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“More time, more pain, more blood”: Creating accurate and diverse accounts of miscarriage in British TV and film

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ABSTRACT

Media plays a critical role in reflecting and shaping cultural values, norms and public understandings. Scholars have long noted that mass media not only reflects societal attitudes but also serves an educational function by informing viewers about topics such as health. This paper discusses how miscarriage is portrayed in British scripted TV and film and how academic research might influence this by documenting a collaborative project between an anthropologist and Women in Film and TV, a membership organization for women across various media professions. The project aimed to provide screenwriters with information to create more accurate and diverse accounts through a writer's workshop. Prompted by ethnographic research projects focusing on miscarriage, the project involved conducting archival research into the portrayal of miscarriage in American, Canadian and British television and film. From this analysis, a video reel was curated highlighting typical representations of miscarriage. Opening the workshop, the reel was followed by presentations by two social scientists who work on miscarriage. The event included a panel discussion with the academics and National Health Service clinicians, including a consultant gynaecologist and two specialist early pregnancy nurse sonographers. Key themes, audience responses and implications for future research projects are explored.

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Introduction

Miscarriage is a common women's health experience, with 20% of pregnancies ending in miscarriage and 1 in 4 women experiencing miscarriage during their lifetime. This project was grounded in medical anthropology and informed by scholarship on miscarriage, particularly that of the social sciences. In the United Kingdom (UK) social science interest in pregnancy loss began with Alice Lovell's (1983) work, which connected miscarriage to fundamental categories of personhood, kinship and motherhood and remains relevant to pregnancy loss analysis decades later. Social scientists have sought to contextualize miscarriage in the UK and to understand it in relation to other social structures (i.e., Rosanne Cecil 1996; Alison Shaw 2014). Aimee Middlemiss

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(AM)¹ investigated women's experiences of second trimester miscarriage showing how women resist biomedical and legal constructions of the (non-)personhood of the fetus (Middlemiss 2021, 2024). Susie Kilshaw (SK)² analysed experiences of miscarriage in England in relation to neoliberal attitudes towards agency and the construction of planned pregnancy as a form of good motherhood (2020c). Together, AM and SK have investigated the use and impositions of "hierarchies of loss" as forms of meaning making in miscarriage (Middlemiss and Susie Kilshaw 2023). Throughout AM and SK's ethnographic research projects, women consistently reported feeling unprepared for their miscarriage, its treatment, and its aftermath (Middlemiss and Kilshaw 2022). Some alluded to the lack of representations of miscarriage in the media or that portrayals did not prepare them for the experience. In addition to the above in the UK context, there is a body of work looking at miscarriage in other settings including work by the most influential scholar of pregnancy loss, Linda Layne, who provides a feminist anthropological investigation in the US (Linda L Layne 1997, 2000). The book which resulted from this work, *Motherhood Lost* (Layne 2003), firmly established pregnancy loss as a focus of social science research and continues to be influential around the world through its demonstration that miscarriage is not merely a biomedical event but a culturally mediated phenomenon, shaped by local beliefs, gender norms and moral discourses. SK emphasizes the importance of recognizing that women's experiences and responses are diverse and culturally contingent (Kilshaw 2020a, 2020b, 2020c, 2024a).

Sociocultural studies of reproduction widely use the language of reproductive loss; SK's research is situated among a growing body of work which suggests "pregnancy endings" better captures the complexity and nuance of women's experiences. More inclusive of diversity, incorporating abortion as well as spontaneous pregnancy endings, the term problematizes assumptions around appropriate reactions to types of pregnancy endings (see Victoria Browne 2022), as illustrated by a research participant who was devastated when she miscarried a day before her abortion appointment and another who experienced relief when she miscarried. The term "pregnancy endings" better incorporates women's lived experience, acknowledging that many women encounter different types of pregnancy endings.

Engaging with the work of feminist media studies scholars, we anthropologists are moving into new territory, but believe this paper contributes to the small body of work investigating different forms of media and miscarriage including work published in this journal. Heather Suzanne Woods and Emily Winderman's (2018) analysis of a 2012 television episode of *19 Kids and Counting*, where the couple grieve the loss of their pregnancy, explores missed opportunities for diverse miscarriage narratives. Samira Rajabi (2024) focuses on Twitter user engagement with celebrity pregnancy loss using three case studies showing how gender, identity, grief, loss and digital media intersect. Kelsey E Binion and Maria Brann's (2024) analysis of Chrissy Teigan's miscarriage social media posts are informed by Kenneth J Doka's (1999) concept of disenfranchised grief, as was SK and AM's work exploring hierarchies of loss in miscarriage (Middlemiss and Kilshaw 2023). This paper engages with scholars including Rebecca Feasey who explored online announcements of pregnancy loss (Rebecca Feasey 2019) and representations of miscarriage in celebrity listicles³ (2022). Nina Cesare, Olubusola Oladeji, Kadija Ferryman, Derry Wijaya, Karen D Hendricks-Muñoz, Alyssa Ward and Elaine O Nsoesie's

(2020) analysis of Twitter found increased interest in miscarriage and other online disclosures following celebrity disclosures such as Teigan's.

Zelly Martin asks if news stories about miscarriage "are good for women" following her observation of their exponential increase. Zelly Martin came to notice a pattern that every woman was shown as heartbroken and their grief emphasized (2023, 2340). In fact and fiction and across media platforms, portrayals of miscarriage tend to frame the experience within a limited set of emotional tropes, often emphasizing bereavement, shock and devastation. This leaves little room for those who might experience miscarriage with ambivalence, relief or indifference, as illustrated by Cesare et al. (2020, 547) who found roughly 14.2% of tweets expressed indifference or had no clear emotional valence, and 0.6% expressed relief. According to Martin (2023), depictions typically present a singular traumatic event, reinforcing the idea that miscarriage always results in profound emotional trauma. This one-dimensional portrayal not only excludes women who experience miscarriage differently but also reinforces the societal expectation that motherhood is central to a woman's identity.

