

With Every Stitch, a Cry is Hidden: The Perinatal Grief Experience of Three Mothers Connected by Invisible Threads

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ABSTRACT:

Objective: To understand the meanings attributed by mothers who have experienced a perinatal loss, in order to propose a roadmap for their care. **Methodology:** A qualitative study with a phenomenological approach, conducted in Córdoba, Colombia, between February and June 2025. Phenomenological interviews were conducted with three mothers who experienced perinatal grief. Data analysis was carried out using the Colaizzi method. The main outcome variable was the meaning attributed to perinatal loss. **Results:** The analysis allowed us to identify a central theme: Transiting the Boundaries of Pain: Three Experiences of Perinatal Grief in Mothers Connected by Invisible Threads. The participants expressed their experiences through three tapestries made using the cloth-on-cloth technique, which individually represented the most significant and painful moments. **Conclusions:** Although different, the experiences analyzed provided insight into the meanings given to perinatal loss, revealing the importance of compassion and empathy among healthcare personnel, from the moment the baby's death is reported to the mothers and families during hospitalization and subsequent follow-up.

Keywords: Maternal Grief; Breastfeeding; Humanization of Care; Neonatal Care; Fetal Death.

INTRODUCTION

According to data from the World Health Organization (WHO), approximately 6500 newborn deaths are recorded every day in the world, which represents 47% of all deaths in children under five years of age (WHO, 2024). In 2022, around 2.3 million children died during the first 28 days of life, with the highest burden of

fetal and neonatal mortality concentrated in low- and middle-income countries (UNICEF, 2025).

In the Region of the Americas, the main causes of mortality in newborns are prematurity and intrapartum complications, such as perinatal asphyxia and obstetric trauma. In the case of neonates, infections and congenital anomalies predominate; together, these causes contribute to

40% of deaths in children under five years of age (UNICEF, 2025). In Colombia, according to data from the Public Health Surveillance System (Sivigila), the ratio of perinatal and late neonatal mortality, as of June 2025, was 12.9 deaths per 1000 live births (National Institute of Health, 2025).

The concept of perinatal loss has been widely debated in the scientific literature (Fenstermacher, et al., 2013). For some authors, it includes intrauterine fetal death and neonatal death, while others incorporate miscarriage (Robinson, et al., 1999). The WHO defines perinatal loss as occurring between 22 weeks of gestation and seven days after delivery (WHO, 2016), although some authors extend this period to cover the entire neonatal period (Congress of the Republic of Colombia, 2023).

The loss of an infant has a profound emotional impact on parents (Haynes, et al., 2017), being associated with severe anxiety (Burden, et al., 2016), depression (Ellis, et al., 2016), post-traumatic stress disorder (Rossen, et al., 2023), and even suicidal ideation (Heazell, et al., 2016). Mothers who have gone through this experience face multiple challenges after hospital discharge (Geller, et al., 2010). Knowing their experiences can guide health institutions in the formulation of follow-up strategies that respond to their physical and emotional needs (Watson, et al., 2019). In this sense, a deep understanding of their experiences allows us to identify the most relevant problems and offer more effective support. This study aimed to understand the meanings attributed by a group of mothers to perinatal loss, in order to propose a roadmap to provide accompaniment and humanized care in this painful experience.

METHODOLOGY

The research was carried out in Cereté, department of Córdoba, Colombia, between February and June 2025.

Given the complexity of the study phenomenon and the relevance of the processes of meaning-making by the participants, it was determined that a qualitative approach was the most appropriate. Qualitative research allows the generation of rich

and detailed information, favoring the understanding of the meanings and interpretations that people attribute to their experiences (Uren & Wastell, 2002).

A qualitative phenomenological design was used, using the analysis method of Colaizzi (1978), widely applied in descriptive phenomenology due to its rigor and systematicity.

Intentional or purposeful sampling (Patton, 2002) was used, complemented by the snowball strategy, which allowed access to mothers who had experienced perinatal loss. For the purposes of this article, three cases to which phenomenological interviews were applied are documented, in order to collect experiences that would allow a dense and in-depth description of the phenomenon studied.

