Perinatal Loss in Sub-Saharan Africa: A Scoping Review

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Abstract

Estimates from the World Health Organization (WHO) reveal that perinatal loss is a threat in sub-Saharan Africa. It has been established that half of all stillbirths and neonatal deaths occur around the onset of labour to delivery. Approximately 75% of these deaths occur in sub-Saharan Africa, giving the region the highest level of perinatal loss in the world. There are limited studies that have investigated the experiences of and support for women who experience perinatal loss. This article reports on a scoping review that aimed to explore and summarise the existing literature about the experiences of perinatal loss among couples in sub-Saharan Africa, and to identify the relevant support health professionals and the community give to improve the well-being of parents experiencing perinatal loss. Electronic databases were used to search comprehensively peer-reviewed articles and grey literature between 2005 and 2019. Two independent reviewers screened and analysed the selected articles through a data charting procedure. Eight articles met the inclusion criteria for the study. They were all qualitative studies: seven of them were peer-reviewed articles and one was a master's thesis. The findings were categorised under two themes: (1) emotional experiences of perinatal loss among sub-Saharan African women; and (2) support systems available for these women. The literature review highlighted the limited research and lack of literature about the emotional experiences of bereaved couples in sub-Saharan Africa. Furthermore, the literature review revealed that bereaved couples need more support to reduce psychological trauma. The study findings demonstrated the need for more research to enhance understanding of and improve the services provided to bereaved couples and their families.

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Introduction

The term "perinatal" refers to the period before and immediately after birth. The World Health Organization (WHO 2019) defines the perinatal period as commencing at 22 completed weeks of gestation and ending seven completed days after birth. Depending on the classification, it may include loss of the pregnancy or the foetus from the twentieth to the twenty-eighth week of gestation until birth and during the first to the fourth week after birth (Shiel n.d.). There are different classifications of perinatal loss, but it is commonly classified as stillbirth or intrauterine foetal death (IUFD) and neonatal or newborn death. Stillbirth or IUFD is described as a foetus born with no signs of life at or after 28 weeks' gestation, while neonatal death is when a child dies within the first 28 days of life (UNICEF 2018).

In the sub-Saharan African community, a significant amount of cultural importance is attached to fertility and childbirth. Much is expected from women of childbearing age or soon after marriage to have children, and failure to do so leads to stigmatisation. The biological birth of a child in an African clan is the greatest honour conferred by any woman on her family. Pregnancy and delivery are natural physiological processes but occasionally are accompanied by complications that expose expectant mothers and their developing infants to various health risks (Rosenberg and Trevathan 2018). Most women naturally assume that the outcome of pregnancy will be a positive result in the form of a healthy child and, therefore, they do not think about perinatal loss. However, the WHO (2016) reports that perinatal loss (death) is very common and a real threat in the sub-Saharan Africa region.

Background

Evidence from the WHO (2019) has established that half of all stillbirths and neonatal deaths are preventable deaths occurring around the onset of labour to delivery. The report further states that worldwide 133 million children are born alive every year; out of this, 2.8 million die during the first week of life. Improving perinatal mortality has been on the agenda for global communities and governments of countries. To achieve the target, the global Every Newborn Action Plan (WHO 2014) and A Promise Renewed (UNICEF 2015) are part of the initiatives set up to specifically reduce under-five and neonatal mortality (Hug et al. 2019). These are replicated targets in the United Nations Sustainable Development Goals (SDGs) advocating for reducing both preventable deaths in children under five years and neonatal deaths by 2030 (De Bernis et al. 2016; Hug et al. 2019). The

main target of neonatal deaths in the SDGs is for all countries to set a target and reduce neonatal deaths to lower than or equal to 12 per 1 000 live births by the year 2035 (Tekelab et al. 2019).

