

Original Research Article

Psychological Impact of Recurrent Pregnancy Loss among Married Women in South-South Nigeria

Gbaranor K. B.^{1*}, Imarhiagbe O. C.², Oreh Adaeze C.³, John E. E.⁴, Pepple B.⁵, Ekeng O. B.⁶, Barinua-Gbaranor N. P.⁷, Mube A. W.⁸, Etuk M. S.⁴, Okoish O. S.⁹, Timi-Oladipo A.¹⁰, Monday S. N.¹⁰, Owhorji B. I.¹, Osoma S. C.¹¹

¹Department of Human Physiology, College of Medical Sciences, Rivers State University, Port Harcourt, Rivers State, Nigeria

²Department of Family Medicine, College of Medical Sciences, Rivers State University, Port Harcourt, Rivers State, Nigeria

³Ministry of Health, Rivers State, South-South, Nigeria

⁴Akwa Ibom State Ministry of Health, Uyo, Akwa Ibom State, Nigeria

⁵Department of Nursing Sciences, College of Medical Sciences, Rivers State University, Port Harcourt, Rivers State, Nigeria

⁶Department of Anaesthesia, Nile University, Abuja, Nigeria

⁷Department of Office and Information Management, Faculty of Administration and Management, Rivers State University, Rivers State, South-South, Nigeria

⁸Department of Obstetrics and Gynaecology, University of Port Harcourt Teaching Hospital, Port Harcourt, Rivers State, Nigeria

⁹Department of Obstetrics and Gynaecology, University of Uyo Teaching Hospital, Uyo, Akwa Ibom State, Nigeria

¹⁰Cardinal Care Hospital and Maternity, Abuja, Nigeria

¹¹Department of Obstetrics and Gynaecology, Rivers State University Teaching Hospital, Port Harcourt, Rivers State, South-South, Nigeria

***Corresponding Author:** Gbaranor K. B.

Department of Human Physiology, College of Medical Sciences, Rivers State University, Rivers State, South-South, Nigeria

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Abstract: Recurrent pregnancy loss (RPL) involves the loss of two or more consecutive miscarriages and is a deeply distressing experience for many married women. Beyond the physical implications, RPL often causes significant psychological trauma, affecting emotional well-being, marital relationships, identity, and long-term mental health. Women experiencing repeated miscarriages often undergo intense and prolonged grief. Each loss can reactivate the emotional pain of previous losses, leading to persistent sadness, feelings of emptiness, emotional numbness and difficulty coping with daily activities. The grief is often disenfranchised, meaning society does not fully acknowledge the depth of the loss. This study is aim to evaluate the Psychological Impact of Recurrent Pregnancy Loss Among Married Women in South-South Nigeria. This was a cross-sectional study involving 250 women. A well-structured questionnaire was administered to participants. The study lasted for a period of 3 months. Statistical analysis was done using SPSS version 25.0 and $p < 0.05$ was significant. The results revealed that 60% of the participants were stressed, 76% depressed, 68% harassed by their in-laws, 72% humiliated, 80% were not comfortable at their matrimonial homes, and 80% were isolated. The study revealed that recurrent pregnancy loss has profound psychological effects on the married women causing grief, anxiety, depression, guilt, and marital strain, while cultural pressures, harassment from in-laws and identity challenges further intensify emotional suffering.

Keywords: Psychological Impact, Recurrent Pregnancy Loss, Married.