Feasey (2022, 1432) found miscarriage was routinely presented as a backstory to a more successful pregnancy outcome distracting from the reality of miscarriage and reinforcing ideas around the centrality of motherhood. Leslie J Reagan's (2003, 356) analysis of magazines' and medical journals' representations of miscarriage notes that the expected response shifted from one of "physical harm," to "good fortune," before emerging as "emotional devastation" by the 1980s. Reagan's work mirrors that of anthropologists (i.e., Lynn Morgan 1999, 2002; Kilshaw 2020c) who have insisted that pregnancy endings are historically and culturally contingent. Rajabi (2024) suggests that while personal stories shared online can foster empathy, they often reinforce existing tropes, including the portrayal of women as inherently maternal and devastated by miscarriage, which leaves little room for alternative narratives. Public discourses reveal how miscarriage experience is socially constructed but also how womanhood is constructed; a focus on the existence of other children in miscarriage stories reinforces gender stereotypes and reasserts motherhood as the primary role of women (Martin 2023; see also Reagan 2003).

Our work is grounded in the understanding that the media, including print, radio, TV and film, and social media, participates in our social construction of reality, perpetuates dominant ideology (Stuart Hall 1980), and shapes cultural values, norms, and public understanding of phenomena. Media may influence knowledge, attitudes, and behaviours related to health topics (Stephanie Herold, Andréa Becker, Rosalyn Schroeder and Gretchen Sisson 2024, 280). Media also plays an important educational role. Victoria Rideout (2008) suggests TV medical dramas may be an important source of health information for viewers. While digital media, including social media platforms, has offered new spaces for meaning making, film and television remain the primary sources shaping societal narratives (Rebecca J Mercier, Katherine Senter, Rachel Webster and Amy Henderson Riley 2020). Herold et al. (2024) reveal popular TV may be associated with people's knowledge, attitudes and behaviours related to abortion post-*Dobbs* and that television depicts abortion in inaccurate ways, such as by overemphasizing medical risk or misrepresenting the procedure itself (see Herold and Sisson 2019). The authors argue that exposure to accurate depictions of abortion on television may be one way to improve abortion knowledge and support for people seeking abortion. Ann Luce, Marilyn Cash,

Vanora Hundley, Helen Cheyne, Edwin van Teijlingen and Catherine Angell (2016) found that mass media, particularly TV, influences how women engage with childbirth and yet found a lack of portrayals of normal birth in the British popular media.

Pregnancy and childbirth are frequently represented in film and television; however, representations of miscarriage remain limited, often incomplete or overly dramatized. This project was informed by an understanding that these portrayals across genres of TV and film can have implications for how society understands miscarriage and how women make sense of their own experience. Depictions of miscarriage are often inaccurate and portray it as a quick, singular event, which fails to capture the emotional and physical complexities involved. This gap in representation can lead to misconceptions: our project revealed the absence of accurate health information in portrayals of miscarriage and that this, in part, results in women's lack of preparation for miscarriage (see Middlemiss and Kilshaw 2022). Helen Woolley, a participant in AM's research, spoke about her lack of advanced knowledge about miscarriage, labour and birth when she experienced the foetal death of her daughter at 21 weeks' gestation, and referenced the role of media in this:

And that really shows how naive I was. I couldn't get over that I would need to give birth. I ... just thought that somehow ... she would just dissolve! [laughs] ... I just couldn't ... I thought it was barbaric. I thought, I actually have to do this? And ... my naivety about it all ... And do you know what, I've thought about it quite a lot since ... And it's popular culture, it's TV, because any time miscarriage is dealt with, particularly, it's so ... shrouded over. The actual event of what a miscarriage is. I accept you can't, no-one wants to see everything. But it's completely ... There's the grief and devastation for the character in *EastEnders*, or *Corrie*, or whatever, of they've had a miscarriage, and then that's it. They kind of lie on the sofa with a duvet and a cup of tea. You never have any reference to having to go through a miscarriage, and therefore it's really, it's something that no-one wants to talk about, no-one wants to know how it's happening. And yet the woman, and the man, you know, the parents, have to deal with it. And as it turned out, we were very, very ill-prepared for what was about to happen.

Women are often naive about the physical experience of miscarriage and how common they are, with over half of all respondents to a recent survey on the topic believing miscarriage to be "uncommon" (Katherine Hobson 2015). Feasey (2022) found that celebrity miscarriage accounts ignore health information, arguing they miss an opportunity to educate and debunk persistent myths. SK's research findings resonate with Feasey's assertion that there is a difference between popular conceptions of miscarriage and what is medically known.

The project upon which this paper is based answers Luce et al.'s (2016) call for the critical need for collaborations between clinicians and producers and writers. Our aim was to normalize miscarriage and improve public understanding by influencing more accurate, sensitive and diverse portrayals in film and television. The event, a workshop, organized in partnership with Women in Film and TV (WFTV)—a leading membership organization with a global network of over 12,000 women across various media professions—provided a platform for British film and TV screenwriters and producers to engage directly with academics and National Health Service (NHS) clinicians. As part of the project, we worked with an archival researcher, Elaine Sharp (ES), to conduct research about portrayals of miscarriage and develop a reel to highlight themes found. The paper

discusses the research underpinning the project and the associated themes emerging from our archival research before discussing the event itself and its impact.

