah, but then we were really weren't sure if we'd carry on and then we said, yeah go on so. I was always afraid, so you know it happened straight away then. And we were delighted, and the girls were delighted." [Iona, daughter stillborn at 32 weeks]

For many couples, a crux came when there appeared to be no point delaying the process of trying to conceive any further.

"We thought look 'Are we going to be like this forever?' We probably will be. So, is trying now or in two years or should we have tried way back, straight away? Would it have made any difference, or would it ever be any different?" [Jill, daughter stillborn at 32 weeks]

For women like Jill, there was a realisation that they could be 'like this forever' in grief and there did not appear to be any point in postponing the decision any further. However, the decision was approached with caution and could only be considered when both parties were willing to engage in the discussion and agree with their decision. For some couples that decision was reached very soon after the death of their baby, while others chose to wait for test results and other couples had to wait until they reached a point at which that decision became a now or never situation.

Couples spoke about how it was important for them to agree on the decision for a pregnancy after loss. They were conscious that disagreement could have negative repercussions later in their relationship.

"And it probably would have ended up with us having more arguments in ten years' time if we didn't try it again so. It's just, I think like, we'd made our decision no matter what way we were going". [Doug, son stillborn at 20 weeks]

The couple's relationship was central to their experiences of pregnancy after loss and through it they realised their subsequent pregnancy which was challenging to achieve.

3.2. Intimacy was a functional act

Once the decision was made to have another baby, couples began the process of trying to conceive. For several couples, sexual intercourse became less about emotional connection and more about a means to achieve a pregnancy. This theme was represented among five of the eight couples.

"It (getting pregnant) was kind of just a functional thing because, I don't know about other couples but relationships and all that was the furthest thing from my head totally and utterly. It wouldn't have crossed my mind at all" [Jill, daughter stillborn at 32 weeks]

For many, actively trying to conceive a pregnancy was unchartered territory, as they had never had to actively plan a pregnancy before and fell pregnant without much effort. None of the couples disclosed use of assistive reproductive technology.

"I just didn't know when it was going to happen or how easy it was going to happen. Like Sarah and Julia (daughters) were not exactly planned as in, we just let it happen, and it just happened. I never knew about my body like how, you know how fast it would happen for us, or anything like. That was all new to us; I had to look at my cycle. This was all new to me. I never had done any of that on both pregnancies before, we were lucky." [Grace, daughter stillborn at 32 weeks]

In their efforts to achieve a pregnancy some couples admitted that sexual intercourse often took on an automatic role, lacking in intimacy and emotion as described in the quote from Adam below during lovemaking with his partner when she asked:

"'Why are you kissing me?' (laughs) sorry" [Adam, daughter stillborn at 32 weeks]

This quotation alludes to a perfunctory role whereby activities such as the intimate act of kissing were superfluous to requirements. Couples also spoke about how functional and regimented sex became as they focused on achieving a pregnancy.

"She had an alarm on her phone that would be like 'beep, beep' and like 'right' (indicates to go upstairs). She chastised to me one time. 'What's wrong with you, what's wrong with you?' . . . seriously, it was like homework." [Adam, daughter stillborn at 32 weeks]

The use of the word 'homework' in this quotation is interesting as it alludes to sexual intimacy as routine and chore-like. Yet not all couples experienced such pressure to conceive.

"I don't think there was a decision to be had. (Laughs) I think hormones kicked in; amorous feelings were had; the deed was done." [Simon, daughter twin intrauterine death at 22 weeks]

or

"Yeah, but then we were 'Will we, won't we?' and then we said 'Yeah, sure, go on, so we'd try'. And then I always get pregnant straight away; so, it happened straight away" [Iona, daughter stillborn at 34 weeks]

Once again, the couple's relationship was central to their efforts of achieving a subsequent pregnancy. Those efforts were often challenging.