Current statistics show a decline in perinatal deaths on the global level especially in high-income countries due to the provision of quality health care facilities and obstetric care. From 1990 to 2017, respectively, neonatal death rates have decreased in high-income countries by 51%, from 36.6 to 18.0 deaths per 1 000 live births, and the number of neonatal mortalities have dropped from 5.0 million deaths to 2.5 million (Hug et al. 2019). Additionally, between the same years, stillbirths revealed an average rate of 18.4 stillbirths per 1 000 live births, and nearly 2.6 million deaths (Reinebrant et al. 2017; UNICEF 2017).

In high-income countries, such as Japan, Norway, South Korea, and others, consistent records; provision of quality and accessible health care facilities; and professional obstetric care have contributed to improvements in perinatal mortality and stillbirth rates (Flenady et al. 2016). However, the data shows very little improvement in sub-Saharan Africa. The neonatal mortality rate in sub-Saharan African and South Asia is high compared to the average world record. It ranged between 30.2 to 26.9 deaths per 1 000 confirming the WHO (2019) report stating that progress to reduce the rates of perinatal loss is slow in low- and middle-income countries (Hug et al. 2019). This is due to poor facilities, inadequate staff training, and poor management (Lawn et al. 2014). In 2015, 94 countries, mainly high- and middle-income, had already met the target to decrease neonatal mortalities (Millennium Development Goal); at least 56 countries including many in Africa, need to improve their current practices to reach that goal (De Bernis et al. 2016).

Further evidence has established that sub-Saharan Africa has the highest perinatal death rates on the African continent (WHO 2016). Reasons include inadequate equipment, fewer hospital facilities, and poor documentation practices (WHO 2016). Additionally, the United Nations Children's Fund (UNICEF 2008) report asserts that more perinatal deaths are unaccounted for given the low documentation of data relating to perinatal loss in sub-Saharan African countries. In these countries, due to limited access to health care facilities, traditional birth attendants perform many deliveries at home (Engmann et al. 2012). This contributes to either inaccurate or no documentation and reporting of statistics on live births and losses (Liu et al. 2016).

Couples' grief of perinatal loss often follows the stages of denial, anger, bargaining, depression, and acceptance (Kubler-Ross 1969). These stages do not always occur in chronological order. They may begin with denial when the bereaved couple perceives what has happened as a mistake and continues to think it could change. When denial stops, a physiological response of anger sets in and couples are frustrated and ask questions like: "Why me?" and "Why not any other person but me?" Bargaining commences with a hope to be given another chance to replace what has been lost. Once couples' prospects of getting

what they want fails, depression and acceptance set in (Kubler-Ross, 1969). The experience of perinatal loss presents a substantial life crisis to most couples and can bring about suspicion, uncertainty, lack of self-confidence, and prolonged grieving (Lang et al. 2011). Moreover, a number of researchers have documented that couples who have experienced perinatal loss often live with depression and abandon the hope of becoming parents and this further intensifies their emotional trauma (Fenstermacher 2014; Leon 2008).

Problem Statement

The burden of perinatal loss does not only affect couples, however; the stress also extends to family members and society as a whole. Yet, perinatal loss remains concealed in many cultures in sub-Saharan Africa and is not talked about openly. Many studies have been conducted on the causes of perinatal mortality in sub-Saharan Africa; however, very little has been written in relation to the experiences of women; cultural beliefs; the accompanying emotional trauma; and the support system available for women (Kuti and Ilesanmi 2011; Modiba and Nolte 2007; Obi, Onah and Okafor 2009).

Objectives

The objectives of the scoping review were to:

- explore and summarise what is known in the literature about the experiences of perinatal loss among couples in sub-Saharan Africa;
- identify the relevant and meaningful support given by health professionals and the community; and
- improve the well-being of parents going through perinatal loss.

Methodology

A scoping review aims to summarise and identify the gaps in the existing literature as well as to disseminate research findings (Arskey and O'Malley 2005). The current study followed Arksey and O'Malley's (2005) framework, which includes the following five steps: (1) identifying the research question; (2) identifying the relevant literature; (3) selecting the research articles; (4) charting the data; (5) collating, summarising and reporting the results; and (6) consulting the stakeholders.

