JOGNN CLINICAL RESEARCH

Fathers' Perspectives During Pregnancy, Postperinatal Loss

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Objective: To present information about the father's perspective during the experience of a pregnancy following perinatal loss.

Design: Descriptive phenomenology.

Setting: Interviews were done in a venue chosen by fathers (home, clinic).

Participants: Ten fathers who had experienced a loss within the prior year and were currently with that partner in a subsequent pregnancy.

Four themes emerged: Recognition, preoccupation, stoicism, and support.

Conclusions: Participants describe the need to be recognized by others. The orderly conduct of their daily lives is disrupted by preoccupation with the pregnancy. They feel unable to share their own anxiety and fear because they want to protect the mothers. Societal pressure to "be strong" and the belief that "men don't share" appear to inhibit fathers from getting support. Strategies to assess and support fathers emotionally at the time of loss and in the subsequent pregnancy need to be explored. *JOGNN, 35,* 78-86; 2006. DOI: 10.1111/J.1552-6909.2006.00017.x

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Institutional practice and procedures have tended to marginalize the father's role in childhood and child rearing (McCreight, 2004); others argue that fathers are important as part of a *parental couple* (Barrows, 2004) and essential to family health and well-being (May, 1996). From a psychological and spiritual perspective, fathers are the complement to the mother and strongly influence a child's mental health development (Barrows; Mauger, 2004). However, during pregnancy and birth, the impact of the father's role is unclear and valued mostly as "support person" to the mother. One reason is that the focus of prenatal classes is on women's physical care, with fathers' concerns seldom addressed (Mason & Elwood, 1995; Waters, 1996/1997). Jordan (1990) found that the birth of a child was identified as one of the key transitions into fatherhood, suggesting men may not believe they are fathers until the actual birth. However, during a father-baby class, men were asked to identify the moment they felt they were fathers. Two men shared that it was the experience of the first ultrasound, one saying "He's mine" and the other one "We did that!" (Ashley, 2003). This supports others who suggest that men who attend the ultrasound scan occupy the same position as their partners in terms of "knowing" the baby (O'Leary, in press, Sandelowski & Black, 1994), and the intensity and quality of men's affective experience (closeness, tenderness, love, concern, etc.) during pregnancy may not differ from that of women (Condon, 1985).

But what happens for fathers when a baby dies during pregnancy or shortly after? Much is written about the mother's experience regarding the emotional impact of perinatal loss and the ensuing pregnancy, but we continue to have little research on how these experiences affect fathers. One can only speculate how a previous loss may impact fathers, and thus, their subsequent child. Therefore, the purpose of this study is to explore the experience of pregnancy following a perinatal loss from the father's perspective.

Literature Review

Loss during pregnancy of the expected child with the ascribed future hopes and dreams (Kimble, 1991; McCreight, 2004; Murphy, 1998) and the disruption

in the relationship with their partner (Speckhard, 1997) can be as devastating for men as for women. Studies report that fathers who had seen their babies on ultrasound expressed a greater sense of loss than those who had not seen (Armstrong, 2001; Johnson & Puddifoot, 1996, 1997, 1998; McCreight). Worth (1997) reported that fathers of stillborn children experience an unfulfilled relationship because they could not protect their child during pregnancy and did not have the opportunity to nurture him or her. Acknowledgment of their parenthood was of central importance to the fathers in Worth's study and for fathers who suffered a loss due to miscarriage (McCreight).

Although men may not outwardly show grief, the pressures created by mourning are substantial, especially if they do not have the opportunity to openly grief (Frost & Condon, 1996; Staudacher, 1991). Whether due to biology or culture, compared to women, men are less self-disclosing, less expressive, and less interdependent (Levang, 1998; Stinson, Lasker, Lohmann, & Toedter, 1992). Grieving men tend to cry less, express more anger, and are less willing to talk about loss (Beutel, Willner, Deckardt, von Rad, & Weiner, 1996; DeFrain, 1991; Johnson & Puddifoot, 1996; Schwab, 1996; Staudacher). Men are also (a) less likely to get emotional support outside the marriage relationship (Carroll & Shaefer, 1993-1994; Smart, 1992), (b) are more reluctant to seek support within a group setting, and (c) tend to assume full responsibility for their bereaved state, depending only upon themselves (McCreight, 2004; Staudacher). There are societal pressures for men either to not grieve or to recover quickly to stay strong for the women (Cordell & Thomas, 1990; McCreight; McGreal, Evans, & Burrows, 1997; Miron & Chapman, 1994; Murphy, 1998; Worth, 1997). The role of provider and need to focus on work interfere with getting support and is a way to avoid the emotions of grief (Cable, 1998; Cordell & Thomas, 1997; Long, 1992; Samuelsson, Radestad, & Segesten, 2001; Staudacher; Wilson, Soule, & Fenton, 1988). All are barriers that make accepting and receiving help more difficult and leave fathers more at risk for developing chronic grief (Lasker & Toedter, 1991; Rando, 1986).

