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Lived Experiences of Filipino Mothers with Multiple Miscarriages

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Abstract

Background: The emotional and psychological recovery processes of Filipino mothers who have experienced multiple miscarriages are inadequately understood, particularly within the Philippine public health care system. **Objective**: The study aims to understand the lived experiences of Filipino mothers who have suffered multiple miscarriages, focusing on their emotional and psychological recovery. **Method**: Utilizing a phenomenological research design, in-depth interviews were conducted with 12 mothers from rural areas in the Philippines. **Result**: The study identified several themes, including the varied grieving and recovery processes, the presence of misinformation, poor health-seeking behavior, and the significant role of family support. It also highlighted gaps in the Philippine healthcare system, such as the absence of specialized programs for miscarriage care and limited access to essential prenatal services like ultrasounds. **Conclusion**: The findings underscore the need for improved public health initiatives, including education campaigns to address misinformation, specialized training for healthcare providers, and the establishment of support programs tailored to women who experience miscarriages. **Recommendation:** It include legislative action to ensure better care for women facing miscarriages, enhanced community-based support, and the provision of free ultrasound services in rural health units. This study emphasizes the importance of culturally sensitive interventions to improve the health and well-being of Filipino mothers coping with the emotional and psychological impact of multiple miscarriages. The study recommends legislative action for improved miscarriage care, community-based support, and free rural ultrasound services, highlighting the need for culturally sensitive interventions to support Filipino mothers' emotional and psychological well-being after multiple miscarriages

Keywords: multiple miscarriages, public health, philippines, filipino mothers, filipino mothers, with multiple miscarriage

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INTRODUCTION

Pregnancy is usually a joyous moment for everyone. Weather planned or not, it generally marks a new beginning, a life to celebrate and a happy future for the family. However, it is a totally different turn-around when it comes to failed pregnancy or a miscarriage. Miscarriage is not as rare as people might think about and this misconception about miscarriage have a bigger effect to how women seek medical help. While many resources tackle scientific ways to avoid it or deal with it [1], this study dived deep into the human experience of multiple miscarriages.

In the Philippine setting, miscarriage as a health condition is treated with the same post-partum visit by the public health nurses and the barangay health workers. They are provided with interventions that are the same with mothers who have normal post-partum status. While the current health care delivery system seems enough, a simple and deeper look may entail otherwise. This research endeavor take into the account the health care delivery system relative to miscarriages, particularly in the rural areas of the Philippines where a more elegant treatment or health service may not be available for pregnant mothers.

Through this study, it is of great importance to gain insight into the perspectives, emotions and attitudes of the Filipino mothers who have experienced multiple miscarriages in their lifetime through their lived experiences. It entails their recovery processes, coping mechanisms, health-seeking behaviors that they have gone through to survive their experiences and the role of the actual health care delivery services which is essential in providing nursing intervention relative to the needs of the Filipino mothers with multiple miscarriages.

Miscarriage happens when the pregnancy gets lost below 20 weeks of gestation. [2]. Its causes are concluded to be multivariate where a couple of interrelated independent variables may have come at the same time causing the condition, thus, treatment can also be multivariate and often taxing. Multiple miscarriage is a state at which a woman has had two or more failed pregnancies [3]. On a scientific note, multiple miscarriages actually require a more thorough examination regarding possible underlying reproductive issues. On a more practicable note, multiple miscarriages should warrant a better health promotion service, especially with the current health care delivery services in the Philippine public health.

All over the world, miscarriage as a health condition is remains a low public health priority among low-income countries like the Philippines [4]. This study was significant to the improvement of women's health in the context of the Philippine scenario. [5]. As initially observed, there is currently no specific health care protocol and services being provided for women who have undergone miscarriages. The researchers believe that the practicability of having conducted this study lies in its value of advocacy and program development endeavor that could warrant better health promotion and disease prevention for the women of the rural areas of the Philippines.

There are also a number of international studies conducted recently regarding miscarriage. Individualized health care is needed for each of the women experiencing such loss [6]. Getting through such life phenomena as miscarriage is multifaceted [7]. Thus, a holistic approach that expands from health education to psychological debriefing, nutritional counselling, and even marriage counselling is needed. Grieving is one thing, but part of the challenge is having partners that are aren't supportive and giving. Unhappiness, guilt, frustration and disappointments are part of such a health condition [4].