The selection was based on the criteria of sufficiency and adequacy of the data proposed by Lincoln and Guba (1981), which prioritize the quality of the information over the number of participants. Initially, each participant was asked the question: *"Please describe to me how your experience of losing your baby was."* From this, other aspects related to individual experiences of perinatal loss were deepened.

The technique used for the collection of information was in-depth interviews. The researchers considered the potential emotional effects of addressing personal experiences related to perinatal loss, recognizing that this type of conversation can elicit intense affective reactions in participants (Kint, 2014). For this reason, a safe space was available to promote well-being, with the support of a professional in psychology for an eventual intervention in crisis. Qualitative evidence indicates that the interview, in addition to being a research technique, can represent a therapeutic process for the participants (Buckle, Dwyer & Jackson, 2010). In this study, mothers welcomed the opportunity to interact with someone willing to listen to their experiences.

During the interviews, the participants relived memories and emotions linked to the loss of their baby. These moments were addressed through sensitive listening and an empathetic attitude,

avoiding revictimization. Several women expressed relief when they told their story and felt heard. At times, sadness led them to cry; In those cases, the researchers took periodic pauses to verify their willingness to continue, which was accepted by all.

At the end of each interview, the emotional state of the participants and the need to refer them to a psychological support service were evaluated. None required specialized intervention; on the contrary, they reported experiencing a therapeutic effect when sharing their experience.

In the course of the interviews, moments were also set aside to honor the memory of the babies. Many mothers shared meaningful memories, such as photographs, footprints, or toys. Data collection ended when information saturation was reached, allowing the construction of an enriched phenomenological text and an exhaustive description of the phenomenon.

In addition to the individual interviews, a focus group was developed that incorporated textile narrative as a resource to express experiences of perinatal loss. Five workshops were held on embroidery of fabric on fabric, for therapeutic purposes and as a strategy to deepen the experiences. These embroideries formed a narrative framework that reflects the intersubjectivity of the stories of three women, allowing anyone to understand the meanings attributed to this experience.

Each participant was asked for informed consent to participate voluntarily and the confidentiality of their identity was guaranteed through pseudonyms inspired by the Fates, figures from Greek mythology who determined the destiny of human beings from birth to death. **Clotho**, in charge of spinning the thread of life, represents the birth and the beginning of existence; **Lachesis**, who measures the thread, symbolizes the duration and experiences of each person; and **Atropos**, responsible for cutting the thread, marks the moment of death and the end of life (Fernández, 2014).

The transcript of each interview was analyzed following the methodological proposal of Colaizzi (1978), through the following steps: (1) complete reading of each transcript to obtain an overview of the experience lived; (2) extraction of statements and phrases specifically related to the perinatal loss experience; (3) identification of the meanings given from such statements and phrases; (4) organization of meanings into themes; and (5) elaboration of a comprehensive description of the experience.

Ethical considerations

This research was carried out in accordance with the ethical principles for studies with human beings established in Resolution 008430 of 1993 of the Ministry of Health of Colombia (Ministry of Health, 1993) and in the criteria proposed by Ezequiel Emanuel for the ethical evaluation of research (Emanuel, 1999). It was also approved by the Bioethics Committee of the University of Córdoba, through a Minute dated October 2, 2023.

RESULTS

Through purposive sampling, three mothers who had lived the experience of perinatal death were selected and interviewed in depth, as they were considered cases rich in information. All the participants were housewives, belonged to a low socioeconomic stratum and had high school studies. Two of them lived in a free marital union and one was separated from her sentimental partner after the perinatal loss.

The analysis of the interviews allowed us to identify a central theme called *Crossing the Borders of Pain: three experiences of perinatal grief in mothers connected by invisible threads*. The descriptions of these three cases show the meanings attributed to the experience, represented in three tapestries embroidered with the technique of fabric on canvas, in which the most painful moments of this event are captured, individually.