Method

The project was informed by SK’s research (e.g., Kilshaw 2020c, 2024a) and aimed to create an opportunity for screenwriters and producers to learn from academics and clinical experts. The project included archival research to understand the dominant themes present in miscarriage portrayals and the development of a short (maximum 20 min) curated video reel highlighting these. Creating the reel involved several key stages (see Table 1), ensuring that the selected clips reflected media portrayals of miscarriage from a wide range of resources. After being awarded funding with an August start date, we had a tight timeframe to develop the reel as the event was to coincide with Baby Loss Awareness week, which falls in mid-October every year. For this reason, the archive research and analysis were focused on the production of the reel

Table 1. Steps of the creation of the reel.

Step	Description
1. Team Formation	Collaboration initiated between UCL anthropologist (Susie Kilshaw), archival researcher (Elaine Sharp), and Research Assistant (Caroline Coyer), with Coyer acting as liaison between academic research and archival content.
2. Literature and Context Familiarization	Coyer conducted an in-depth review of Kilshaw’s miscarriage research to inform the lens for evaluating media portrayals.
3. Authors Define Scope	All parties aligned on identifying “typical” media portrayals—what is commonly shown in Western media—rather than accurate representations.
4. Project Brief for Archival Researcher Developed	A detailed brief was shared with Sharp outlining reel purpose, target audience (UK screenwriters), and clip selection guidelines. Criteria included: contemporary portrayals, diverse representation, depiction of miscarriage as an active plot element, and examples of both accurate and inaccurate portrayals. Consider “diversity” in all aspects, including how different communities and individual characters experience and respond to miscarriage.
5. Clip Identification	Sharp conducted archival research over several weeks using: 1. Social media forums (e.g., Instagram) to track community-discussed portrayals. 2. Published lists (e.g., Glamour Magazine’s round-up of miscarriage scenes) 3. Focus on UK soaps (EastEnders, Coronation Street, Hollyoaks) due to their cultural reach, recurring miscarriage narratives, and relevance to workshop writers. 4. fandom/wiki from most popular soaps
6. Preliminary Clip List Compiled	Sharp submitted a longlist of scenes across genres, including soaps, comedy (e.g., <i>Fleabag</i>), films (<i>What to Expect When You’re Expecting</i>), and dramas.
7. Clip Review and Selection	Kilshaw and Coyer reviewed the longlist together and selected clips that highlighted dominant portrayals, inaccuracies, emotional tropes, and absence or presence of diversity. Special attention was paid to aligning clips with themes paralleling Kilshaw’s and Middlemiss’ research. Clips’ ability to resonate with the broader miscarriage community either in online discourse or personal discussion was considered.
8. Initial Rough Cut Created	Coyer assembled a first edit of the full scenes for internal review, presenting the clips in their entirety to the project team. This included scenes with partners, family, clinicians, etc.
9. Final Reel Edited	From the full scenes, a final 17-minute reel was edited down to show the most illustrative moments from each scene, emphasizing visual, emotional, and narrative patterns of the miscarriage and the person experiencing it.
10. Reel Used in Writers Workshop	The curated reel opened the October 2025 “Writing Miscarriage Stories” event with Women in Film and TV (WFTV), providing a springboard for academic presentations and panel discussion with NHS clinicians.

rather than a rigorous standalone research project. Led by ES, an experienced archival researcher, the initial step involved research to identify clips. The authors wrote a brief outlining the scope and main aims of the research, including prioritizing contemporary depictions of miscarriage and a focus on the UK, US and Canada, and listed portrayals known from preliminary research. Despite our project and the research that informed it being UK focused, we included scripted TV and film from the US and Canada due to the influence and reach of these contexts and the cross fertilization between these settings and the UK. Television and film from the US and Canada are commonly viewed in the UK and many programmes are collaborations between these countries. Representations of miscarriage and other reproductive experiences are an evolving landscape; given the recent overturning of *Roe v. Wade* the portrayals of miscarriage in American contexts are likely becoming more politically sensitive.

We were aware that representations of miscarriage in media were limited and that there would likely be a lack of diversity in relation to characters as well as themes. We were particularly interested in widely viewed portrayals, such as those found in *EastEnders* and other popular TV programmes and films, given their significant cultural influence and impact on societal perceptions. We considered viewing and audience statistics when choosing programmes to target. A combination of social media and online articles, such as a feature from *Glamour* magazine, were used to identify relevant narratives, understand what media content women are consuming, and identify influential portrayals that generated further discussion. In the exploration and selection of clips we aimed to pose the following questions: 1) What are the dominant media narratives about miscarriage? 2) Do these align with real-life experiences? 3) What is the relationship between race, ethnicity, socioeconomic status and other key attributes in relation to portrayals of miscarriage? 4) How are physical and psychological experiences depicted, emphasized or omitted?

After the initial longlist was compiled by ES (see [Table 2](#)), the authors collaboratively reviewed the clips to identify those highlighting dominant narratives around miscarriage, as noted in ES's accompanying analysis, but also including outliers. While this was not a formal content analysis, the review drew on principles of thematic analysis commonly used in qualitative research. We approached the clips inductively, identifying recurring tropes and representational patterns through repeated viewing and collaborative discussion. We paid particular attention to how portrayals aligned with or diverged from anthropological and clinical themes, including the framing of medical care, emotional and psychological responses, portrayals of agency or passivity, and the physicality of

Table 2. Representations of miscarriage identified by archival research.