The study uses Coping Theory and Grief and Loss Theory which offers a strong framework for exploring the complex experiences of Filipino mothers dealing with multiple miscarriages. It integrates both emotional stages and coping strategies, providing a thorough understanding of their psychological journey and recovery processes.

A study conducted in the Philippines, it was found out specifically that the Filipino women suffering from domestic violence are most likely to have pregnancy loss compared to other women [8]. In most international studies, other risks include very high or very low body mass index, smoking, alcohol, air pollution, pesticide exposure among other underlying factors have been identified to have been related to pregnancy loss [9]. However, more advanced and highly scientific studies have

proved that a 70-80% of all miscarriages have genetic predisposition [10].

In another study conducted, they piloted an informational and emotional support program that has led to reduction in grief levels among the participants [11]. The simple informational and emotional support as a health intervention have done a satisfactory result in this experimental study. This particular context has been one of the main anchors of the current study.

In a series of research endeavors, they have deducted that dealing with miscarriage actually involves the early pregnancy management with emphasis on effective ultrasound service, some advanced prenatal care for mothers with history of miscarriage, surgical management, and ultimately training doctors and nurses for advanced miscarriage care as well us dedicated early pregnancy units [12]. The researchers analyzed these recommendations to suit the current health care delivery system we have.

As of these days, the battle against this phenomenon grows as time goes by [13]. However, a needed shift in paradigm lies in a health promotion after miscarriage. A worldwide reform of care for the women who have suffered from multiple miscarriage is a call of time [14]. For the Philippines, with the increasingly competitive public health system we currently have, a reform of care is likewise very possible. This study sought to gain insights into the lived experiences of FMMM, their recovery process and the health care delivery system relative to multiple miscarriage.

METHODOLOGY

Design

This study utilized a phenomenological research design, appropriate for profiling the lived experiences of Filipino mothers with multiple miscarriages. Hermeneutic Phenomenology was employed to guide the understanding and interpretation of data related to these human experiences, making implicit clues explicit [15].

Sample Size and Sampling Technique

The research participants were identified as key informants through criterion-based purposive sampling. The key informants included 12 Filipino mothers who had experienced two or more failed pregnancies and had sought services from their nearest Rural Health Unit. The selected municipalities were Oas and Bacacay in the province of Albay and Virac in the province of Catanduanes, located in the Bicol Region of the Philippines. Inclusion criteria required participants to be mothers who had experienced multiple miscarriages, while the exclusion criteria were any participants who had not experienced such miscarriages.

Instrument for Data Collection

Data were gathered using a semi-structured interview guide developed by the researchers. This guide was tailored to explore the study's objectives, with questions designed to elicit detailed narratives about the participants' experiences. The interview process included a mix of questions in both native languages and Filipino, depending on the participant's comfort level. The researchers conducted face-to-face interviews, which were recorded and later transcribed for analysis. The validity of the instrument was ensured through triangulation with experienced community nurses and Barangay health workers, and the reliability of the coding process was confirmed through a structured coding and thematic analysis process.

Data Collection Process

In this study, each interview session for one respondent typically involved a face-to-face setup, which could last anywhere from 30 to 60 minutes depending on the respondent’s depth of sharing. Following each interview, the researchers transcribed the recordings, coded the data, and identified themes, which were then validated through triangulation with community health practitioners. For the feedback process, participants were often asked to confirm or clarify their responses, either directly after the session or through follow-up conversations, ensuring accuracy and allowing respondents to add any additional insights. This process of feedback and confirmation helped ensure that the participants’ experiences were accurately reflected in the analysis and findings

Data Analysis

The data analysis followed a rigorous thematic analysis approach, utilizing NVivo software to facilitate both structured and emergent coding processes. NVivo supported efficient data organization, categorization, and retrieval, enabling in-depth examination of participant narratives. Final themes were validated through triangulation with community health practitioners to ensure consistency, reliability, and alignment with real-world experiences.