Some suggest that, following the loss of a child, women suffer more psychological distress and over a longer period of time than fathers (Bohannon, 1990-1991; Zeanah, Danis, Hirshberg, & Dietz, 1995). Others found comparable levels of grief in women and men (Hoekstra-Weebers, Littlewood, Boon, Postma, & Humphrey, 1991; Rando, 1983). A substantial group of fathers (around 20%) showed grief or distress, which exceeded that of their partners (Benfield, Weis, Newman, & Gary, 1998; Dyregrov & Matthiesen, 1987; Zeanah et al. 1995). Stinson et al. (1992) found that 29.4% of men had higher grief scores 2 years postloss as compared to 16.7% of women. Moreover, Dyregrov and Dyregrove (1999) reported that men's grief scores were higher than women's, 12 to 15 years after the loss. Higher grief scores for men years after a loss may be due to their need to stay in control and be problem focused, assuming the protector role for the woman (DeFrain, 1991; Doka & Martin, 2001; Long, 1992; Samuelsson et al. 2001; Worth, 1997). Fathers whose partners experienced a miscarriage expressed feelings of helplessness and lack of control, saw their primary role as support for their partner, and held back their own feelings to do this (Irizarry & Willard, 1999; McCreight, 2004; Miron & Chapman, 1994; Murphy, 1998). The protector role may tone down emotional response in general, leading to a sense of failure and feelings of guilt, especially if the deceased was one of the "protected" (Doka & Martin; Levang, 1998). Dilts (2001) surmises that men's traditional role as defender of the family can actually heighten fathers' sensitivity to the pain of their spouses and children, thereby intensifying men's grief.

For fathers, a subsequent pregnancy can produce mixed feelings of joy and anxiety (O'Leary, 2005; O'Leary, Parker, & Thorwick, 1998; Samuelsson et al. 2001; Warland, 2000). Lack of control and the need to protect their partner (Armstrong, 2001) continue in the subsequent pregnancy. This can create increased vigilance over the health care of the mother and baby, a heightened sense of generalized risk for the family (Armstrong; O'Leary et al. 1998), and higher trait anxiety scores than families with no experience of loss (Armstrong & Hutti, 1998; Cote-Arsenault & Mahlangu, 1998; Franche, 2001; Grout & Romanoff, 2000; Hedegaard, Henriksen, Secher, Hatch, & Sabroe, 1996). Others describe men as overwhelmed, helpless, and frustrated, and that the subsequent pregnancy may be an area of misunderstanding between partners (Cirulli-Lanham, 1999; Irizarry & Willard, 1999). Some men additionally fear harm to their partner if the previous loss was due to a maternal medical emergency (O'Leary & Thorwick, 1997). Only fathers whose children died of SIDS appear to have better coping skills in a subsequent pregnancy (Carroll & Shaefer, 1993-1994).

Value judgments about perceived differences between male and female grief have resulted in accepted assumptions about gender difference in bereavement that may not be true (Martin & Doka, 1998). Cultural norms may hinder men from expressing grief, and they may respond to a grief measurement tool from the perspective of what they think is culturally appropriate rather than what they may actually feel (Samuelsson et al. 2001). Others suggest that the full range of men's grief reactions may not have been tapped because most measurements focused on more "feminine" characteristics of loss such as sadness and tenderness (Cook, 1988; Dyergrov & Dyregrove, 1999; Stinson et al. 1992). Staudacher (1991) speculates that a man who expresses, releases, or completely works through grief is an exception rather than the rule. Further, little

attention has been paid to the relationship between ontology and masculinity and is believed to have a significant bearing on the male experience of grief (Thompson, 2001). This supports the need for a clearer understanding of what it is like for fathers to experience pregnancy after perinatal loss.

Method

Descriptive phenomenology was used to explore how it might be different for a father during pregnancy when there has been a perinatal loss. One-on-one interviews of 1 to 1 hour 30 minutes were conducted by the first author. The interviews were recorded and transcribed verbatim for analysis. "Process consent," a renegotiation of consent during interviews (Kavanaugh & Ayres, 1998; Kavanaugh & Robertson, 1999; Rosenblatt, 1995), was used, thereby enabling participants to stop the interview if they chose. One father became very emotional and was offered this option, but he wanted to continue so that others might understand.

Phenomenological studies begin with a question that provides a springboard for engaging in dialogue. "What is it like to be a father to this baby during this pregnancy?" As each person spoke, key words were noted and used as a guide for further questions (Dahlberg, Drew, & Nystrom, 2001). At some point in the interview, each of the fathers shared the story of his baby who died, opening discussion on how it was affecting them this time. Back-and-forth dialogue led to a deeper understanding of the experience.