Identifying the Research Question

In line with Arksey and O'Malley's (2005) framework, the following questions guided the review:

1. What is currently known about the experiences of perinatal loss in sub-Saharan Africa?

2. What sociocultural factors influence the experience of perinatal loss and support?

Identifying the Relevant Literature

To identify the relevant articles, a research librarian assisted the reviewers with conducting a comprehensive search in the following databases: MEDLINE (Ovid), CINAHL, PubMed, EMBASE, Scopus, Alt Healthwatch, Family Studies Abstracts, Sociology Index with full text, and Violence and Abuse Abstracts. The results of the database search were complemented with a grey literature search in Google and Google Scholar, allowing for the retrieval of non-peer papers, including grey reports and dissertations. The database and grey literature search used the following keywords and Boolean operators: parent*, mother*, father*, grief*, experience*, foetal death*, pregnancy loss, infant death, bereavement, infant mortality, and neonatal death*. The reference lists of the selected records were hand-searched for additional relevant papers (Lisy et al. 2016). The search yielded a total of 1 471 records (1 449 from the database search and 22 from the grey literature search). The search results were exported into RefWorks, where duplicate records were identified and eliminated.

Selecting the Research Articles

Given the large number of records identified in step two, an eligibility/inclusion criterion was applied to select articles that were relevant to the research topic under review. Peer-reviewed articles and grey reports (e.g. dissertations and conference abstracts) were considered for inclusion if they met the following selection criteria:

1. Investigated the experiences of women and couples who have gone through perinatal loss from 22 weeks of gestation to 28 days after delivery.

2. Described coping strategies and support systems available to women and couples during perinatal loss (e.g. stillbirth, newborn death and early infant loss).

3. Were written in English and published between 2005 and 2019, coinciding with a period where very little research had been published on the emotional experiences of and support for perinatal loss in sub-Saharan Africa.

In this regard, articles published in languages other than English and on topics unrelated to perinatal loss in sub-Saharan Africa were excluded. To ensure consistency and quality in the selection of articles, two independent reviewers were involved (Levac, Colquhoun and O'Brien 2010). They met at the beginning, midpoint and final stages of the review to discuss selection decisions and challenges of the screening process (Levac, Colquhoun and

O'Brien 2010). The reviewers independently screened titles and abstracts and then subsequently screened full texts of the identified records. First, 625 records were screened by title and abstract, resulting in the exclusion of 539 records. Full text screening of the remaining records (n = 86) resulted in the exclusion of 78 records. Thus, a total of eight articles were included in the scoping review. In situations of differences in opinion between the two reviewers, discussion was the key to reaching a consensus.