Source	No. of clips identified	Estimated duration per clip
<i>Coronation Street</i>	18 miscarriages	~2–4 min each
<i>EastEnders</i>	13 miscarriages	~2–4 min each
<i>Hollyoaks</i>	19 miscarriages	~2–3 min each
<i>Emmerdale</i>	23 miscarriages	~2–3 min each
TOTAL UK SOAPS	73 clips	~2–4 min each
US Film & TV	17 shows/films	~3–6 min per relevant scene
Other (LGBTQ+ documentary, social media stories, etc.)	~5 mentions (some not clips but references)	~1–3 min each
OVERALL ESTIMATE	~100 clips reviewed	~4–5.5 hours of content analyzed

Table 3. Selected clips.

Character name	Program	Brief description	Key themes of clip
Claire	Fleabag (2019)	Claire experiences a miscarriage during a family dinner. A fleeting glimpse of blood on toilet paper is shown before she returns to the table, pours herself a glass of wine, and acts as if nothing happened, despite her sister urging her to go to the hospital.	Minimal physical depiction, denial, emotional suppression, fetal personhood, miscarriage portrayed as abrupt.
Chantelle Atkins	EastEnders (2019)	Chantelle miscarries in a bathroom and later learns from a scan that the baby's heart has stopped. She displays grief but conceals her emotions from others.	Ethnic diversity, bereavement, emotional suppression, delayed sonographer response
Rosie Brennan	What to Expect When You're Expecting (2012)	Rosie wakes up bleeding, is taken to the hospital, and silently grieves with her partner after the miscarriage is confirmed by a doctor, with somber music playing in the background.	Sudden onset, minimal dialogue, rapid resolution, glossed-over physical experience, emotional grief, lack of agency, miscarriage portrayed as abrupt.
Alina Pop	Coronation Street (2021)	Alina feels a sharp pain and learns of her miscarriage during a hospital scan after a fire. She immediately blames herself that the fire was the catalyst, despite reassurances from her partner and doctor.	Self-blame, delayed sonographer response, limited physical depiction, miscarriage portrayed as unusual, emotional distress.
Whitney Dean	EastEnders (2023)	Whitney chooses to terminate her pregnancy due to the fetus being diagnosed with Edwards syndrome and undergoes induced labor. The scene depicts both the emotional intensity and physical reality of the experience.	Agency, rare accurate physical depiction, bereavement, naming, emotional intensity, fetal personhood, clinical realism.

miscarriage. Rather than aiming for exhaustive categorization, the goal was to curate representative examples that revealed dominant patterns and prompted critical reflection and conversation during the workshop. We acknowledge that this was not a comprehensive cataloguing and there is scope for further research.

As a feminist researcher who has personally experienced three miscarriages, SK's positionality is not peripheral to this project: it informs both her intellectual and emotional investment in the work. SK seeks to document experiences of miscarriage, ensure a diversity of voices and improve public understandings and clinical care. Drawing from anthropological methods, the second author's work focuses on underrepresented voices in film and television and explores how storytelling can shift public understanding around complex topics. Both authors are white North American women; one is queer.

Dominant themes in portrayals of miscarriage in film and TV

The research found many depictions of miscarriage in television serial dramas such as *EastEnders*, *Coronation Street*, *Grey's Anatomy*, *Emmerdale Farm* and *Hollyoaks*. Depictions were also identified in other TV programmes and films, such as *What to Expect When You're Expecting*. The archival research found four main themes, which we discuss below: 1) lack of diversity in terms of characters and in accounts/experiences of miscarriage; 2) miscarriage framed as bereavement; 3) minimizing or lack of physical representation; and 4) inaccurate or misleading clinical representations or framing. For the 17-min reel, we chose five clips from *Fleabag*, *EastEnders*, *Coronation Street* and *What to Expect*

When You're Expecting to illustrate portrayals of miscarriage, and the dominant themes uncovered in the archival research (see [Table 3](#)).

Lack of diversity

A significant lack of diversity was observed in several key areas, including race, age, sexuality, and the way miscarriage itself was depicted. We included Chantal's story (*EastEnders*) despite it being unusual in that it portrayed the miscarriage of a mixed-race woman. Portrayals, including the other clips used, were overwhelmingly of white, heterosexual women under 40.⁴ While this study does not offer a comprehensive catalogue, a more focused analysis of UK soaps was possible by ES. These programmes—*EastEnders*, *Hollyoaks*, *Coronation Street* and *Emmerdale Farm*—provided the clearest data set for assessing the racial diversity of characters depicted. Out of the 73 UK soap miscarriage storylines we analysed 89% featured white women and only 11% (8 clips) featured Black, mixed-race, or other women of colour. Soaps are especially valuable to analyse because they are among the few genres that frequently depict miscarriage and reach wide, mainstream audiences. As such, they can be indicative of broader cultural narratives and media trends. This aligns with our qualitative findings, which suggest that such portrayals often shape, reflect and reinforce dominant ideas about who experiences miscarriage and how those experiences are framed.

We highlighted during the WFTV event that such lack of diversity is particularly problematic given the fact that miscarriage is not experienced evenly or similarly across groups. Black women are 43% more likely than white women to experience a miscarriage (Siobhan Quenby, Ioannis D Gallos, Rima K Dhillon-Smith, Marcelina Podeseck, Mary D Stephenson, Joanne Fisher, Jan J Brosens et al. 2021). We informed event participants that this focus on white, Euro-American, heterosexual, middleclass, cis gendered women is not surprising given the same trend is found in public (see Martin 2023) and scholarly discourses and has been a criticism of the social science literature. However, we also noted that this absence has begun to be rectified (i.e., for lesbian and bisexual experiences of miscarriage (Christa Craven 2019; Craven and Peel Elizabeth 2014; Elizabeth 2010; Elizabeth and Ruth Cain 2012); British Pakistani Muslim women's experiences of pregnancy loss (Shaw 2014); and miscarriage in Qatar (Kilshaw 2020b, 2020c), Pakistan (K Quereshi 2020), Romania (Erica van der Sijpt 2020), and Cameroon (van der Sijpt 2010).