Participants

Permission to conduct the study was received from the appropriate university and hospital ethics committees. Participants were obtained through three methods of contact: (a) friends of former parents who had been involved in a pregnancy after loss support group, (b) a notice in a bereavement newsletter, and (c) staff at a perinatal center. Ten fathers volunteered to participate. All were employed. Age range was 28 to 38 years, except for one father who was 59. He had no living children. All had experienced the loss of a baby within the prior year. One father had had two term-losses, a stillborn daughter and a son who died at 8 weeks of a heart defect. Five fathers had one living child each and one father had two. At the time of the interview, the pregnancies were between 23 and 34 weeks gestation. Pseudonyms have been given to protect identities.

Data Analysis

Finding the essence of the father's experience during a pregnancy after loss was the focus of analysis. Using Giorgi's method of analysis (1997), each interview was read several times to gain a sense of the whole, coded line by line, and analyzed within and between interviews. Phenomenological reduction is an essential part of text analysis and "depends on competent and clear reflectiveness, on an ability to attend, recognize, and describe with clarity" (Moustakas, 1994, p. 93). While engaged in reduction, the intention was to present to what was given, precisely as it was given (Giorgi, 1985), so the meaning units identified accurately reflect what each participant had said. Expressions of emotions or uncertainty, pauses, and hesitations were included when it helped clarify the meaning (Dahlberg et al. 2001). Repetitive statements of the experience from each participant were grouped into meaning units, leading to the identified themes discussed in this article. The themes and sample sections of the data were sent to five of the fathers for verification of whether the lived experience had been captured, and all agreed it had been. One father verbalized being "drawn to want to read it every time I was passing by it." And another, "You have feelings of being some kind of a freak and it was nice to see that others feel the same."

Findings

Recognition

When a baby dies, the anguish of the mother is visible to the world because she has the physical experience of pregnancy and giving birth. This does not happen for fathers. They described the feeling overlooked; there was concern shown neither for the fathers' equally devastating loss nor for their difficulty coping in the subsequent pregnancy. They wanted to be recognized. Tom articulates:

> The hardest part after we lost two kids, the first month or so, no one worried about the father … I felt even doctors or whatever seemed to worry about [my wife] and not so much me. But it was there, it was hard because you felt left out.

Bob became creative in responding in a way that would include him.

> They want to see, "How's mom doing." Well you know, it's affecting me too…we're in this together. I said, "Well we're doing okay" … put it plural so they knew that it was both of us doing it. So it wasn't just, "I'm feeling like crap, but Mom's doing fine." We're doing the best we can.

Lack of recognition was identified as a societal issue by six fathers.

> Society … they more gear it [pregnancy] toward what the mother and the baby are [doing]. The father's just,

I don't want to say pushed aside, but you gotta be men, you gotta be strong. You can't cry. You can't show your emotions. You gotta hide it. And they don't realize that, we don't have to do that, just stuff it.

Pregnancy is regarded as a women's experience, and fathers feel ignored.

The loss of their previous child changed how these fathers saw their role in the subsequent pregnancy. They wanted to be seen as more than a "support person." "A few times I could have spoken to people about things, but I wasn't asked so I never said anything."

Preoccupation

"Life goes on" in spite of the need to grieve. Jack's wife was on maternity leave after their son died, but he couldn't take time off. "That's the difference, I had to just keep going on…When we got the mail, the bank, they still want their payment. That's when you realize you just can't stop." This responsibility did not change in the subsequent pregnancy. It became more complicated. The fathers in this study were exhausted, physically and emotionally. When asked to say more about how they managed, a common response was "I keep myself busy." Another, "I'm pretty much a workaholic. It's what I do when I get depressed. I busy myself. That's what gets me through it." Some had additional obligations of older children and manifold household tasks if their partner was on bed rest: "You've still got the stress at work, your pressure at work. You've still got your normal fatherly duties. It's just really worn me down."

Although work was a temporary distraction, four fathers exhibited great emotion as they shared the burden of worry over what was going on at home. They had difficulty concentrating at work and called home frequently, asking the mother to validate fetal movements. "When I go out of town I make sure she calls me two or three times a day. I want to know everything." This behavior was described by all the fathers as very different from their previous pregnancies.

> Every time I talk to her during the day at work, "Is the baby moving?" I like to be reassured that, yeah, it's still moving fine, it's still kicking, or it's been active all day, it's still healthy. Before (in prior pregnancies) she'd say there'd be two, three days where she'd block it out, didn't really pay attention. Now I think it's—we're more aware of it.

Terry expresses the pull of trying to "escape" at work but then fear strikes:

> I'll regain my focus and start doing something on work and then all of a sudden there'll be a moment of silence and I drift off and I think, "Well, what's going on? How is she doing? What's the baby doing? Are we going to make a trip to the hospital today." And all of a sudden I'll get a phone call saying things aren't going so good, and that just kind of blows the rest of the day, because I can't focus on my job any more.

Tom solved the dilemma of phone calls by telling his wife: "I just want you to know every time my cell phone rings my stomach clutches up, I think something's going wrong. I even told her that, when she calls, say right away, 'Hey, everything's fine. I just wanted to call.'"

Stoicism

Fathers made an effort to appear strong, but their overt behavior contradicted their inner state of stress and vulnerability. The role of protector was intensified although they were aware that they had no control of the outcome.