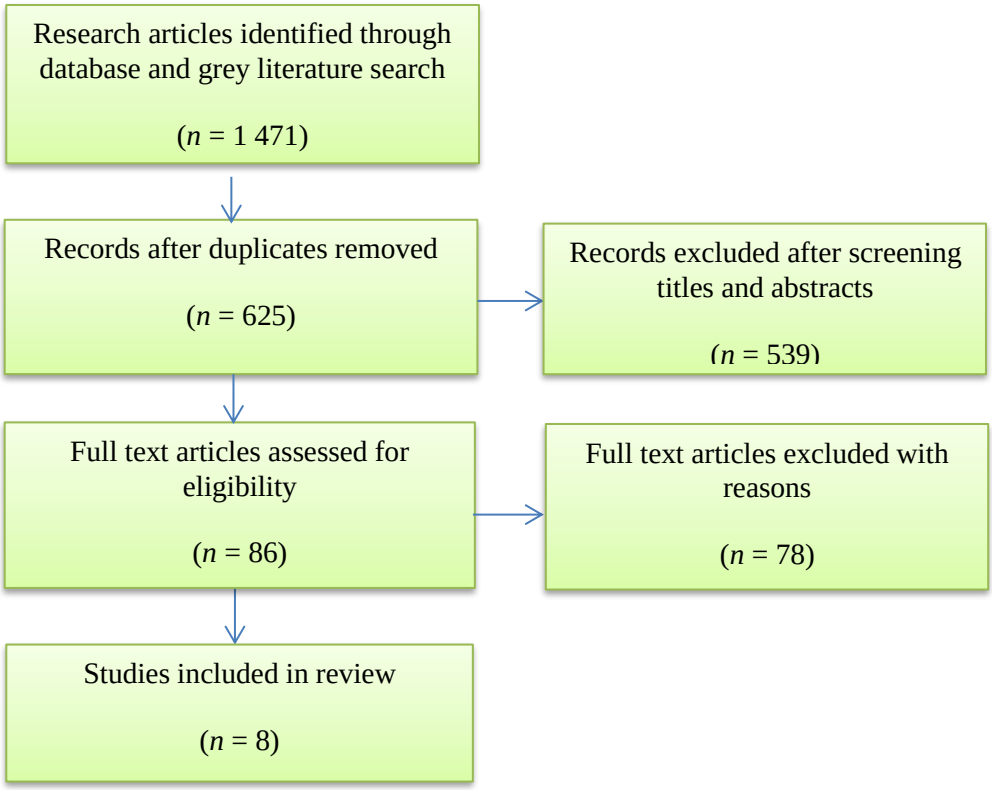

Figure 1: Flow diagram for data management (Adapted from Moher et al. 2009)

Charting the Data

Data extraction helps to summarise studies in a common format and to facilitate coherent synthesis of the research findings (Munn, Tufanaru and Aromataris, 2014). Data from each selected article was extracted into a data charting template. This template captured information about the authors, year of publication, study purpose/objective, study design, countries where the study was conducted, sample size, and findings. The extraction form was created based on the information needed to address the research questions. One

reviewer independently extracted the findings of the included articles. To ensure quality in the data extraction, the second reviewer reviewed and provided feedback.

Collating, Summarising and Reporting the Results

As recommended by Arskey and O'Malley (2005), thematic analysis was performed to identify the experiences and support systems associated with perinatal loss in sub-Saharan Africa. This analytic process involved comparing findings and identifying patterns of meaning across all the included studies. The results were articulated using the identified themes and linked with the objective of the study (Levac, Colquhoun and O'Brien 2010). They were discussed and finalised with experts in the field of maternal and child health. These themes are presented in the results section.

Results

Study Characteristics

The literature search yielded a total of 1 471 records of abstracts, full text studies, and grey literature. About 846 of the articles were found irrelevant to the study and were eliminated. The remaining 625 were assessed and screened for eligibility and duplication, and a further 539 were excluded. Subsequently, 86 articles fulfilled the eligibility criteria as included in Figure 1. Only eight met the full inclusion criteria and were fully read and quality assessed. The eight included studies were conducted in four different sub-Saharan Africa countries (Ghana, Nigeria, South Africa and Malawi) and were published in a period of 12 years, from 2007 to 2019. While all the articles were written in English, they varied in purpose and used different qualitative methodologies. The geographical distribution of the studies by individual countries on the experiences of and support for perinatal loss was Ghana (1), Malawi (1), Nigeria (2), and South Africa (4). All the studies were peer-reviewed except one, namely, a master's thesis from Ghana.

Data extracted for the narrative description included the author, year, country, purpose, design, and findings. The two themes identified from the review of the eight articles (see Table 1) centred on: (1) emotional experiences of perinatal loss among sub-Saharan African women; and (2) support systems available for the women.