3.3. Difficulty waiting

The desire for parenthood often drove couples on to attempt another pregnancy. The arrival of monthly menstrual period was particularly stressful for women and likened it to losing a baby again. Six of the eight couples explored this theme. Many women voiced the fears that a successful pregnancy may not be possible.

"That is a stressful time because when you are trying to get pregnant you have your period and you're like, for the first, for one, I think for one of them time I felt like I had lost Conor all over again because I was like what if I don't get pregnant again? What if I couldn't conceive and I didn't want my last experience to be (negative) I found the labour horrific with Conor". [Amy, son stillborn at 23 + 5 weeks]

Therefore, for women every month they were not successful in achieving a pregnancy proved a very stressful time.

"Every time I got my period; oh, I was a mad woman." [Jill, daughter stillborn at 32 weeks]

The use of the word 'mad' in this context demonstrates that women were conscious that their actions did not appear to be the most rational, even to themselves. Men too commented upon the stressful effects of waiting to conceive.

"And every time it didn't happen it was really stressful then" [Doug, son stillborn at 20 weeks]

Two couples experienced early miscarriages after the loss of their stillborn babies.

"And then Easter (miscarriage) was only shortly after that. I was thinking then there is something wrong with me now, it (pregnancy) never going to happen. I was thinking there must be something wrong with me, that no baby will ever be normal" [Jill, daughter stillborn at 32 weeks]

The stressed use of the word 'normal' to describe a baby is insightful as Jill's baby, Zoe, died as a result of a congenital anomaly and her experience of a subsequent early miscarriage alluded to her perception that there was 'something wrong' physically with her. It cast doubt for her on her body's capability of sustaining a pregnancy.

All couples spoke about the impact that the death of their baby had on them as individuals and as part of a couple, both in discussing the impact of loss and grief and the pregnancy that followed.

3.4. Impact on relationship

All eight couples spoke honestly about wanting a baby, the tension between wanting to achieve a subsequent pregnancy and the difficulty in achieving intimacy to do so and the impact trying had on their relationship. Some coupes were able to use humour to dissipate the stress as the interaction between Grace and Adam showed.

" . . . It was funny because, we had said like from the start, when we first started trying, 'I don't want to turn into one of these psychos'"

"but you did (laughs)" [Adam]

"but I did, but in a funny way, it didn't tear us apart but it was getting, but I was getting kind of impatient yeah because I didn't know how long I it would take me to get pregnant, I didn't know if I was going to be able, I didn't know" [Grace and Adam, daughter stillborn at 32 weeks]

Adam confronted Grace with the reality that she had become what she had feared. However, she was at pains to point out that she was 'impatient' to get pregnant and this impatience was driving her actions. Her desperation to be understood was obvious in the pleading nature of her vocal tones at this point in the interview. Although Adam was using humour to be understood, Grace's tone was much more serious and plaintive.

Couples spoke too about the repeated attempts to achieve a pregnancy and how much stress they could sustain as a couple.

"We had to decide how much more we could put up with it, you know"

[Naomi, son stillborn at 20 weeks]

"Yeah endure it, mentally and physically" [Doug, son stillborn at 20 weeks]

Doug's description of how much they could 'endure' in their efforts were tempered with their repeated experiences of pregnancy loss. They had two sons who died, Dylan and Oliver, and a subsequent early miscarriage prior to achieving this pregnancy. Their absolute desire for parenthood drove them on to attempt another pregnancy. These stresses of trying to get pregnant, particularly if a pregnancy was not easily achieved, had repercussions on couple's relationships.

"The grieving was definitely affecting you (partner) big time at the time" [David, daughter stillborn at 32 weeks]

Even though pregnancy was what couples wanted, finding out they were indeed pregnant was a poignant occasion.

"We did with the pregnancy test I was just so happy; do you remember? I just wasn't going to tell anyone to remember there was just happiness in the house that day there just was there was just so much joy the house that day" [Grace, daughter stillborn at 32 weeks]

Trying to conceive a baby after perinatal loss was a stressful time for many couples. Once the decision was made, achieving conception took on a paramount role and affected couple's relationship.