> It's like being a hypocrite. You tell them that everything's going to be okay. And you really want to believe, truly believe, it's going to be okay … But you still have questions yourself. You don't know if everything's going to be okay. But you need to give some sort of reassurance. Otherwise what else would you say? Well, I don't think everything's okay. Maybe we should go in to the doctor. Well, we were just there two days ago. You just can't keep going to the doctor every two days for confirmation that everything's okay. So the tremendous weight is just trying to be the solid wall and be strong for the whole family … But it wears on me too … I focus on the goal. I tell myself, I convince myself that this one is going to happen.

Rob had never shared his feelings about two previous pregnancies: a son whose birth was a medical emergency and a daughter who died at 31 weeks gestation. His history has taught him there are no guarantees. When asked who supports him in his worries, he cried.

> It's a lot. I don't know what to do sometimes. I don't tell her how I feel. Every morning at 4 AM I'm awake. I don't tell her that I've been up [at night worrying]. Feel as though I can't. I try to support her. If I let her know that I'm worried, then she'll think, "What are *you* worried or talking about? You don't think things will work out either." That's why I don't say that I worry. Because I'm afraid that she'll start thinking I don't have faith in what's going to happen. I try to comfort her. How can I tell her things are going to be okay? I don't know. Nobody knows.

Protecting their partner can impede fathers from dealing with their own feelings.

Support

Societal pressure for men to be "the strong one" created a tremendous burden and was a barrier for securing much needed support. When asked who supported them, three fathers simply replied, "No one." Four of the participants were taught by their fathers not to express feelings. If men had problems they "Took it to bed. That's what you do. You're not open with it during the day, so you just take it to bed with you and worry about it at night, or you think about stuff that's out of your control." Only 4 of the 10 fathers said that they had male friends to whom they could talk about the current pregnancy. Mark had a sister who seemed to understand. Others said that their partners were the only support they needed even as they described holding back feelings to protect them.

Although fathers expressed a need for support groups for men, most felt they wouldn't attend one. Bob spoke with great emotion as he said there are no groups "just for fathers" but felt a group setting would not work.

> And I just don't think anybody's realized that there's no support group just for fathers. There're groups for mothers but I can't see a bunch of 300 pound burly men sitting in a room bawling. And it's just not going to happen. It's hard to get men to open up. And it's tough because we're raised, and genetic and whatever, that we've got to be tough for the family and be the strong person. I don't think you're going to get the five, ten guys in a room. I think it's going to have to be, just one on one, to really let them open up because, believe me, if there would be five other guys in here, I wouldn't be here saying anything. I'd just be sitting back and listening.

Two fathers had partners who were attending a subsequent pregnancy support group, but they did not see the benefit. Tom explains "I don't know why or how sitting in a room with a bunch of people that have had a tragedy like ours, and hearing their story is actually going to help me deal with anything, if there is anything to deal with."

Dick recognized the value of attending to help relieve the stress, but was conflicted whether or not he would attend:

> To be honest with you, I don't know if I want to go to one. I mean this is how it is. I grieve differently. I can't say never or I won't. I've got to maybe give it a try one of these times. It's nice to talk to other dads too, that went through it. And you see their point of view and you know what, I'm not alone. We all have the same story. That's why it's a lot on dads (*the stress)*.

Mike also saw the benefit but did not attend a group:

> It's always useful to talk about things that are concerning you. And to share stuff with people who are coming from the same place. So when that happens you can skip a whole lot of jumble, trying to explain about a feeling.

Most of the participants felt it was just as difficult for their peers to share feelings as it was for them. Four fathers used the exact same words; "Men just don't talk about it." Another, "Guys are not the type to let their feelings show. They're not going to sit there and tell you how they feel. That's just the way they are. It's nature." One dad explains:

> I work mainly with men … a bunch of manly men … It's not one thing that you sit there and openly share with them … But most men … never had to deal with this. They don't know what to say, what to do.

Others felt no man would want to listen: "If someone comes to me with their problems, you get halfway through it and you think to your self, 'I don't need to hear his problems'."

The difficulty men have in sharing feelings was reflected by this father when he described his struggle agreeing to be interviewed:

> It's really tough, letting someone in. Not only just into your door but letting them have a peek at your life. I was always taught you don't show feelings … I know it's probably not best to hold things inside. Everybody's different. That's the way I deal with it. I would say to other dads, if you feel the need to talk about it, find somebody to talk to about it.

Discussion and Implications for Care

Conventional thought categorizes pregnancy as a "women's issue." In the not too distant past, fathers were not allowed at the birth of their babies. And now men's roles are seen as helpful but mostly in terms of how they can support their partner. The voices of the fathers in this study are compelling in shedding light on the inadequacy of either approach.