Ethical Consideration

Ethical approval for the study was obtained from the Camarines Sur Polytechnic Colleges Institutional Review Board (IRB). Written informed consent was secured from all participants, who were fully informed about the study's purpose, procedures, and their rights, including the option to withdraw at any time. Participant confidentiality was strictly maintained, with personal identifiers anonymized. Special care was taken to address the sensitive nature of multiple miscarriages, offering psychological support if needed. The study also respected cultural sensitivities by conducting interviews in native languages to ensure participant comfort

RESULTS AND DISCUSSION

This study focused on profiling the lived experiences of Filipino mothers with multiple miscarriages. After the rigorous data-gathering and analysis procedures including the face-to-face interviews, coding, thematization and triangulation was conducted, several themes have emerged.

Theme 1: Grieving Process

Theme 1.1: Varied experiences of grieving process

When it comes to grieving due to miscarriage, different women have different experiences of the phenomenon. The range varies from notions of *"..parang wala na lang.."* (..like nothing happened..) to having suicidal thoughts. These experiences are viewed as valid and individual in nature. Upon observation, mothers who have relatively better socio-economic situations experience a more profound grieving over the loss of pregnancy, while other ones shift their attention on their daily needs more or the need to move forward immediately due to their current life situation.

The key-informants were more focused on the stress of having problematic husbands rather than grieving. Nonetheless, sadness is always evident on their eyes upon recalling their experiences. While some mothers would give-in to the emotion through crying during the interviews, others remain calm and even smiling sadly.

Women with problematic husbands often experience heightened stress that can overshadow the grieving process after a miscarriage. This study found that many key informants focused more on marital stress than on grieving, which aligns from a previous study, who reported that the emotional burden from a difficult relationship can prolong distress [16]. The absence of partner support exacerbates feelings of isolation and sadness, significantly impacting how women cope with miscarriage.

Theme 1.2: Experience of fear over grief in the first miscarriage

Like any type of loss, grieving is natural. However, most of the participants rather pointed-out the experience of fear over grief in their very first miscarriage. As stated by one of the key-informants, *"Ang naramdaman ko lang noon ay takot kasi nga dinudugo ako tapos hindi ko alam na buntis talaga ako…"* (What I was mostly feeling at the time was fear because I was bleeding and I did know for sure that I was pregnant…) Mostly, these fears are founded mostly on lack of knowledge on what to do about the situation or over the perception of physical pain accompanied with it. Rather than feeling of loss and grieving about it, these women have felt fear at their very first miscarriage.

Grieving is a natural response to any loss, but many participants in this study described feeling fear instead of grief during their first miscarriage. This fear was largely due to uncertainty and a lack of knowledge about how to handle the physical symptoms they experienced. Similarly observed that societal expectations and the stigma surrounding miscarriage often amplify this fear, making women feel unprepared and isolated [17]. The participants also expressed feelings of failure and self-blame, which deepened their fear.

Moreover, the absence of open conversations about miscarriage heightened their sense of having little control over their situation.

Theme 1.3: Presence of Support System

Amidst varying in every situation, most of the interviewed key-informants would always have someone to lean on during their toughest times. As it is part of Filipino culture, familism was heavily seen in the narratives. In half of the cases, partners or husbands were generally supportive and caring. On the other hand, the presence of two (2) problematic husbands and one (1) uncaring husbands were seen among six (6) key informants. However, other support systems such as mother-in-law, children, siblings and parents were identified by the key-informants as support system. There is no notion of friends as part of the emotional support system during such crises.

The study reveals that most participants had someone to rely on during their most challenging times, reflecting the strong familism inherent in Filipino culture. This aligns from a study, who highlighted that familism emphasizes deep family ties and mutual support [18]. In half of the cases, partners or husbands were supportive, while other participants leaned on their extended family, such as in-laws, children, siblings, and parents. This interdependence is crucial for coping with challenges and underscores the cultural importance of family support in Filipino communities. Notably, friends were not mentioned as part of the emotional support system during these crises, further emphasizing the centrality of family

Theme 2: Misinformation

Theme 2.1: Presence of misinformation and lack of information

Lack of knowledge on things about health is common among Filipino people. For one, health-seeking behavior is a common problem among the mothers. Most of the mothers would not care to have prenatal care even during sudden interference in their regular menstruation. One of them mentioned, "*Balak ko sana pag 3 months na yung sa tyan ko saka lang ako magpapacheck up dito sa barangay*." (I was planning that I would have my check-up by the third month.) This is normally happening among women who doesn't have a background regarding the importance of first trimester. Misinformation is actually an emergent theme in this study.