Table 1: Summary of the studies on the experience of perinatal loss (see References for authors' full details)

Author/s	Year	Country	Purpose	Design	Findings
Attachie	2013	Ghana	To investigate the experiences of mothers who have experienced stillbirth, and the support available to them in Ghana	Qualitative exploratory design	Experiences of perinatal loss; Support system

Human et al.	2014	South Africa	The study had two objectives: (1) to understand the psychological effects of stillbirth on mothers and their family members; and (2) to establish if the crisis intervention is effective to work with bereaved mothers	Exploratory Descriptive design	Experiences of perinatal loss; Relevant and meaningful support
Kuti and Ilesanmi	2011	Nigeria	To determine the type of care Nigerian women find appropriate after experiencing stillbirth	Interviewer-adminis-tered question-naires	Relevant and meaningful support
Modiba	2008a	South Africa	To investigate the type of support programme necessary to assist health professionals to give care and support to mothers with pregnancy loss	Exploratory descriptive design	Relevant and meaningful support
Modiba	2008b	South Africa	To explore and describe midwives' and doctors' experiences when caring for mothers who have experienced pregnancy loss	Analytical, descriptive	Experiences of perinatal loss
Modiba and Nolte	2007	South Africa	To investigate and describe the experiences of mothers who have lost their children during pregnancy in a hospital in South Africa	Exploratory descriptive design	Experiences of perinatal loss
Obi, Onah and Okafor	2009	Nigeria	To demonstrate the level of depression Nigerian women experience after pregnancy loss and the kind of coping strategies they use	Question-naire survey method	Experiences of perinatal loss and support
Simwaka De Kok and Chilemba	2014	Malawi	To explore women's perceptions of nursing care received following stillbirth and neonatal death in Malawi	Semi-structured interview	Relevant and meaningful support

Of the eight included studies, three specifically investigated women's experiences of perinatal loss (Modiba and Nolte 2007; Modiba 2008a; Obi, Onah and Okafor 2009). While two of the studies reported on both the women's experiences and the type of support relevant to the women (Attachie 2013; Human et al. 2014), studies by Kuti and Ilesanmi

(2011), Mobila (2008b) and Simwaka, De Kok and Chilemba (2014) focused on support rendered by health professionals and family members. None of the studies used a scoping review as a method. The findings are presented under the following themes from the scoping review: (1) women's experiences of perinatal loss; and (2) relevant and meaningful support.

Theme 1: Women's Experiences of Perinatal Loss

All eight of the articles suggested that perinatal loss is accompanied by grief. The sub-themes were categorised as: (1) grief reactions to perinatal loss; and (2) cultural influence on reaction to perinatal loss.

Sub-theme 1.1: Grief Reactions to Perinatal Loss

Among the included studies, Obi, Onah and Okafor's (2009) study speaks critically about grief and depression associated with child loss. The authors point out that there are deep emotions associated with perinatal loss and wonder why these emotional experiences have not been sufficiently documented. Using a questionnaire survey method, Obi, Onah and Okafor (2009) sought to find answers by exploring the level of depression in Nigerian women after the loss of a foetus and the types of coping strategies used. The article reports that almost all the 202 women who participated in the study experienced depression ranging from mild to severe after the pregnancy loss. Basing their argument on documented literature, the authors contended that factors like marriage, loss of a male foetus, no living child, previous pregnancy loss, and gestational age of the foetus impact on the emotional state of women who have experienced perinatal loss. Other studies also reported that parents who experience perinatal loss in sub-Saharan Africa have diverse emotional changes due to the expectations from society on childbearing and described the emotions as profound, heart breaking, overwhelming, shocking, an experience of intense confusion, and depressing (Attachie 2013; Human et al. 2014; Modiba and Nolte 2007; Simwaka, De Kok and Chilemba 2014). However, the studies did not discuss interventions for the relief of grief.

The majority of the studies that reported on the grief response of the experience of perinatal loss found that most women suppress feelings of grief which aggravates pain and often leads to various psychological symptoms. Comparing the women to those from higher-income countries where grief of perinatal loss has been recognised as an important aspect of loss, Attachie (2013), Obi, Onah and Okafor (2009) and Simwaka, De Kok and Chilemba (2014) note that the cultural norms and beliefs in some African countries discourage women from discussing their emotional experiences. The authors listed some helpful coping strategies such as support and presence of family members and friends and engaging in religious activities. The authors also identified communication as an important tool to prevent emotional trauma and psychological complications. The participants identified

loneliness and lack of social activities as the factors contributing to worsening their symptoms.