Recognition is inextricably intertwined with selfhood and personal identity; to receive recognition means to be known (van Manen, 2002). Consistent with previous research, these participants were asking for recognition as fathers, both at the time of their loss and in the current

pregnancy (May, 1996; McCreight, 2004; Samuelsson et al. 2001; Worth, 1997). Fathers felt diminished when concerns about how they were coping were directed only to the women. Similarly, fathers of children with disabilities described feeling excluded, disregarded, and disenfranchised by the health care system (May). Contrary to research that suggests men suffer less distress over perinatal loss than women, the extraordinary emotions these fathers exhibited support research that suggests men deal with loss at an emotional level (McCreight; Miron & Chapman, 1994). They felt a lack of control and were putting their own needs aside to protect the mother, congruent with other findings on men's experience of miscarriage and infant loss (Armstrong, 2001; May; McCreight; Miron & Chapman; Murphy, 1998; Worth). Their struggle to stay strong and unemotional, learned from their fathers, further supports the view of men's grief responses being a product of cultural conditioning and psychological reactions and, to a lesser degree, biological factors (Levang, 1998; McCreight; Staudacher, 1991; Stinson et al. 1992).

Family-centered health care providers acknowledge that fathers need to be included in pregnancy care and child rearing but there appears to be lack of follow through. The fathers in this study suggest that men's needs at the time of loss continue to be inadequately addressed in the next pregnancy. The loss of a baby changed how they dealt with the subsequent pregnancy, also seen by Armstrong (2001). They called home frequently to check on the baby and the mother's condition and emotional state. They wanted to be recognized by others as more that just a support person. When we ignore the father's part, the protector of the family role is usurped, leaving him no opportunity to explore or express how he will carry out that important role. Active participation and processing personal feelings can open doors to a new kind of empowerment. It is important to assume the father wants to be fully engaged unless he specifically tells you otherwise (May, 1996).

Health care providers should be aware of verbal and nonverbal cues that may indicate inhibited feelings (Kimble, 1991) and should recognize that anger is often a camouflage for fear and sadness (May, 1996). Some fathers shut down their feelings in the subsequent pregnancy. They may choose not to open up, be too frightened to share or may not even be conscious of their feelings. Respecting this boundary, it helps to gently prod defenses because of the long-term benefit. Sometimes asking fathers, "How are *you* doing?" in front of the mother helps communication that may have otherwise been closed because both parents have been too frightened. Asking questions of them both, relating to them as parents of the baby, already present, begins a conversation likely to guide intervention. Research tells us when family communication is enhanced, depression and fatigue can be reduced (May).

Anger or avoidance of prenatal visits can be a disguise for fear and sadness.

In a Western society, following a death in the family, most employers allow the bereaved only 3 days off work (Cable, 1998). Only two of the fathers had support from their work place granting absence without loss of pay, allowing them to take significant time off during their losses and for clinic visits in the current pregnancy. There is not adequate support around paternal leave, and pregnancy loss is often not perceived as a death. Returning to work as an escape was acknowledged by three fathers in this study, a finding seen by others (Irizarry & Willard, 1999). While work may be a convenient escape from dealing with feelings, work also robs time needed for processing and, fathers, just like mothers, need time to heal. Others studies concur (Reilly-Smorawski, Armstrong, & Catlin, 2001; Worth, 1997). Updating policies regarding paternity leave clearly need to be reexamined.

Reliance solely on their partner for support continued into the subsequent pregnancy, congruent with other studies (McCreight, 2004; Miron & Chapman, 1994). This finding provides insight into why active grief for men at the time of loss is lower than for women, while difficulty in coping and despair are higher for men (Hughes & Paige-Lieberman, 1989; Kamm & Vandenberg, 2001; Puddifoot & Johnson, 1999; Wheeler & Pike, 1993) and can exceed that of their partners (Benfield et al. 1998; Dyregrov & Matthiesen, 1987; Zeanah et al. 1995). If the partner is the only support, it deprives both parents of other social support. Furthermore, for fathers, the burden of keeping feelings to themselves may suppress grief, potentially increasing the risk of chronic grief (Kamm & Vandenberg). A wider support network has been associated with enhanced adjustment for fathers (Cordell & Thomas, 1990). Couples who are able to maintain a common social network appear better able to process their grief work (Lang, Gottlieb, & Amsel, 1996).

Perinatal loss support groups exist in many communities, but there continues to be a lack of information and support in the next pregnancy. In this study, fathers clearly saw the value and the need for support but struggled with how this should be provided. They perceived support groups as mostly "just for the mothers," congruent with others (May, 1996). Their descriptions of men not attending groups agrees with others who suggest that women respond favorably to traditional forms of intervention, such as open sharing of feelings and group support, while masculine grievers convert most of their grief energy into the cognitive domain (Martin & Doka, 1998).