There was also a lack of diversity in how miscarriage was represented in terms of physical and emotional experiences, with the analysis of the clips revealing two dominant scenarios in the way miscarriage is diagnosed/revealed: 1) a sudden onset of pain in a non-clinical setting often followed by bleeding, although blood is mentioned but rarely shown; 2) a clinical setting in which an ultrasound leads to diagnosis of miscarriage. Women were portrayed as being bereaved or in denial of the emotional impact of the event. These themes are expanded upon in the following sections.

Miscarriage framed as bereavement

Characters experiencing miscarriage are typically shown as devastated and grieving, reinforcing a monolithic portrayal of miscarriage as inherently tragic. This framing mirrors dominant cultural and clinical narratives in the UK which frames miscarriage

as bereavement (Kilshaw 2024b) with such understandings emerging from a broader cultural shift since the 1980s. As mentioned above, Reagan (2003) illustrated how the move to normalize public mourning of miscarriage in the US helped to legitimize and make visible the suffering of women whilst reinforcing conventional gender and family norms. SK (Kilshaw 2024a, 2024b, 2024c) follows other scholars' work showing an alignment between miscarriage and bereavement informs caregiving in clinical settings (Danielle Fuller and Karolina Kuberska 2020) and that clinical practices produce foetal personhood (Kuberska 2020; Dominique Memmi 2011; Middlemiss 2021, 2024). SK highlights the importance of acknowledging and responding to nuance in the context of pregnancy endings, as not all women frame their miscarriage as the loss of a baby.

An assumption of bereavement is structured around an understanding of the miscarriage as the loss of a baby, which media representations emphasized. In Chantelle and Alina's storylines, the doctors refer to a "baby." In Whitney's story, the nurse asks the name of the "baby" with Whitney and her partner Zack initially saying there was no name, but offering "Peaches," and through naming and gendering further emphasizing foetal personhood. AM illustrates how the giving of personal and kin names often is the initial expression of positioning a foetal being as a baby with relational kinship (Middlemiss 2024). In the context of miscarriage with its ambivalence towards foetal personhood, naming acts are political acts using "the person-making power of naming" (Layne 2006, 37). These portrayals align with cultural narratives that emphasize foetal personhood, presenting the miscarriage as the death of a child rather than introducing nuance and variation. A spectrum of views has been revealed by ethnographic research: while some women grieve a miscarriage as the loss of a baby, others reject this framing, choosing instead to see early pregnancy endings as the passing of pregnancy tissue rather than a baby (Kilshaw 2024b, 2024c; Middlemiss 2024; Middlemiss and Kilshaw 2023). Importantly, women are not absolutist in their understandings of foetal personhood, with personhood waxing and waning at various points during a pregnancy, a pregnancy ending and its aftermath (Kilshaw forthcoming). This perspective highlights the variability in how women perceive their pregnancies, a nuance missing in most portrayals that overwhelmingly depict miscarriage through a lens of unshifting personhood and maternal grief.

In the *EastEnders* storyline, Whitney and Zack's decision to name their baby and hold a funeral echoes NHS practices that SK describes in her research. While these actions may provide comfort and closure for some, they can cause discomfort or distress for others who do not view their miscarriage as bereavement or as producing a baby (Kilshaw 2024b). We must remember that some women may feel ambivalent and others feel relief in the face of miscarriage. In *Fleabag*, Claire's response is more complex—she appears nonchalant but also upset: "No, just get your hands off my miscarriage ... It's mine. It's *mine*." It is the others around her who appear shocked. We must be careful of perpetuating a monolithic narrative that reinforces societal expectations about motherhood and grief. Women who experience miscarriage differently, who do not conform to the dominant bereavement narrative may experience feelings of abnormality. Such feelings are particularly problematic when one considers how distressing the process of reproduction and reproductive disruptions can be, not to mention the medical procedures associated with them. Furthermore, women's alienation as the result of discourses and/or practices

around miscarriage is concerning in a contemporary climate of “anxious reproduction” (Charlotte Faircloth and Zeynep Gurtin 2017) and moralized motherhood (Faircloth 2013; Janelle S Taylor 2008).

Absence of physical experience

Media representations can shape public understanding by perpetuating harmful misconceptions. In the case of miscarriage, the downplayed or total omission of the physical process, as reflected in all the chosen clips, breeds erroneous understandings. This absence contrasts sharply with the vivid, visceral, sometimes traumatic, accounts documented in SK and AM’s work. Women commonly describe being unprepared for the experience, which was far more intense than anything seen on screen (Middlemiss and Kilshaw 2022). Ethnographic accounts highlight a stark contrast between lived experiences and the largely sanitized portrayals in media including the unpredictable and graphic nature of miscarriage, which is rarely addressed in public portrayals. Miscarriage often involves significant pain and bleeding over several days, weeks or even months. For the women SK spent time with their miscarriage was not complete with the single flush of a toilet, unlike the *Fleabag* and *Coronation Street* portrayals which show miscarriage as a single, swift event with minimal physical implications, reducing its complexity to a moment of emotional reaction. In *Fleabag*, Claire rushes to the restaurant bathroom, shows no signs of pain, and the only blood depicted is a small spot on toilet paper.⁵ She tells her sister, “It’s not a period—it’s a miscarriage.” While blood is alluded to, it is minimal, and no physical distress is portrayed. In *Coronation Street*, Alina’s storyline similarly downplays the physical toll. She clutches her stomach and tells a doctor, “I think I’m bleeding,” yet there is no visual indication of blood, and she appears composed throughout. Minutes later, she is shown receiving a sonogram without any signs of pain. Perhaps the most downplayed example appears in *What to Expect When You’re Expecting*. Rosie wakes suddenly, without visible pain, and calmly but concerned tells her partner, “I’m bleeding,” as she lifts the bed covers. The scene then cuts to the couple in the car and at the hospital. A doctor approaches, and without dialogue or explanation Rosie begins to cry. There are no depictions of pain, bleeding or physical distress—only solemn music and emotional cues of grief guide the viewer’s understanding of the event. In these examples, miscarriage is portrayed as a brief and contained event, largely devoid of physical suffering. These depictions reduce the experience to a single moment of emotional reaction, omitting the intense and often prolonged physical reality described in clinical and ethnographic accounts.