4. Discussion

This is the first study that explored, in depth, the lived experiences of planning and deciding on pregnancy after stillbirth from a couples' perspective. In this study, couples jointly made the decision to have another baby after stillbirth. However, there were differences between women and men among the couple-pairs. Couples spoke of the need for each partner to agree with this decision for a pregnancy to occur. Most women in this study were resolute in their wish to have another baby very soon after stillbirth. For some women this was to fulfil a nurturing desire, while for others it was to reaffirm their reproductive success. Women's longing for a new baby and wanting to mother a baby was described in other studies as a natural instinct to be pregnant again [18,27,28].

Although the focus of this study was to explore the dyadic experiences of couples, this study revealed new insights into men's thinking about the decision to get pregnant after stillbirth. Gender differences may be explained by the desire of men to fully parent the baby who died before reaching a decision about a subsequent pregnancy. All men reported their partners knew the deceased baby more than they did and that they needed more time to get to know their baby after birth. Men said that the immediate time after loss, was their only time to get to know their deceased baby. Men wished to protect the time they viewed as belonging to their deceased baby before contemplating another pregnancy. This theme was most often articulated by men whose babies had died more than 6 months prior to their partners' subsequent pregnancy. This may mean they had longer to contemplate their grief and attachment to the baby who died. This finding may also be reflective of the gender differences inherent in transition to parenthood, whereby men's transition may not be fully realised until the birth of the baby [29]. This is an important finding for clinicians and couples alike in the provision of sensitive, respectful care. These findings provide new insights into how men make meaning of fatherhood in the face of pregnancy loss.

Some men in this study struggled to make meaning of their paternal role to a deceased baby, as it was at odds to their paternal experiences with previously live born children. Meaney et al.'s (2016) study also alluded to a gender disparity in terms of the timing of PAL however, couples in that study were not interviewed together nor was their data considered as part of a couple [18]. Previous studies have reported men's views, through the prism of their partners' experiences [27,30,31] however no studies have explicitly explored the views of couples as a dyad before now. Although all couples expressed a desire for another pregnancy, men in this study often acted as gatekeepers. Although women spoke about wanting a subsequent pregnancy soon after loss, they could not achieve this alone. Pregnancy did not happen unless the men too were willing to commit to the future. This was at odds with the fact that men said the final decision to have another pregnancy lay with their partners.

The timing of subsequent pregnancy varied with experiences of loss. Couples whose babies died due to a congenital anomaly often delayed conception until post-mortem and laboratory test results were obtained. This was particularly important to men who expressed a desire to have concrete explanations for loss and risk of a likely recurrence. Women were more likely to want to achieve a pregnancy based upon their own desires rather than waiting for medical permission to do so [32]. Conversely, men preferred to defer pregnancy citing a need for information, professional advice, and risk assessment before contemplating a pregnancy. However, the couples stated they wished to protect their relationship with their deceased infants whom they only got an opportunity to know following their birth. Couples, whose baby died unexpectedly and without an anomaly, were more anxious to achieve a pregnancy immediately. In these instances, women expressed an almost raw desire to be pregnant again and some men felt that being pregnant again was beneficial to their partners' grief trajectory. It could be that for both individuals in a couple, a sudden, unexpected death may be more challenging. Men, in these instances, may agree to quick conception as a mean of lessening their partners' grief and as a means of caring for them. The two couples in this study to whom this situation pertained, had the shortest inter-pregnancy interval. This finding is especially important for all clinicians caring for bereaved parents. A large global study by Wojcieszek et al. [1] found that two thirds of couples were pregnant again within 12 months of their index stillbirth. That means couples are getting pregnant very quickly after loss, many may not even be waiting for the outcome of recommended post-mortem or laboratory investigations [33]. Therefore, discussion and planning for pregnancy after loss should form part of the routine care pathway in caring for couples who experience a stillbirth.