How to provide help to prevent delayed grief in men is the challenge brought forth by these participants. In considering groups for fathers, a male cofacilitator may be helpful, although gender could be less important than that the facilitator be someone who will stay with them in their stories and be open to discovery. McCreight (2004) found infant loss groups facilitated by former partner participants were more likely to be attended by both partners. Men attending were able to share the grief of others, come to terms with their own grief, and learn different ways to handle grief (Cordell & Thomas, 1990; McCreight). Clinical experience of these authors verifies that fathers are more likely to attend a subsequent pregnancy group when they understand that the purpose of the group is to learn skills in coping with anxiety and in focusing on the current baby while still being a father to the baby who died. Fathers who attended found they were not alone and their feelings were normal, given their obstetric history (O'Leary, 2004; O'Leary et al.1998). Although the benefit of attending groups during high-risk pregnancies is supported in other studies (Cote-Arsenault, Bidlack, & Humm, 2001; Franche & Mikail, 1999), most obstetricians do not yet value the need for group support (Nettle, 1995).

The fathers in this study should be credited for their enormous courage and strength to participate in this interview process. Most welcomed the opportunity to talk about their babies who died. Four fathers felt participating honored the memory of their previous baby. Interviewing fathers separately provided the freedom to discuss issues they chose to withhold from their partners out of a sense of protection. Some fathers also found the interview very therapeutic. McCreight (2004) found using narrative a powerful tool for assessing hidden grief, offering men a way to discuss an experience without compromising their male roles. Condon (1985) further suggests that asking fathers to participate in research without going through their partners is helpful, as women tend to say the men would not be interested, but when given the opportunity, men are eager to express their thoughts and feelings regarding the pregnancy, a conclusion confirmed in this study.

Conclusion

This study provides insight into how a previous prenatal loss can affect fathers in the next pregnancy. Although the number of participants was small, with no intent to generalize to all fathers, the data underscore the need for research. How men cope and modification of grief scales to reflect the father's perspective should be explored. Developing strategies to assess and support the emotional needs of fathers will guide appropriate interventions, both at the time of loss and in the subsequent pregnancy.

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REFERENCES

Armstrong, D. (2001). Exploring fathers' experiences of pregnancy after a prior perinatal loss. *Maternal Child Nursing, 26*, 147-153.

Armstrong, D., & Hutti, M. (1998). Pregnancy after perinatal loss: The relationship between anxiety and prenatal attachment. *Journal of Obstetrics and Gyencological Neonatal Nursing, 27*, 183-189.

Ashley, M. K. (2003). *Fathers and grief*. Unpublished manuscript.

Barrows, P. (2004). Fathers and families: Locating the ghost in the nursery. *Infant Mental Health Journal, 25*, 408-423.

Benfield, C., Weis, D., Newman, I., & Gary, D. (1998). The roller coaster ride of parent anticipatory grief in the NICU. *Pediatrics, 102*(Suppl. 2), 765.

Beutel, M., Willner H., Deckardt, R., von Rad, M., & Weiner, H. (1996). Similarities and differences in couple's grief reactions following a miscarriage: Results from a longitudinal study. *Journal of Psychosomatic Research, 40*, 245-253.

Bohannon, J. R. (1990-1991). Grief responses of spouses following the death of a child: A longitudinal study. *Omega, 22*, 109-121.

Cable, D. (1998). Grief in the American culture. In K. J. Doka & J. D. Davidson (Eds.), *Living with grief: Who we are, how we grieve* (pp. 61-70). Washington, DC: Hospice Foundation of America.

Carroll, R., & Shaefer, S. (1993-1994). Similarities and differences in spouse coping with SIDS. *Omega, 28*, 273-284.

Cirulli-Lanham, C. (1999). *Pregnancy after loss: A guide to pregnancy after a miscarriage, stillbirth, or infant death*. New York: Berkley Books.

Condon, J. (1985). The parental-fetal relationship: A comparison of male and female expectant parents. *Journal of Psychosomatic Obstetrics and Gynaecology, 4*, 271-284.

Cook, J. A. (1988). Dads' double binds: Rethinking fathers' bereavement from a men's studies perspective. *Journal of Contemporary Ethnography*, *17*, 285-308.

Cordell, A., & Thomas, N. (1990). Fathers and grieving: Coping with infant death. *Journal of Perinatology, 10*, 75-80.

Cordell, A., & Thomas, N. (1997). Perinatal loss: Intensity and duration of emotional recovery. *Omega, 35*, 297-308.

Cote-Arsenault, D., Bidlack, D., & Humm, A. (2001). Women's emotions and concerns during pregnancy following perinatal loss. *Maternal-Child Nursing, 25*, 128-134.

Cote-Arsenault, D., & Mahlangu, N. (1998). Impact of perinatal loss on the subsequent pregnancy and self: Women's experiences. *Journal of Psychosomatics in Obstetric and Gynecologic & Neonatal Nursing, 28*, 274-282.

Dahlberg, K., Drew, N., & Nystrom, M. (2001). *Reflective lifeworld research*. Lund, Sweden: Studentlitteratur.

DeFrain, J. (1991). Learning about grief from normal families: SIDS, stillbirth, and miscarriage. *Journal of Marital and Family Therapy, 17*, 215-232.

Detmer, C., & Lambert, J. (1991). Family grief. *Death Studies, 15*, 363-374.