Table 1 is presented below, which condenses the results of the interviews and their representation in the embroidered tapestries

Table 1. Crossing the Borders of Pain: Three Experiences of Perinatal Grief in Mothers Connected by Invisible Threads

Tapestry and description of the experience	Stories
1. The silence of the monitor  The silence of the monitor and the absence of the baby's heartbeat mark an instant that is forever engraved in the memory. In this experience, not only the silence of the monitor takes on a heartbreaking meaning, but also the silence that the doctor or sonographer keeps when verifying a fetal death. Thus, the facial expression, gestures and gaze of those who attend at that moment can have a profoundly devastating effect on mothers.	<i>"... A lot of things were going through my mind at that moment. I did feel my baby move before going to the emergency room; But not listening to her heart, I felt like something wasn't right with my baby."</i> <i>"Seeing that screen and not hearing my baby's little heart was very hard for me... I felt that my life was ending at that moment."</i> <i>"He kept silent [referring to the sonographer]; He didn't say anything, but his face said it all."</i> <i>"I remember that the doctor told me: 'I'm coming.' At that moment I felt something happen."</i> <i>"I still remember the expression on his face, his gestures and his gaze."</i> (Clotho)
2. My breasts are full, but my belly is empty Facing breastfeeding after a perinatal loss was, for many mothers, a  deeply painful experience. Feeling full breasts and empty bellies became a difficult challenge to bear, especially when experiencing the let-down without a baby to feed. For Láchesis, breastfeeding became an extension of her emotional discomfort: it was not only the loss of her baby, but facing an empty motherhood, without a child to hug, feed and care for.	<i>"My breasts were also crying for the absence of my baby. Pumping my milk, more than a physical pain, was a pain in the soul..."</i> <i>"It was very hard for me to see my breasts full and have no one to give them to."</i> <i>"My breasts dried up! All the time I asked myself: why had this happened to me, what had I done wrong?... It was very sad to have to throw away my milk and have no one to give it to."</i> (Lachesis)

Tapestry and description of the experience	Stories
3. The presence of the absent  The presence of the absent becomes a silent witness of existence itself. Mothers who have experienced perinatal loss know that their child existed and that, in some way, it continues to exist. Even if he is no longer in their womb or in their arms, they feel and recognize that the bond with him is forever, like an invisible thread that unites them eternally.	"My baby did exist. I had her for a short time in my bowels and in my arms, and although she is not physically with me now, her presence is like an invisible thread that unites us." <i>"All her clothes are in a suitcase; sometimes I check it and I feel its aroma... I still have some things about my baby. That reminds me of the presence of his absence."</i> <i>"There are times when I dream about my daughter... When I see other children, I think about how my daughter would be right now."</i> (Atropos)

DISCUSSION

Losing a child during the perinatal stage is a deeply painful experience, fraught with emotional suffering for mothers, who cross the borders of pain and experience emotions such as guilt, anger, and hopelessness (Rossen, Opie & O'Dea, 2023).

Pain, as an analytical category, was present in all participants. Clotho (case 1) expressed: "I feel an inner emptiness, it is a pain that I do not know how to explain; My heart is broken." For Lachesis (case 2), breastfeeding meant suffering: full breasts, empty arms and the impossibility of feeding her child. Atropos (case 3) recounted how her baby's memories evoked the transience of her existence and the constant presence of the absent.

The silence of the monitor was a crucial moment for Clotho. Although ultrasound usually reduces maternal anxiety and favors prenatal attachment, when it detects abnormalities or intrauterine fetal death, it becomes a source of distress (King, Oka & Robinson, 2021). In this case, the silence of the device and the attitude of the sonographer symbolized the breaking of his expectations. The shock of receiving the news in the middle of ultrasound has also been described in other studies (Aite, et al., 2011) (Côté-Arsenault & Denney-Koelsch, 2011) (Skreden, et al., 2010).

Mothers remember the loss as a collage of images: receiving the body of a lifeless baby, a cesarean section without hearing crying, seeing him dead at birth or finding his clothes and photographs. These objects intensify the void and deepen perinatal grief.