Once they had made the decision, couples began the process of trying to conceive and spoke about this as a very challenging process. This may have been their first time actively planning a pregnancy and were uncertain of the process. Wanting to achieve a pregnancy, resulted in perfunctory sexual intimacy for some couples. Men particularly, commented upon a lack of intimacy that became the hallmark of their sexual intimacy. Sexual intercourse was discussed as a method to achieve a pregnancy rather than as a means by which the couple could share tenderness or emotion. Couples said that the hermeneutic nature of dyadic interviews were beneficial to hearing each another's experiences.

Women spoke of the challenges of waiting to achieve a pregnancy and the difficulty they had with the arrival of each menstrual period. There was an ongoing fear among women that their bodies may be faulty and that a subsequent pregnancy may never be possible. These findings are similar to those of other studies that have explored sexual intimacy after loss. Although Hagemeister and Rosenblatt's study on couples' grief and sexual relationships was conducted over 20 years ago, this study reiterates the need for couples to be supported in discussing sexual relationships with their healthcare providers as a key component of their stillbirth care [24,25,34].

The experiences of trying to conceive after loss had an impact on the couple relationships. Couples who were able to discuss their feelings with one another, even if there was disagreement, appeared to fare better than those who struggled to communicate in the aftermath of loss. It may even be that couples; hearing one another's stories during this interview process contributed to them making sense of their experiences. Couples spoke of the importance of recognising the impact trying for a baby was having on them and their relationships. They balanced their desire for a baby with how much of this pressure they, as a couple, could sustain. Most couples acknowledged the benefit of the strength of their pre-existing couple relationship. Two couples openly acknowledged communication difficulties, in the aftermath of loss. They spoke of how their relationship was challenged by the difficulty they had in communicating with one another after the loss of their baby. Communications difficulties in the aftermath of loss have been shown to affect couples' intimate relationships. The findings of this study reflected similarities with other studies whereby communication in relationships advanced along an undulating path. Where couples could talk and share how they were feeling with one another improved their overall relationship [24,25,34].

4.1. Strengths and limitations

This is the first study, to the best of our knowledge, that used IPA and dyadic interviews to explore couples' experiences. Interviewing couples together, elicited nuanced descriptions of their shared experiences that may not have been apparent if they were interviewed separately. The study was limited because the sample was recruited from a single maternity service with a well-developed pregnancy loss service. The experiences of these couples may not be reflective of those of a wider population, who did not have access to such a service. The aim of the study was to explore the experiences of couples in pregnancy following stillbirth, the sample was heterogenous in terms of cause of fetal death and time to subsequent pregnancy. This may have been a limitation in terms of the experiences each couple had.

5. Conclusion

Couples experiences of the stillbirth profoundly and perpetually altered their lives and their experiences of their current pregnancy. Their decision to get pregnant again can be viewed as a hopeful act. Although their efforts to get pregnant were challenging they remained hopeful of a live baby and worked together to support one another and to negotiate the journey of pregnancy after stillbirth. In taking part in this study they sought to make sense of their experiences of pregnancy that follows stillbirth.

Author contributions

The paper presents findings from Margaret Murphy's doctoral thesis supervised by Eileen Savage, and Patricia Leahy-Warren.

Keelin O'Donoghue was involved in study design and planning, facilitated case identification and recruitment, and assisted with the data collection.

Margaret Murphy conducted the interviews and with Eileen Savage conducted the iterative data analysis.

Ethical statement

Full ethical approval was received from the Clinical Research Ethics Committee of the Cork Teaching Hospitals [EMC 4(d) 14/04/15] prior to commencement of this study.

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Conflicts of interests

None declared.

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We agree that the article is our original work, the article has not received prior publication and is not under consideration for publication elsewhere, that all authors have seen and approved the manuscript being submitted, and the authors abide by the copyright terms and conditions of Elsevier and the Australian College of Midwives.

Data analysis was supervised by Eileen Savage and Patricia Leahy-Warren.

Joann O Leary contributed to the study design and discussion.

All authors contributed by editing drafts of this paper.

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