Dilts, M. (2001). The eloquence of pain: Poetry of bereaved fathers following a perinatal loss. In D. A. Lund (Ed.), *Men coping with grief* (pp. 349-363). Amityville, NY: Baywood.

Doka, K., & Martin, T. (2001). Take it like a man: Masculine response to loss. In D. A. Lund (Ed.), *Men coping with grief* (pp. 37-47). Amityville, NY: Baywood.

Dyregrov, A., & Dyregrove, K. (1999). Long-term impact of sudden infant death: A 12-15-year follow-up. *Death Studies, 23*, 635-661.

Dyregrov, A., & Matthiesen, S. B. (1987). Anxiety and vulnerability in parents following the death of an infant. *Scandinavian Journal of Psychology, 28*, 16-25.

Franche, R. (2001). Psychologic and obstetric predictors of couples' grief during pregnancy after miscarriage or perinatal death. *Obstetrics & Gynecology, 97*, 597-602.

Franche, R., & Mikail, S. (1999). The impact of perinatal loss on adjustment to subsequent pregnancy. *Social Science & Medicine, 45*, 1613-1623.

Frost, M., & Condon, J. (1996). The psychological squeal of miscarriage: A critical review of the literature. *Australian and New Zealand Journal of Psychiatry, 30*, 54-62.

Giorgi, A. (1985). *Verbal learning tradition*. Pittsburgh, PA: Duquesne University Press.

Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology, 28*, 235-260.

Grout, L., & Romanoff, B. (2000). The myth of the replacement child: Parents' stories and practices after perinatal death. *Death Studies, 24*, 93-113.

Hedegaard, M., Henriksen, T. B., Secher, N. J., Hatch, M. C., & Sabroe, S. (1996). Do stressful life events affect the duration of gestation and risk of preterm delivery? *Epidemiology, 7*, 339-345.

Hoekstra-Weebers, J. E., Littlewood, J. L., Boon, C. M., Postma, A., & Humphrey, G. B. (1991). A comparison of parental coping styles following the death of adolescent and preadolescent children. *Death Studies, 15*, 565-575.

Hughes, C., & Paige-Lieberman, J. (1989). Fathers experiencing a perinatal loss. *Death Studies, 13*, 537-556.

Irizarry, C., & Willard, B. (1999). The grief of SIDS parents and their understanding of each other's responses. *Omega, 38*, 313-323.

Johnson, M. P., & Puddifoot, J. E. (1996). The grief response in the partners who miscarry. *British Journal of Medical Psychology, 69*, 313-327.

Johnson, M. P., & Puddifoot, J. E. (1997). Vivid visual imagery and men's response to miscarriage. *Proceedings of the British Psychological Society, 5*, 56.

Johnson, M. P., & Puddifoot, J. E. (1998). Miscarriage: Is vividness of visual imagery a factor in the grief reaction of the partner? *British Journal of Health Psychology, 3*, 137-146.

Jordan, P. L. (1990). Laboring for relevance: Expectant and new fatherhood. *Nursing Research, 39*, 11-16.

Kamm, S., & Vandenberg, B. (2001). Grief communication, grief reactions and marital satisfaction in bereaved parents. *Death Studies, 25*, 569-582.

Kavanaugh, K., & Ayres, L. (1998). Not as bad as it could have been: Assessing and mitigating harm during research interviews on sensitive topics. *Research in Nursing & Health, 21*, 91-97.

Kavanaugh, K., & Robertson, P. (1999). Recurrent perinatal loss: A case study. *Omega, 39*, 133-147.

Kimble, D. (1991). Neonatal death: A descriptive study of fathers' experiences. *Neonatal Network, 9*, 45-50.

Lang, A., Gottlieb, L. N., & Amsel, R. (1996). Predictors of husbands' and wives' grief reactions following infant death: The role of marital intimacy. *Death Studies, 20*, 33-57.

Lasker, J., & Toedter, J. (1991). Acute verses chronic grief: The case of pregnancy loss. *American Journal of Orthopsychiatry, 61*, 510-523.

Levang, E. (1998). *When men grieve: Why men grieve differently and how you can help*. Minneapolis, MN: Fairview Press.

Long, J. (1992). Grief and loss in childbirth. *Midwives Chronicle Nursing Notes, 105*, 51-54.

Martin, T., & Doka, K. (1998). Revisiting masculine grief. In K. J. Doka & J. D. Davidson (Eds.), *Living in grief* (pp. 133-142). Washington, DC: Hospice Foundation of America.

Mason, C., & Elwood, R. (1995). Is there a physiological basis for the couvade and onset of paternal care? *International Journal of Nursing Studies, 32*, 137-148.

Mauger, B. (2004). *Reclaiming father*. Dublin, Ireland: Soul Connections. Available from jandj@pro-ns.net

May, J. (1996). Fathers: The forgotten parent. *Pediatric Nursing, 22*, 243-246.

McCreight, B. S. (2004). A grief ignored: Narratives of pregnancy loss from a male perspective. *Sociology of Health and Illness, 26*, 326-350.