Sub-theme 1.2: Cultural Influence on Reaction to Perinatal Loss

Commonly reported findings on experiences of perinatal loss were cultural norms and beliefs and their influence on reactions to perinatal loss in the sub-Saharan African context (Attachie 2013; Kuti and Ilesanmi 2009; Obi, Onah and Okafor 2009). The findings significantly showed that culture plays an important role in the way women express grief when they lose a baby through perinatal loss (Attachie 2013; Kuti and Ilesanmi 2009).

A cultural influence is the importance of childbearing in Africa, which intensifies grieving when a mother loses a child (Simwaka, De Kok and Chilemba 2014). Some societies have a habitual tendency of condemning women when couples fail to have a child, which contributes to intensified grief and psychological trauma during perinatal loss (Obi, Onah and Okafor 2009). African women are not only afraid of what society might do, but they also feel at risk of losing their marriages (Obi, Onah and Okafor 2009). The authors noted that among traditions in Nigeria and Ghana, women are encouraged to put their grief on hold (or hold their grief) and consider the child "water" that has passed and which certainly could be replaced while they (women) are still alive (Attachie 2013; Kuti and Ilesanmi 2009; Obi, Onah and Okafor 2009). Further explanation alleges that African tradition discourages women from mourning in order to not affect their chances of getting pregnant (Kuti and Ilesanmi 2009). Instead of words of encouragement, some couples' grief is constantly subdued by certain comments and beliefs from family members, friends, and religious groups (Obi, Onah and Okafor 2009). Religion is a key component of African society and bereaved couples are often reassured with spiritual statements such as "God has his reasons for permitting certain things to happen", "God has the authority to give and take any time he deems fit", and "You are young so you will get pregnant again" (Modiba and Nolte 2007).

Theme 2: Relevant and Meaningful Support

Many of the included studies discovered that support from close relations, such as husbands, children and the extended family, plays an important role in the recovery of loss (Attachie 2013; Human et al. 2014; Kuti and Ilesanmi 2011). Six studies considered support as the basis of well-being, relaxation, and strength for bereaved couples (Attachie 2013; Human et al. 2014; Kuti and Ilesanmi 2011; Modiba 2008b; Obi, Onah and Okafor 2009; Simwaka, De Kok and Chilemba 14). Support was perceived as that which functions to lessen a couple's grief during the desperate time of bereavement (Modiba 2008b). Support, compassion, and information from health professionals were identified as the care needed to help participants who were emotionally unstable (Modiba 2008b). Supporting their argument with literature, Modiba and Nolte (2007) maintained that the inability of health

professionals to provide information and support to women experiencing perinatal loss escalates emotion and potentially could lead to psychiatric illness.

In the African community support is often delivered by the family, community and religious bodies, but family support is the most important (Obi, Onah and Okafor 2009). More evidence from two studies report that the support grieving couples receive from family members, including parents, children and grandparents, plays a vital role in alleviating pain and facilitating the healing of perinatal loss. Regular visits from extended family and religious groups have proven to be useful and have an impact on how couples cope and accept the reality of perinatal death (Obi, Onah and Okafor 2009). The participants in Attachie's (2013) study acknowledged that support in the form of advice and the company of siblings, friends and members of the community contributed significantly to reduce stress and promote faster recovery.

A recurring challenge is the lack of support from health professionals, which is portrayed as the most desired by couples who experienced perinatal loss (Obi, Onah and Okafor 2009). Accordingly, studies in this review established that women of Africa expected health professionals to acknowledge their loss; be with them; lend them a listening ear; and be emotionally supportive (Kuti and Ilesanmi 2009; Modiba and Nolte 2007). Women recruited in a study in Malawi expressed disappointment with the services provided by the health professionals and described the nurses as unsupportive professionals who offered no emotional support (Simwaka, De Kok and Chilemba 2014).