Women interviewed by SK and AM were underprepared for the possibility of miscarriage, how it was managed, and what to expect in terms of the physical process (Middlemiss and Kilshaw 2022, 2). This lack of advanced knowledge has consequences with distress and pain compounded by shock at how the event unfolds; lack of information leaves women unable to make fully informed decisions about their care, often trying to inform themselves during the experience by using online stories, which is an unfair burden (Middlemiss and Kilshaw 2022). During the event AM discussed the centrality of the process of giving birth and of the foetal body to women experiencing second trimester loss. Yet the foetal body and/or pregnancy tissue and blood are absent from the selected clips. Our exploration found a focus on the emotional aftermath, rarely

depicting the physical process in a realistic manner, something also highlighted by Rajabi (2024) who critiques this omission. This gap is particularly concerning given that many women report learning about reproductive health through entertainment media. Without realistic depictions, there is little opportunity to normalize the physical aspects of miscarriage or provide viewers with a fuller understanding of what it involves. This is particularly problematic given that when a miscarriage is diagnosed women often are confronted with a series of decisions that they are required to make relatively quickly (Middlemiss and Kilshaw 2022), as explored below.

Inaccurate information and medical representation

Medical and clinical elements of miscarriage experiences were often partial or at times inaccurate or misleading. One element of this inaccuracy was in relation to how common miscarriage actually is. Whilst in some cases this was mentioned, there were many more cases when there were subtle indications of miscarriage being rare or unusual. This was often portrayed by scenes in which sonographers were depicted looking uncomfortable, shocked and confused before leaving the room to get a senior colleague, as in Chantelle's miscarriage story. As Rajabi (2024) notes, the absence of nuanced depictions in mainstream media places undue pressure on women to seek out information independently, often during moments of personal crisis. Middlemiss and Kilshaw (2022) similarly argue that without prior knowledge, many women are left to make critical healthcare decisions—such as whether to opt for surgical or medical management—without adequate preparation and in moments of personal and/or medical crisis.

The choices faced by women regarding management of miscarriage were rarely depicted, omitting an important element of miscarriage experiences: women's agency. In *EastEnders*, Whitney's storyline is one of the few examples where a character is presented with choice. The dissonance between media portrayals and real-life experiences becomes evident when considering the absence of complex dynamics in film and television. In most clips, miscarriage is depicted as a singular, finite event that leaves little room for personal agency. In the portrayals we saw, once a miscarriage is medically confirmed, the storyline often concludes or pivots to focus solely on the emotional aftermath, ignoring the decisions women face in real life regarding how to manage their miscarriage. By omitting these key moments of decision-making, media depictions not only strip women of agency but also present a misleading narrative that miscarriage is something that simply happens to women, rather than something they actively navigate. The process of a miscarriage is omitted with only the bookends of the experience depicted. Kilshaw (2023) emphasizes the importance in acknowledging that miscarriage is a process rather than a moment (see also Alison Reiheld 2015), often lacking a clear beginning and end point, arguing that agency plays a crucial role in how women navigate miscarriage. The ability to make informed decisions—whether about medical management, disposal of pregnancy tissue or how to grieve—can significantly affect a woman's experience during a vulnerable time. In media portrayals, the absence of these choices perpetuates a narrative where miscarriage is framed as a passive, inevitable event rather than a multi-faceted experience. However, we also acknowledge that in many cases of miscarriage, women's choices may be curtailed and in other cases there is little agency.

Media representations that reflect such nuance would help to depict miscarriage in a more accurate way.

Writing miscarriage stories: expanding and improving accounts of miscarriage

As Katie Bailiff, CEO of WFTV, stated in her opening remarks, the goal of the *Writing Miscarriage Stories* workshop was “to provide a safe space for writers to engage with real-life experiences and expert insights, and to explore new ways of telling these stories authentically.” The free event brought together writers and producers, providing an opportunity for them to learn from academics (SK and AM) through research presentations followed by a Q&A with the addition of three NHS experts—two specialist nurses and a consultant gynaecologist who work daily with miscarriage patients. Together, the panellists offered a comprehensive, multi-faceted view of miscarriage, bridging academic research, clinical practice, medical realities of miscarriage and real-life experiences to help develop more authentic portrayals. The event was recorded with permission from attendees, providing, some of which appears below.

The event focused on the dominant themes outlined above, which emerged during the preparation for the event. SK’s presentation was developed around these themes and provided examples and quotations to explore/problematicize them. The need for greater diversity in how miscarriage is portrayed was a recurring theme. During the Q&A attendees expressed concerns about the homogeneity of characters depicted in miscarriage storylines—predominantly white, middle-class women. SK shared an anecdote from her research: “One participant I interviewed described feeling isolated because her cultural beliefs about pregnancy loss weren’t recognized by healthcare providers. Media has the power to reflect those nuances, which could help others feel seen.” This insight sparked further discussion about the responsibility of media to offer inclusive narratives that encompass a range of experiences based on race, ethnicity and socioeconomic background.