To be specific cases of misinformation among these mothers include (1) not knowing the importance of first trimester; (2) spiritual beliefs that God hasn't allowed the pregnancy; (3) associating miscarriage with previous/ dead husband's not allowing it; (4) self-treatment using herbs and supplements; (5) persisting belief on folk healers; (6) not knowing the full extent of Barangay Health Center and Rural Health Unit services.

A lack of health knowledge is prevalent among Filipino mothers, leading to poor health-seeking behavior, particularly regarding prenatal care. This study found that many mothers delayed seeking medical attention, often due to misinformation about the importance of the first trimester and spiritual beliefs about pregnancy. Specific instances of misinformation included misconceptions about miscarriage, reliance on self-treatment with herbs, and a lack of awareness of available health services. Similarly highlight a widespread lack of understanding about miscarriage across different cultural contexts, including the Filipino community [19]. Their study emphasizes the need for improved education and awareness, noting that cultural beliefs and narratives significantly influence how individuals understand and cope with miscarriage.

Theme 2.2: Poor Prenatal health-seeking behavior

Poor health-seeking behavior is a result of misinformation. Not seeing a Doctor, nor consulting with the local health workers, and even not recognizing the importance to seek help is common among pregnant mothers. They rationalize on this behavior a lot, citing "*'Di man namu naisyan kan schedule sa barangay, pirmi kaming nauryan ta arayu kaya kami, da man idi samu nakararangup na BHW.*" (We do not know about the schedule, we are always late because we were far, no BHW comes here anymore) and many other as some of the reasons that they cannot attend properly to barangay health check-ups. These phenomena may largely be related with the current Nurse-to-patient or Doctor-to-patient ratio in the public health sector and to presence of misinformation.

Poor health-seeking behavior is strongly influenced by misinformation, as evidenced by the reluctance of pregnant mothers to seek medical help, often due to a lack of awareness and understanding of the importance of such care. Many mothers rationalize their inaction by citing logistical challenges, such as not knowing the schedule of barangay health check-ups or being geographically distant from healthcare workers. This trend mirrors a research findings who identified that misconceptions and inadequate knowledge, particularly myths surrounding infertility, lead to a similar reluctance to seek professional medical advice [20]. Both studies underscore the significant role of misinformation in hindering proper health-seeking behavior.

Theme 3: Recovery and Coping Mechanisms

Theme 3.1: Having other children helped a lot

"Nakatulong talaga ng malaki na may iba akong anak." (It really helped a lot that I have other child/children.) This line is consistent among all of the FMMMs. Their other children are their source of strength and inspiration to move forward. These mothers get over the loss by thinking about their children. Some of the key-informants with already grown child/ children during the subsequent miscarriage would even speak due appreciation of how their children took care of them in their times of pain and weakness.

This sentiment, consistent among all the Filipino mothers with multiple miscarriages (FMMMs) studied, reflects how the presence and support of their other children help them navigate the grieving process. This finding aligns with a study who observed that thinking about their children can be an essential part of the grieving process, aiding mothers in coping with their loss and promoting psychological adjustment [21]. The study also noted that mothers who experienced stillbirth often exhibited posttraumatic growth, underscoring the importance of reflecting on their experiences as part of healing.