A Nigerian study revealed that only 53.3% of the participants had the advantage of seeing the body of the child (Kuti and Ilesanmi 2009). None of the couples reported being provided the opportunity to hold or take photographs of their babies. Additionally, grieving couples are often not allowed sufficient time to decide what to do with the remains of the foetus. The decision is often made on their behalf by professional health workers or heads of their families (Kuti and Ilesanmi 2009).

Consulting the Stakeholders

In the current study, the stakeholders were health care professionals (doctors, nurses, midwives, paramedics and students) and traditional birth attendants in sub-Saharan Africa who work with women who experience perinatal loss, policy makers, and members of the public. None of the stakeholders had been involved in conducting the scoping review. The researcher believes that the study findings, which will be included in multiple dissemination activities, will be relevant to the stakeholders.

Disseminating the Results

A dissemination matrix for implementing the research results involves getting clear and relevant information to the right people, through suitable and multiple channels, and

considering the setting in which the message is received (CRD 2009). Raising awareness about the experiences of perinatal loss and the type of care and support systems available in sub-Saharan Africa either by health professionals and/or significant others is critical.

The findings of the scoping review will be implemented using different communication/multimedia channels and a variety of knowledge translation strategies to suit the different audiences. Distribution of knowledge is a key step in making findings from research and other knowledge endeavours accessible to stakeholders. The objective of disseminating these findings is to give the best evidence-based results to inform stakeholders who make daily decisions for families experiencing perinatal loss in Africa.

Table 2: Dissemination plan for stakeholders

Stakeholders	**Dissemination objectives**	**Dissemination channels**
Health Ministry / Administrators	To provide training for midwives and nurses to provide better care	Presentation Research paper
Health professionals	To provide support for caregivers	Presentation In-service training Research paper
General public	For better understanding and acceptance of perinatal loss	Flyers, education on public communication systems like radio and television

Discussion

The scoping review explored and summarised what is known in the literature regarding the experiences of perinatal loss among couples in sub-Saharan Africa and offered a step to new understanding. The findings revealed different experiences of couples and the support systems available to them. For instance, the findings demonstrated that religion and culture strongly influence and impact the grief response of affected parents in this part of the world; people use their spiritual beliefs as a source of hope to overcome emotions. The review further established that many people who encounter perinatal loss encounter numerous challenges; and these challenges are related to disenfranchisement, isolation, and the reactions of family members and society.

Several factors emerged to offer explanations for how parents experience perinatal loss. Many of the included studies' findings revealed that perinatal loss triggers deep emotional changes such as anxiety, hopelessness, despair and numbness for the couple involved (Kuti and Ilesanmi 2009; Modiba and Nolte 2007; Simwaka, De Kok and Chilemba 2014). These emotional reactions resonate with other research findings on perinatal loss conducted outside sub-Saharan Africa. For example, Gold et al. (2014) found that there are adverse effects of psychological trauma and mental disorder on the well-being and health of

grieving parents. Other researchers believe that women respond emotionally to perinatal loss because they are searching for meaning in their experiences (McCreight 2008). However, the emotional state of most parents in the study was based on fear of not delivering a healthy baby; fear of losing their marriage; and on cultural pressures to have a biological child.

Losing a loved one calls for emotional and physical support. More than half of the included studies reported on the lack of support for bereaved parents and their families. However, good support systems have been found to reduce emotional trauma. The findings from the scoping review indicated that most of the grieving women wanted and yearned for the support of health professionals. The findings of studies by Arnold and Gemma (2008) and Lee (2012) revealed that parents grieve for their loss and appeal to society and health professionals to be compassionate and acknowledge that loss. However, health professionals (doctors, midwives and nurses) have been found to lack training in perinatal support to assist bereaved couples (Modiba 2008b). The inability to offer the needed care to these women and the lack of proper policy on management of perinatal loss deepen the traumatic experience and contribute to an increased risk of postpartum depression or puerperal psychosis (Frøen et al. 2011). Incidence of perinatal losses are higher in sub-Saharan Africa; to help curb this menace, it is important for health care providers to be efficiently trained to have better knowledge in the management and support of these people.