Writers raised specific questions about storytelling challenges, medical accuracy and ethical considerations when portraying miscarriage. Discussions centred around the emphasis on the emotional and omission of the physical reality of miscarriage. SK observed that “many media depictions sanitize or entirely omit the physical process, reducing miscarriage to a quick, emotionally charged scene,” emphasizing that in her research, women consistently reported being shocked by the physical aspects of miscarriage, particularly the duration, intensity of pain and volume of blood involved. A workshop attendee asked how a writer might balance emotional depth with physical accuracy without alienating audiences. AM responded, “There’s a fine line between informing and overwhelming, but realism doesn’t have to mean graphic. Symbolism, sound design or even dialogue that acknowledges the physicality can go a long way.” This comment resonated with attendees, several of whom later mentioned in their feedback that they felt more confident in tackling difficult scenes after learning from clinicians. Attendees raised critical questions about how constraints, such as broadcasting rules, can limit accurate physical depictions of miscarriage and proposed creative strategies to address this, suggesting the use of indirect symbolism to convey the intensity of such experiences without breaching broadcast regulations. SK suggested: “Show something

like blood-stained laundry to subtly represent the aftermath without violating broadcast regulations.” This approach illustrates how writers and producers can evoke the emotional and physical impact of miscarriage while navigating industry-imposed boundaries.

The role of agency in miscarriage experiences was another focal point of the event. The reel portrayals depicted women as largely passive with little control over what happens to their bodies. In contrast, SK’s research highlighted how real-life experiences often involve complex decision-making processes. A writer asked how they might depict the complexity of choice without slowing down a storyline. SK suggested, “You don’t have to show every decision—just acknowledging that there *are* choices makes a difference. Even a line like, ‘Do I want surgery or wait it out?’ introduces that complexity.” This advice was well-received by attendees, with one noting in the post-event survey:

I hadn’t considered the importance of showing choice before. That alone can change how a storyline is perceived.

The exchange of knowledge, expertise and ideas fostered a collaborative environment, enabling participants to explore portrayals of miscarriage while navigating the practical constraints of their medium. By creating a safe space for dialogue, the workshop empowered attendees to think beyond conventional approaches and explore new ways to represent the complexity of miscarriage. This type of engagement is crucial for fostering more authentic and empathetic depictions, contributing to a more informed and compassionate public discourse.

Impacting the portrayal of miscarriage in the media

Prior to the event and shortly after it we sent a short survey to ascertain its impact. The pre-event survey assessed participants’ level of knowledge about miscarriage and what they were hoping to glean from the event, revealing that most attendees had minimal prior exposure to the complexities of miscarriage. Many expressed hesitations about approaching the topic in their work, citing concerns about perpetuating conventional or flawed representations. One respondent reflected:

I want to write about miscarriage, but I’m scared of unintentionally perpetuating harmful stereotypes or inaccuracies.

Some attendees reported experiencing miscarriage themselves, but admitted their knowledge was limited to their own experience about which some suggested they had difficulty speaking. Attendees were keen to learn from experts and gain a deeper understanding of how to write about miscarriage sensitively and authentically. One writer noted:

I want information, inspiration, and a way into the subject matter.

This sentiment highlights a demand for nuanced, evidence-based storytelling that moves beyond conventional tropes.

The post-event survey demonstrated a marked shift in participants’ confidence and approach to writing about miscarriage: 100% of participants who responded to the survey said the event “improved their understanding of miscarriage” and as a result, they “were more likely to write a storyline featuring miscarriage.” Attendees reported feeling more equipped to handle the topic with one remarking:

The event brought home how important it is to lean into the difference and not dictate how women “should feel” and to highlight how different cultural backgrounds regard the experience.

This comment underscores the importance of presenting a diversity of perspectives, something the event succeeded in emphasizing. This shift in thinking was echoed by another attendee:

It’s made me think more about portraying the breadth of experience when it comes to miscarriage and made it easier to recognize the tropes that get repeated on our screens.

Several writers expressed gratitude for the opportunity to engage directly with experts. A key aspect of this was gaining a breadth of understanding including the variation and the physical process of miscarriage. A recurring theme was the realization that miscarriage is not a single, discrete moment but a complex process, as one attendee noted:

The notion of reframing miscarriage in film/TV as a process rather than an event has really stayed with me.

Attendees were able to consider the lack of portrayals of physical representation of miscarriage. As one attendee aptly articulated in the post-event survey:

Miscarriage is not as quick and definitely not as clean as often portrayed. More time, more pain, and more blood.

Several participants noted how the event had already impacted their current projects. One writer who had initially planned to touch on miscarriage rather than depict it directly said:

This event has directly impacted my desire to now feature the miscarriage on screen rather than merely allude to it.

The feedback revealed that attendees had increased confidence in tackling miscarriage narratives. Many felt they now had the tools to portray miscarriage more sensitively and accurately and had a desire to do so. Several respondents expressed interest in more interactive formats and follow-up events, indicating a demand for continued dialogue on the topic. The event not only provided invaluable insights into the complexities of miscarriage but also fostered a supportive environment for creative exploration. As one attendee aptly put it:

This event was a great step towards seeing miscarriage portrayed authentically and in all its various guises on TV.

SK noted during the discussion that “authentic storytelling begins with honest conversations,” emphasizing the importance of providing those who portray miscarriage with access to lived experiences and clinical expertise.