Theme 3.2: Rationalization is FMMM's main defense mechanism

Defense mechanisms are psychologically unconscious process of building protective barriers against threats to ego security. This phenomenon was also seen among the FMMMs. Out of the many types of defense mechanisms being shown by these mothers, rationalization was deduced as the most prevalent. The following are some of the statements of the key-informants corresponding to the different types of defense mechanisms:

a. Sour-grapes mechanism

"Sinabihan ako ng asawa ko na tanggapin na lang, yaan mo di yata un para sa 'tin kaya nilakasan na lang ang loob. Ibibigay na lang sigro ng Panginoon kung para satin." (My husband told me to just accept it, it may not really be for us that is why we have to stay strong, the Lord will give it to us if it is for us.)

b. Sweet-lemon mechanism

"Siguro ito naman ang tugot kang Diyos, ta ini nganing ibang mga aki ko dae ko maray naalagan. Blessing na din ata ito na ngunyan angel na siya." (Maybe this is what the Lord has decided, since I can't even take good care of my other children. I think this has become a blessing that she is now an angel.)

c. Projection

"Baka siguro hindi tanggap nung una kong asawa na nagkaron ako nang isa pang asawa, parang ganun, ang dami kong nasa isip." (Maybe my first husband doesn't agree that I have a new one, like that, I was thinking about many things.)

The study reveals that poor health-seeking behavior among pregnant mothers and individuals with infertility issues is significantly influenced by misinformation and psychological defense mechanisms. Pregnant mothers often avoid consulting health professionals, rationalizing their lack of engagement with local health services by citing logistical challenges and inadequate outreach, reflecting a broader issue of misinformation. Among the pregnant mothers, rationalization emerged as the most common defense mechanism, a process that helps them cope with the perceived threats to their ego security. This highlight how denial, repression, and rationalization are prevalent defense mechanisms used by women coping with trauma, such as miscarriage [22]. Understanding and addressing these defense mechanisms is crucial for improving health-seeking behaviors and providing effective support to minimize long-term mental health issues.

Theme 3.3: Recovery process among the FMMMs were varied

Like how the grieving process is different from one mother to another, recovery process is likewise diverse. On some occasions, folk healing practices like use of herbal medicines were thoroughly discussed by key-informants who practice it. On other occasions, having food supplements such as Ferrous Sulfate is prevalent as it is the common public health doctor prescription. Among the key-informants, none of them have discussed a thorough post-miscarriage care that actually involves regular check-up with the public health doctor.

The recovery process after a miscarriage varies greatly among mothers, reflecting a diverse range of practices influenced by cultural beliefs and personal preferences. In some instances, key informants discussed the use of folk healing practices, such as herbal medicines, as a significant part of their recovery. Additionally, the use of food supplements like Ferrous Sulfate is common, as it is typically prescribed by public health doctors. However, none of the key informants mentioned engaging in thorough post-miscarriage care that included regular check-ups with a public health doctor. This diversity in recovery practices is consistent with a research findings who highlighted the prevalence of folk healing practices, such as herbal medicine, in miscarriage recovery, particularly in Malawi and other sub-Saharan countries [23]. These practices are deeply rooted in cultural beliefs, where pregnancy-related issues are often attributed to supernatural forces, further influencing the choice of recovery methods.

Theme 4: Public Health Care Services

Theme 4.1: Barangay Health Workers are the main health frontliners

Public Health Care Services of the Philippines have generally been mapped-out as available for the communities as relayed by the key-informants. Comments like "..active nga po sila" (..they are active) are common among them when addressing the barangay health workers. Barangay Health Workers or BHWs for key-informants, have become their main go-to persons for matters concerning health. This is amidst the persistent presence of folk healers and community midwives. However, this finding may partly be related with the existence of law prohibiting "hilot" practices. "Hilots" are specific folkhealers focusing on treating pregnant women.

The interviews have confirmed that there is an active and available public health program for pregnant women as of the moment. At the center of it all, the BHW's are there to assist and to be a conduit between the midwives and nurses and their clients from the Barangays.

The interviews confirmed the presence of an active public health program for pregnant women, with Barangay Health Workers (BHWs) playing a crucial role in assisting and bridging communication between midwives, nurses, and their clients in the Barangays. However, a recent study presents a contrasting picture, as it does not confirm the existence of a similar program specifically for women who have experienced a miscarriage [24]. Instead, it highlights the emotional challenges faced by women with recurrent miscarriages during subsequent pregnancies and suggests a gap in supportive care, indicating that current health services may not fully meet the needs of these women.