McGreal, D., Evans, B. J., & Burrows, G. D. (1997). Gender differences in coping following loss of a child through miscarriage or stillbirth: A pilot study. *Stress Medicine, 13*, 159-165.

Miron, J., & Chapman, J. (1994). Supporting: Men's experience with the event of their partners' miscarriage. *Canadian Journal of Nursing Research, 26*, 61-72.

Moustakas, C. (1994). *Phenomenological research methods*. London: Sage.

Murphy, F. (1998). The experience of early miscarriage from a male perspective. *Journal of Clinical Nursing, 7*, 325-332.

Nettle, J. (1995). Support group: A neglected resource in obstetrics and gynecology. *Obstetrical and Gynecological Survey, 50*, 495-496

O'Leary, J. M. (2004). Grief and its impact on prenatal attachment in the subsequent pregnancy. *Archives of Women's Mental Health, 7*, 7-18.

O'Leary, J. M. (2005). The trauma of ultrasound during a pregnancy following perinatal loss. *Journal of Loss and Trauma, 10*, 183-204.

O'Leary, J. M., Parker, L., & Thorwick, C. (1998). *After loss: Parenting in the next pregnancy. A manual for professionals working with families in pregnancy following loss*. Minneapolis, MN: Allina Health Systems. Available from jandj@pro-ns.net

O'Leary, J. M., & Thorwick, C. (1997). Impact of pregnancy loss on the subsequent pregnancy. In J. R. Woods &

J. E. Woods (Eds.), *Loss during pregnancy or in the newborn period* (pp. 431-463). Pitman, NJ: Jannetti.
Puddifoot, J. E., & Johnson, M. P. (1999). Active grief, despair, and difficulty coping: Some measured characteristics of male response following their partners miscarriage. *Journal of Reproductive and Infant Psychology, 17*, 89-92.
Rando, T. A. (1983). An investigation of grief and adaptation in parents whose children have died from cancer. *Journal of Pediatric Psychology, 8*, 3-20.
Rando, T. A. (1986). Unique issues and impact. In T. A. Rando (Ed.), *Parental loss of a child* (pp. 5-43). Champaign, IL: Research Press.
Reilly-Smorawski, B., Armstrong, A., & Catlin, E. (2001). Bereavement support for couples following death of a baby: Program development and 14-year exit analysis. *Death Studies, 26*, 21-37.
Rosenblatt, P. (1995). Ethics of qualitative interviewing with grieving families. *Death Studies, 19,* 139-155.
Samuelsson, M., Radestad, I., & Segesen, K. (2001). A waste of life: Fathers' experience of losing a child before birth. *Birth, 28*, 124-130.
Sandelowski, M., & Black, P. B. (1994). The epistemology of expectant parenthood. *Western Journal of Nursing Research, 16*, 601-622.
Schwab, R. (1996). Gender differences in parental grief. *Death Studies, 20*, 103-113.
Smart, L. S. (1992). The marital helping relationship following pregnancy loss and infant death. *Journal of Family Issues, 13*, 81-98.
Speckhard, A. (1997). Traumatic death in pregnancy: The significance of meaning and attachment. In C. R. Figley, B. E. Bride, & N. Mazza (Eds.), *Death and trauma and the traumatology of grieving* (pp. 67-98). Washington, DC: Taylor and Francis.
Staudacher, C. (1991). *Men & grief*. Oakland, CA: New Harbinger.
Stinson, K., Lasker, J., Lohmann, J., & Toedter, L. (1992). Parental grief following pregnancy loss: A comparison of mothers and fathers. *Family Relations, 41*, 218-223.
Thompson, N. (2001). The ontology of masculinity: The roots of manhood. In D. A. Lund (Ed.), *Men coping with grief* (pp. 27-35). Amityville, NY: Baywood.
van Manen, M. (2002). Pathic nature of inquiry and nursing. In: M. van Manen (Ed.), *Nursing and the experience of illness* (pp. 17-35). London: Routlege.
Warland, J. (2000). *The midwife and the bereaved family*. Melbourne, Australia: Ausmed Publications.
Waters, I. (1996/1997). Prenatal fathers, groups: Beyond traditional prenatal classes. *Pre & Post Natal News, 4*, 3-5.
Wheeler, S. R., & Pike, M. M. (1993). Families' responses to the loss of a child. In C. S. Fawcell (Ed.), *Family psychiatric nursing* (pp. 140-161). St. Louis, MO: Mosby.
Wilson, A., Soule, D., & Fenton, L. (1988). The next baby: Parents responses to perinatal experiences subsequent to a stillbirth. *Journal of Perinatology, 8*, 188-192.
Worth, N. (1997). Becoming a father to a stillborn child. *Clinical Nursing Research, 6*, 71-89.
Zeanah, C. H., Danis, B., Hirshberg, L., & Dietz, L. (1995). Initial adaptation in mothers and fathers following perinatal loss. *Infant Mental Health Journal, 16*, 80-93.

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