Coping with pain becomes a strategy for moving forward (Aydin, Körükcü & Kabukcuoğlu, 2019). Many women find strength in their partner, family, or female sisterhood, understood as care that understands and accompanies (Kuforiji, Mills, & Lovell, 2023). However, studies tend to focus on the mother, leaving aside fathers, grandparents and siblings, who are also affected (Allahda-dian, et al., 2016) (Camacho, 2020) (Lizcano, Moreno & Palacios, 2019). Camacho-Ávila et al., (2020) highlight the role of family and friends as pillars of grief. In this study, two participants had the support of their partner, unlike Clotho, who in addition to losing her baby faced sentimental separation, managing her emotions from isolation.

The sudden loss generated psychological suffering and truncated motherhood, with feelings of sadness, emptiness, anger and guilt. Over time, women reported that the intensity of grief dimmed: they went from crying daily to learning to live with absence (Thornton, Nicholson, & Harms, 2019). They described their

experience as an ongoing process of adaptation. Hutti et al. (2017) highlight the importance of assessing the intensity of grief in the couple, as it is related to the quality of the intimate relationship, and recommend follow-up and interventions to manage anxiety and stress.

Johnson and Langford (2015) evaluated the effectiveness of a protocol for perinatal grief that included: identifying the participant's medical history and room, offering religious or ritual services, delivering physical souvenirs such as seeds or a teddy bear, and conducting a follow-up call. Women who received this intervention reported lower levels of grief (Johnson & Langford, 2015).

Returning home was another deeply difficult and painful moment, as they felt immensely vulnerable. They experienced anguish and loneliness when they returned home with empty arms, without institutional support to manage their emotions and facing breastfeeding without their child; trying to keep their memory alive through memories such as their clothes and other personal objects (Ward, et al., 2023). The experience was especially painful for those who lost a full-term baby, as family and friends eagerly awaited its arrival. Two cases highlighted the fundamental role of husbands and families as the main emotional support.

Although they received information after being discharged from the hospital, they considered it superficial and insufficient. They expressed a need for psychological support at home and guidance on breastfeeding. Oreg (2020) recommends that grieving mothers receive specialized breastfeeding counseling before leaving the institution.

Breastfeeding is a little-recognized aspect of perinatal grief (Dickens, 2020). For Láchesis, facing the let-down of milk without a child to feed was painful and challenging. In addition to the symbolic meaning, milk had to be expressed to relieve breast engorgement (Fernández-Medina, et al., 2022). Lack of guidance on breastfeeding after loss can be a source of distress and exacerbate grief (Carroll, et al., 2020)

(McGuinness, Coughlan, & Butler, 2014) (Welborn, 2015).

In summary, the experience of perinatal grief was marked by deep pain expressed in multiple ways: the silence of the monitor, the cesarean section without crying, the baby's personal belongings and the experience of interrupted breastfeeding. The mothers found support in their families and in sorority, although they evidenced the need for more solid institutional interventions. Psychological support, breastfeeding counseling and bereavement care protocols are presented as essential strategies to help navigate this painful experience.

CONCLUSIONS

The three experiences analyzed, although different, made it possible to understand the meanings attributed to a perinatal loss, revealing the importance of compassion and empathy of health personnel, both at the time of communicating the news of the baby's death and in the accompaniment provided to mothers during and after hospitalization.

According to the results of this study, it is necessary to reinforce actions aimed at offering accompaniment and guidance to women and their families who experience perinatal loss, from an interprofessional approach. The implementation of intervention strategies could contribute to making the perinatal grief experience less painful.

Activities such as keeping the baby's clothes, taking a photograph or putting away their ID handle can help mothers maintain a symbolic bond with the deceased baby, providing tangible elements to honor their memory. In this sense, nurses working in the maternal-perinatal area are in a privileged position to facilitate the creation of these memories.

The health system, together with family and social support networks, plays a crucial role in meeting the needs of mothers who have suffered perinatal loss. However, the participants stated that, after being discharged from the hospital, they felt abandoned by health institutions, having to face their emotions and suffering alone.

Finally, it should be added that breastfeeding is presented as a relevant aspect and often little addressed in the context of perinatal grief. Counseling for milk expression and prevention of breast engorgement is a priority need. In this

sense, for the bereaved mothers, having full breasts and an empty belly represented a painful and challenging process, which led them to learn, in solitude, to manage the suppression of breastfeeding.

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