Theme 4.2: People remain largely uninformed of the public health services

Although an active public health care services is largely deducted, the FMMMs remain largely uninformed of the services that the Barangay health centers and Rural Health Units or RHUs are offering. People generally do not seek medical help unless they feel something. especially people from rural areas. They often correlate medical help as a financial burden, as hinted during the interviews.

Usually, they learn about the free health services by experiencing it. "Dapat pala mam magpacheck-up sa barangay kasi meron din pala silang gamot na libre para sa mga nagbubuntis. Di ko na kasi naisip yun dati." (I should have gotten my check-ups from the Barangay health Center since they actually have free medicines for pregnant women. I did not think about it before.) These words largely represent the general sentiment of the public.

The interviews revealed that people, especially in rural areas, often avoid seeking medical help unless they experience symptoms, associating healthcare with financial burdens.

Awareness of free health services is typically gained only through direct experience, as reflected in sentiments like, "I should have gotten my check-ups from the Barangay health Center since they actually have free medicines for pregnant women. I did not think about it before." This echoes findings of a study who noted that women in rural areas often delay seeking medical help after a miscarriage unless they experience significant distress [25]. The study also highlighted feelings of guilt and self-blame as additional deterrents, alongside limited access to fertility care in rural communities. Improving communication about the necessity of medical intervention, such as the use of progesterone after a positive pregnancy test, could encourage earlier and more proactive healthcare-seeking behavior among these women.

Theme 4.3: Ultrasound is a quintessential health service needed by pregnant women but unavailable for free

In this study, prenatal care was unexpectedly given such a spotlight as it is part of the miscarriage storyline. One of the key findings noted is the reliance of prenatal monitoring largely on ultrasound services. However, this type of service is not available among Rural Health Units. One of the key-informants mentioned, *"Ni-refer ako ni Dok para sa ultrasound, kaso ngani mahal. Dae naman ako nagpa-ultrasound."* (I was referred by the doctor for ultrasound, but it's quite pricey. I wasn't able to have the ultrasound.) As was probed, these instances are mostly true to many pregnant mothers, not just the ones who have had miscarriage.

A recent research finding aligns with this result who noted that both women and healthcare providers heavily rely on ultrasound as a vital tool for confirming pregnancy and assessing fetal well-being [26]. However, in rural settings, the absence of ultrasound services can create gaps in prenatal care, with a tendency to overlook other essential antenatal practices due to the focus on visual technology. This highlights the need for improved access to ultrasound and enhanced training in comprehensive antenatal care in rural areas.

Theme 4.4: There is no existing specialized program for women suffering from miscarriage

Ultimately, as it has been presumed during the planning of the study, there is no specialized program for women suffering from miscarriage. At the very beginning of this study, profiling the lived experiences of the Filipino mothers who have had miscarriages in their lifetime along with mapping the role of the public health care delivery system in the Philippines has been the main thesis of this study. The discourses have eventually proven the non-existence of specialized program for miscarriage like what the related literatures have posited and advocated for. As one key-informant put it directly, there is a need for psychological care for women who suffered from miscarriage.

The findings, supported by the discourses, reveal that such specialized programs do not exist, echoing the concerns raised in related literature. As one key informant emphasized, there is a critical need for psychological care for women who have experienced miscarriage. This aligns with a study which highlighted widespread dissatisfaction among women regarding the care they receive post-miscarriage [24]. The study noted that women often report low satisfaction levels due to perceived negative attitudes from healthcare providers and a lack of emotional support. These findings underscore a significant gap in the current services, which fail to meet the specific needs of women dealing with miscarriage.

Proposed Nursing Interventions for Women Suffering from Miscarriage

After establish the themes of this study, the researchers conducted several consultation meetings and triangulation activities to solidify the themes and generate ideas regarding this proposal. Although the main research activity revolved around mothers with multiple miscarriages, the researchers deducted that the nursing interventions have to cater to all women who are suffering from miscarriage. These interventions particularly aligns with the before, the during and the after of such incidences. For this program, we will operationally use the abbreviation 'WSM' to identify a woman or women suffering from miscarriage.