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INTRODUCTION

Pregnancy is one of the most life-changing events in a woman's life, and it can be one of the most stressful life events regardless of the pregnancy's outcome. The loss of a pregnancy is one of the stressful event that may affect a woman and her family in general. Such a state could occur during medical termination, miscarriage, stillbirth, or ectopic pregnancy and is often related to the stress following such losses (Hasani, *et al.*, 2021; Raghavan, *et al.*, 2024). The loss of a pregnancy entails not only high economic burdens, but is also a social problem throughout the world and is typically experienced as a traumatic, critical event, which can lead to additional psychological distress. There may be series of adversative effects as well, including health issues, hospitalizations, diminished social roles, as well as a diminished sense of security and quality of life (Guzewicz, *et al.*, 2021; Ibrahim, *et al.*, 2018; Raghavan, *et al.*, 2024). Loss of desired pregnancy is disastrous life event and this problem can lead to severe physical and psychological distress. The psychological impact of RPL were reported by many studies around the world. Women with RPL have experienced stress, depression (Kolte, *et al.*, 2015), anxiety grief, guilt and anger (Voss, *et al.*, 2020; Raghavan, *et al.*, 2024). Even importance though of literature psychological, suggests the socioeconomic factors affecting pregnancy and their mediating the effects on pregnancy health, RPL is still largely under estimated in clinical practices Raghavan, *et al.*, 2024). Moreover, these women with RPL also reported lower self-esteem and marital adjustments along with different attitude about current pregnancy (Farren, *et al.*, 2018; Kagami, *et al.*, 2012, Koert, *et al.*, 2019; Rasmak, *et al.*, 2017). Recurrent pregnancy loss is as important reproductive health issue as infertility and affects about 2%–5% of couples (Royal College of Obstetricians and Gynaecologists, 2011; Practice Committee of the American Society for Reproductive Medicine Evaluation and treatment of recurrent pregnancy loss, 2012). This traumatic event may lead to symptoms of depression, anxiety, lowered self-esteem and other psychosocial consequences (Bagchi and Friedman, 1999). Also, the negative psychological impact and feelings of grief and loss related to spontaneous abortion may intensify with further pregnancy loss (Brier, 2008; Bardos, *et al.*, 2015). The psychological effects following pregnancy loss may also be different in women and men and this difference may be due to difference in the concept of both maternity as well paternity as culturally acceptable (Serrano and Lima, 2006). Depression, anxiety, and post-traumatic stress disorder are the most common psychological disorders seen among couples with recurrent pregnancy loss. Also due to these comorbidities the relationship among couples gets impaired which further have a negative impact on quality of life leading to a negative outcome in future conceptions (Chandel, *et al.*, 2024). These psychological trauma has brought changes including emotional, hormonal, and physical changes to the women (Gbaranor, *et al.*, 2025).

MATERIALS AND METHOD

This was a cross-sectional study involving 250 women. A well-structured questionnaire was administered to participants. The study lasted for a period of 3 months. Statistical analysis was done using SPSS version 25.0 and $p < 0.05$ was significant.

RESULTS

The results revealed that 60% of the participants were stressed (Table 1), 76% depressed (Table 2), 68% harassed by their in-laws (Table 3), 72% humiliated (Table 4), 80% were not comfortable at their matrimonial homes (Table 5), and 80% were isolated (Table 6). The study also shows that the participants were exposed to grief, anxiety, guilt, marital strain, cultural pressures and identity challenges further intensify emotional suffering (Table 7).

Table 1: Participants who were stressed due to recurrent pregnancy loss

Response	Frequency	Percentage (%)
Participants who have stress due to recurrent pregnancy loss	150	60.00
Participants who do not have stress due to recurrent pregnancy loss	100	40.00
Total	250	100.0

Table 2: Participants who were depressed due to recurrent pregnancy loss

Response	Frequency	Percentage (%)
Participants who have depression due to recurrent pregnancy loss	190	76.00
Participants who do not have depression due to recurrent pregnancy loss	60	24.00
Total	250	100.0

Table 3: Participants who were harassed by in-laws due to recurrent pregnancy loss

Response	Frequency	Percentage (%)
Participants who were harassed by in-laws due to recurrent pregnancy loss	170	68.00
Participants who were not harassed by in-laws due to recurrent pregnancy loss	80	32.00
Total	250	100.0

Table 4: Participants who were humiliated due to recurrent pregnancy loss

Response	Frequency	Percentage (%)
Participants who were humiliated due to recurrent pregnancy loss	180	72.00
Participants who not were humiliated due to recurrent pregnancy loss	70	28.00
Total	250	100.0

Table 5: Participants who were not comfortable in your matrimonial home due to recurrent pregnancy loss

Response	Frequency	Percentage (%)
Participants who were comfortable in your matrimonial home due to recurrent pregnancy loss	50	20.00
Participants who were not comfortable in your matrimonial home due to recurrent pregnancy loss	200	80.00
Total	250	100.0

Table 6: Participants who faced isolation due to recurrent pregnancy loss

Response	Frequency	Percentage (%)
Participants who faced isolation due to recurrent pregnancy loss	200	80.00
Participants who do not faced isolation due to recurrent pregnancy loss	50	20.00
Total	250	100.0