Research records from other countries indicate that most women find it resourceful and cope better when they share experiences with people in the same emotional state (Fenstermacher 2014; Kersting and Wagner 2012). There are advanced and recognised social organisations and associations in developed countries helping couples to work through the emotional burden of losing a pregnancy and the expected child (Killeen 2015). These support groups are comprised of women who have experienced perinatal loss and are, therefore, able to assist bereaved couples to find meaning in their own experience through sharing their stories. The groups also offer confidence and enable people to withstand the pain. This resonates with the existing literature which asserts that constant interactions with people who share the same experience can be beneficial to the women and help them achieve a sense of well-being (Kersting and Wagner 2012). Attending social clubs where couples can openly voice and share their grief contributes to reducing stress and feelings of loneliness, and also assists individuals to adjust and cope well (Flenady et al. 2014). Reports from the study indicate that there are limited or no such groups in the sub-Saharan African countries; however, none reported on parents' preparedness to join a social club.

Sub-Saharan Africa has limited evidence of social support groups where families can receive support and share their emotions (Simwaka, De Kok and Chilemba 2014). Since sub-Saharan Africa is the region with the highest incidence of perinatal loss, the establishment of systems to provide support and care to parents experiencing perinatal loss

is crucial in preventing psychological and mental complications (Kersting and Wagner 2012).

Implications for Clinical Practice, Research and Policy

The scoping review under discussion contributes to the existing literature regarding couples' emotional experiences of and support for perinatal loss in sub-Saharan Africa. As well, it provides evidence that there is a strong connection between grief recovery and the support received from health care professionals. The implications for health professionals, especially nurses and midwives, are that they should be aware of the need for supporting couples experiencing perinatal loss and should understand their grief experiences during this vulnerable time. Helping couples to address the challenges and suggesting coping strategies can help them to deal with this overwhelmingly sad time.

Nurses should encourage couples to bond with their deceased child. Continued education of health professionals is needed in relation to bereavement counselling. Given the limited literature available, especially for sub-Saharan Africa, further research will need to be undertaken to determine the kind of support needed by couples experiencing perinatal loss and related interventions for better care. There is a need to develop clinical guidelines for health care providers on caring for patients during bereavement.

Additionally, the study findings could contribute to and inform the design of protocols and formulation of culturally sensitive care and policy change on perinatal loss within hospitals. Besides that, this scoping review also has the potential to influence other advocacy and support groups, such as women and gender ministries, to embark on education programmes to inform the public on the experiences of perinatal loss. Policy makers in government can formulate policies that provide funding and encourage the formation of counselling and social groups at the community level.

Limitation of the Study

A major limitation of the study is that only peer-reviewed articles written in the English language were included, thus potentially excluding significant studies published in other languages and in grey literature.

Conclusion

The scoping review explored couples' experiences and support of perinatal loss in sub-Saharan Africa. The findings from the existing literature highlighted the profound emotional impact and lack of support (especially professional and societal support) parents experience during perinatal loss. Many parents reported the lack of professional and societal support. The high rate of perinatal losses in the sub-Saharan region is a concern to governments, and global communities and while measures are being put in place to reduce the rate of losses, there should also be some interest in the health and mental state of those

individuals who experience this loss to prevent and reduce mental illnesses and psychological trauma.

Finally, the scoping review will improve knowledge on the understanding of the experiences of perinatal loss in sub-Saharan Africa. Knowledge from the studies regarding the nature of emotions women experience after loss could be a foundation for developing a new approach to perinatal bereavement practices and providing better individual patient-centred care.

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