There is a wide array of opportunities that can be explored with mainstreaming the needs

of women suffering from miscarriage or WSM. On the other hand, a more 'national-level' intervention s definitely needed. Examples of these are (1) passing a law on developing a program for WSM if not ramifying current policies and guidelines to make due mainstreaming of miscarriage; (2) provision of extensive trainings for different levels of health

Table 1. Summary of Emotional Responses to Miscarriages and their Expressions

Identified Gaps	Description	Potential Impact of Addressing the Gaps
Fear	Lack of specific care and support for women after miscarriages.	Panic, avoidance of seeking medical help.
2. Sadness	Deep feelings of loss and grief after miscarriage.	Crying, withdrawal from social activities, quietness.
3. Confusion	Uncertainty about the cause of miscarriage and what to do next	Asking many questions, seeking advice from various sources.
4. Guilt	Feeling responsible for the miscarriage.	Self-blame, apologizing frequently, feeling unworthy.
5. Anger	Anger towards self, partner, or healthcare system for perceived failure.	Verbal outbursts, frustration, irritability.
6. Anxiety	Worry about future pregnancies and the health of existing children.	Restlessness, difficulty sleeping, constant checking of health status.
7. Relief	Relief in cases where pregnancy was not planned or desired due to personal circumstances.	Calm demeanor, focusing on daily routines, resuming normal activities quickly.

Table 2. Proposed Nursing Interventions for Women Suffering from Miscarriage

Areas of Concern	Specific Objectives	Activities/ Strategies	Persons Involved	Expected Outcomes
1. IEC Campaigns Regarding Miscarriage	Increase awareness and reduce misinformation about miscarriage.	Conduct information, education, and communication (IEC) campaigns. Integrate these into the existing prenatal programs. Utilize lecture series and localized pamphlets. Cover topics like causes, treatment, and protocols during and after miscarriage.	Public health nurses, local health educators, and community leaders.	Improved knowledge base among pregnant women about miscarriage, leading to informed decision-making. Reduction in misinformation and better preparedness for handling miscarriage.
2. Mapping of Women Suffering from Miscarriage	Identify and track women experiencing miscarriage in the community.	Conduct mapping of women suffering from miscarriage with the assistance of Barangay Health Workers (BHWs). Use the data for further research and larger data-gathering efforts by the Department of Health (DOH).	Barangay Health Workers (BHWs), public health researchers.	Comprehensive data on women suffering from miscarriage, leading to more targeted and effective health interventions and research initiatives.
3. Specialized Post-Miscarriage Program	Address physical, emotional, and mental health needs of women.	Develop a nursing care plan addressing physical, emotional, and mental aspects. Consider referrals to social workers, psychologists, and	Public health nurses, social workers, psychologists, guidance counselors.	Enhanced support for women post-miscarriage, improved mental and emotional well-being, and

	guidance counselors. Facilitate home visits and community building among affected women.	strengthened community support networks.

Table 3. Identified Gaps and Potential Impact

Identified Gaps	Description	Potential Impact of Addressing the Gaps
1. Lack of Specialized Miscarriage Care Programs	Lack of specific care and support for women after miscarriages.	Better support and recovery for women who experience miscarriages.
2. Insufficient Public Awareness and Education	Many people lack knowledge about miscarriage and prenatal care.	More informed women and families, leading to healthier pregnancies.
3. Limited Access to Essential Prenatal Services	Not enough access to ultrasounds and other prenatal care, especially in rural areas.	Early detection of problems and better care for pregnant women.
4. Inadequate Psychological Support	Little mental health support for grieving mothers.	Improved mental health and emotional recovery for affected women.
5. Cultural Beliefs and Reliance on Folk Healing	Women often use traditional healing instead of seeking medical help.	Combining cultural beliefs with medical advice can improve outcomes.
6. Limited Research on Multiple Miscarriages in Specific Populations	Lack of studies focused on women who have multiple miscarriages.	More targeted solutions and better care for these specific groups.

workers regarding miscarriage care, including appointing miscarriage specialists; and (3) provision of ultrasound for every Rural Health Units, among others.