Table 7: Participants were exposed to psychological trauma like grief, anxiety, guilt, marital strain, cultural pressures and identity challenges further intensify emotional suffering due to recurrent pregnancy loss

Response	Frequency	Percentage (%)
Grief	50	20
Anxiety	50	20
Guilt,	40	16
Marital strain	20	8
Cultural pressures	40	16
Emotional suffering	50	20
Total	250	100.0

DISCUSSION

Recurrent pregnancy loss (RPL) involves the loss of two or more consecutive pregnancies and is a deeply distressing experience for many married women. Beyond the physical implications, RPL often causes significant psychological trauma, affecting emotional well-being, marital relationships, self identity, and long-term mental health. Women experiencing repeated miscarriages often undergo intense and prolonged grief. Each loss can reactivate the emotional pain of previous losses, leading to persistent sadness, feelings of emptiness, emotional numbness and difficulty coping with daily activities. The grief is often disenfranchised, meaning society does not fully acknowledge the depth of the loss.

The study revealed that majority (60%) of the participants passed through stress due to recurrent pregnancy loss. Recurrent pregnancy loss (RPL) places women under intense emotional, physical, and social pressure and because pregnancy is deeply connected to personal identity, hope for motherhood, relationship expectations, and cultural norms, repeated losses can trigger significant psychological stress. Repeated testing, medical appointments, and physical change create chronic stress. RPL also triggers anticipatory stress thus, creating that fear that it will happen again. Also, women with RPL face continuous uncertainty and Uncertainty is a major psychological stressor and can affect mental stability and decision-making. Due to recurrent pregnancy loss, physiological stress response may set in thus, trigger the body's stress-regulation system leading to increased cortisol levels, sleep disturbances, appetite changes and fatigue. Long-term activation of the stress response may worsen physical health and reproductive functioning, creating a cycle of stress and worry. Pregnancy is often tied to womanhood, marriage fulfillment, and identity and recurrent loss may cause loss of confidence in one's body, feeling inadequate, questioning self-worth. These identity challenges generate ongoing psychological stress.

Also, the study revealed that many of the participants passed through depression after experiencing recurrent pregnancy loss. Depression is a significant psychological consequence of recurrent pregnancy loss. It arises from repeated grief, self-blame, disrupted identity, chronic stress, relationship strain, social isolation, and loss of hope. These factors interact to create a high risk for both short-term depressive symptoms and long-term depressive disorders. This study agreed with previous studies that revealed that depression is an aftermath of recurrent pregnancy loss. Also, majority of the participants who experienced recurrent pregnancy loss were harassed and humiliated by their in-laws and some peers with

whom they had an altercation with. The participants who were victims of recurrent pregnancy loss were not also comfortable at their matrimonial homes and as a result, most of them went into social isolation.

Most of the women (participants) who had recurrent pregnancy loss may withdraw from social circles due to seeing others with babies or pregnancies, feeling misunderstood or judged and fear of insensitive remarks. The study revealed each pregnancy loss brings grief and when losses occur repeatedly, the emotional burden accumulates and may overwhelm coping resources and this may result in persistent sadness, feelings of emptiness, reduced interest in daily activities and increased tearfulness. The study also shows that the participants were exposed to grief, anxiety, guilt, marital strain, cultural pressures and identity challenges further intensify emotional suffering. Recurrent pregnancy loss (RPL) often causes marital strain between the participants and their spouse due to differences in coping styles, reduced emotional communication, sexual avoidance or stress around intercourse and tension surrounding family expectations and this strain can compound emotional distress.

CONCLUSION

Stress is a major psychological consequence of recurrent pregnancy loss, arising from emotional trauma, uncertainty, physiological responses, social expectations, marital strain, and disruption of self-identity. The stress is often chronic and may persist long after the loss, affecting mental health, relationships, and reproductive decisions. Recurrent pregnancy loss is not only a medical condition but a profound emotional and psychological ordeal for many married women. It can lead to grief, anxiety, depression, trauma symptoms, marital strain, feelings of inadequacy, and social isolation. Recognizing these psychological impacts is essential for providing compassionate care, counseling, and support to affected women and their partners.

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