DISCUSSION

The findings of this study offer valuable insights into the lived experiences of Filipino mothers with multiple miscarriages. The study underscores the interplay between personal narratives and established theoretical models such as Coping Theory and Grief and Loss Theory. The detailed findings are summarized in Table 1, which outlines the emotional responses to miscarriages and their expressions.

The study reveals that while the stages of grief outlined in Grief and Loss Theory provide a useful framework, the grieving and recovery processes among participants often deviate from this linear model. As highlighted in Table 4, which summarizes the themes identified, this non-linear progression is influenced by various factors including socio-economic status, marital relationships, and the presence of other children. This finding suggests that Grief and Loss Theory must be adapted to integrate cultural and contextual factors. Table 1 illustrates how these deviations manifest in the emotional responses of the participants.

Table 4. Summary of Themes

Themes	Categories
. Misinformation	• Varied Experience of Grieving • Fear Over Grief in First Miscarriage • Presence of Support System
Recovery and Coping Mechanism	• Presence of Misinformation and Lack of Information • Poor Prenatal Health-Seeking Behavior
Public Health Care Services	• Having Other Children Helped a Lot • Rationalization as a Main Defense Mechanism • Varied Recovery Processes

Public Health Care Services	• Barangay Health Workers as Main Health Frontliners • Lack of Public Awareness of Available Health Services • Need for Accessible Ultrasound Services • Absence of Specialized Programs for Miscarriage Care

The study contributes to theoretical development by emphasizing the necessity of incorporating culturally sensitive approaches within public health practices. The insights drawn from the participants' experiences reveal gaps in the current theoretical models and highlight the need for modifications that reflect the unique cultural, socio-economic, and systemic factors affecting different populations. The identified misinformation about miscarriage and its impact on health-seeking behaviors, as noted in Table 3, aligns with Coping Theory, which emphasizes the importance of accurate information in managing stress.

The phenomenological approach used in this study provides deep, culturally grounded insights but also presents limitations. The small sample size and focus on specific rural areas may restrict the generalizability of the findings. Additionally, reliance on self-reported data from interviews may introduce bias. Future research should address these limitations by incorporating larger, more diverse samples and employing longitudinal methods to explore the long-term effects of multiple miscarriages on women's health and well-being.

The study's findings, detailed in Table 2, have significant implications for clinical practice. There is an urgent need to develop specialized miscarriage care programs within the Philippine public health system. These programs should focus on providing accurate information, and psychological support, and improving access to essential services, such as ultrasounds, particularly in rural areas. Healthcare providers should also receive training to address the emotional and psychological needs of women who have experienced miscarriages, ensuring that care is both comprehensive and culturally sensitive.

Table 3 outlines the critical gaps in the current system and their potential impact. The research highlights the need for improved education and service provision tailored to the specific needs of women who have experienced miscarriages, reaffirming the relevance of existing theoretical models while advocating for their adaptation to better support women through the challenging journey of miscarriage recovery.

The study's findings underscore the urgent need for a culturally sensitive approach to miscarriage care within the Philippine public health system. Establishing specialized support programs, including psychological counseling and peer networks, could help address the emotional impact of multiple miscarriages. Additionally, public health campaigns to counteract misinformation about miscarriage and training healthcare providers in compassionate care are essential to improve health-seeking behavior among affected women. Increasing access to services like ultrasounds, particularly in rural areas, and utilizing Barangay Health Workers to connect women with available resources can create a more supportive, informed, and accessible healthcare environment for those experiencing miscarriage.

CONCLUSION

This study concludes that: a. Grieving and recovery process among mothers with multiple miscarriage varies from case to case; b. Misinformation regarding miscarriage is rampant; c. There is lack of health-seeking behavior among pregnant women in general; d. Philippine health care system lacks a specialized program for women suffering from miscarriage; e. Simple IEC campaigns, miscarriage mapping, and continuous community-based care maybe done by public health nurses to alleviate misinformation regarding miscarriage; and f. The Philippine government should pass a law for miscarriage care, extensive miscarriage care training among public health workers and provide ultrasound services for Rural Health Units.

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