Workshop limitations and reflections for future events

Despite its successes, this project also had limitations. One constraint was the rapid turnaround time, which limited the archival research conducted. As this was a qualitative, rather than quantitative, project and one that aimed to produce a reel in

a short time for the event, there is room for further exploration of miscarriage representations. Another area for improvement, as suggested by several attendees, was the format: while the Q&A structure allowed for valuable insights, it constrained deeper engagement. Several participants had suggestions for future events, particularly highlighting a more interactive workshop with more opportunities for direct engagement and discussion of ideas in smaller groups. Indeed, a smaller follow-up workshop involving those actively working on storylines is planned. It was suggested that having a writer on the panel would be helpful and allow for steering the conversation towards practical storytelling techniques and industry constraints, which we had attempted to do.

While the event achieved its goal of fostering inclusivity and diversity, we were acutely aware of the lack of diversity of the panel composition: our attempts at addressing this were unsuccessful. This lack of diversity was noted by one attendee:

Although it did feel like a missed opportunity to have an all-white panel—given the appalling statistics regarding non-white experiences in pre-natal/post-natal care in the UK.

This highlights a critical oversight in representation, particularly given the disproportionate impact of pregnancy endings on women of colour, as we highlighted during the event. The lack of diverse voices on the panel was a noticeable gap that should be addressed in future iterations. Despite this, the feedback was overwhelmingly positive, with many attendees expressing a desire for follow-up events and continued engagement with the panellists.

To build on the momentum generated by this workshop, future events could broaden participation by including more diverse panellists and expanding the scope to encompass related women's health issues. Additionally, developing follow-up workshops with a focus on specific aspects of storytelling—such as character development—could further support writers in creating nuanced and authentic portrayals. There is scope for in-depth research into the representations of miscarriage in film and TV. Moreover, a deeper, longitudinal study on the impact of these workshops on media portrayals could provide valuable insights. By tracking the narratives produced by attendees and examining their reception by audiences, researchers could assess the long-term effectiveness of this collaborative model in influencing public discourse.

Conclusion

The impetus for this project was anthropological research into experiences of miscarriage, which highlighted the critical need for more accurate and diverse portrayals in film and television. The curated reel and workshop revealed recurring themes in media portrayals, including the sanitization of the physical process, misrepresentation of clinical practices and women's agency, lack of diversity, and a narrow focus on bereavement. The project illuminated the significant gap of representation and reality of miscarriage on screen and succeeded in cultivating a deeper understanding of miscarriage.

Attendees left the event equipped with insights and practical tools for crafting more realistic narratives, many recognizing the need to challenge stereotypical depictions. The workshop sparked critical conversations about agency and the importance of depicting miscarriage as an ongoing process rather than a singular, isolated event. Feedback highlighted the urgency of including more diverse voices and experiences in storytelling to

ensure that all women feel seen and understood. Ultimately, this initiative emphasized the transformative power of accurate storytelling in fostering empathy, reducing stigma, normalizing experiences of miscarriage and educating the public.

While this project had limitations, the positive feedback, combined with the immediate influence on attendees' work, underscores the potential of this model to foster more accurate, diverse, and empathetic portrayals of women's health issues. Portrayals should strive for greater accuracy and inclusivity, offering a more comprehensive view of miscarriage that reflects complex realities. We suggest that the best way to do this is to populate the media landscape with more, and importantly different, stories of miscarriage with a variety of voices, perspectives and experiences. Through collaboration between clinicians, scholars and creative professionals narratives that both educate and empathize can be created ultimately fostering a more informed and inclusive public discourse about pregnancy endings.

Ethical approval

The underpinning research involves human participants and was approved by NHS HRA Ethics Committee (IRAS) Reference: 261,330, Research and Development Reference: PID14448-SI001, Research Ethics Committee Reference: 19/SC/0428.

Notes

1. Middlemiss participated in the workshop about which this paper focuses and will be referred to as "AM" throughout the paper.
2. Susie Kilshaw is the PI for the project and the main author and will be referred to as SK throughout the paper.
3. A new and popular media form, a listicle is a short-form article written in a list-based format on a single theme or topic.
4. Woods and Winderman (2018) noted a similar trend, which is why the portrayal of advanced maternal age miscarriage was a lost opportunity to highlight diversity in experience.
5. Such portrayals are also relevant to the following section about inaccuracies, as it is not mentioned that spotting and bleeding are common in early pregnancy.

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Notes on contributors

Susie Kilshaw is a Professor in Medical Anthropology. Her work focuses on fertility, reproduction, and pregnancy endings, particularly in the UK and also in Qatar. Susie gained her PhD from UCL in 2004 with her work involving research among sufferers of Gulf War Syndrome in the UK. This work explored the way the illness was shaped by wider social and cultural forces in the UK. Gender has been a particular focus on her work with her book *Impotent Warriors: Gulf War Syndrome, Vulnerability and Masculinity* (Oxford: Berghahn, 2009) discussing the way GWS narratives involve concerns about diminished masculinity. Following the completion of her PhD she was awarded an ESRC Postdoctoral Fellowship (2004) and a prestigious Wenner-Gren Hunt Fellowship (2008). In 2011, her research developed to include the Middle East where she has conducted research in Qatar exploring issues around reproduction, miscarriage, risk and genetic risk, marriage practices, and gender. Funded by the Qatar National Research Fund this research has contributed to a more general ethnographic picture of Qatari social life. Her manuscript, *Pregnancy and miscarriage in Qatar: Women, reproduction and the state* was published by Bloomsbury in 2020. Her co-edited volume *Navigating Miscarriage: Social, Medical, and Conceptual Perspectives* was published by Berghahn in 2020.

Susie’s current research focuses on women’s experience of miscarriage in England, with a particular focus on the residues and remains of pregnancy ends. Her research, part of a Wellcome Trust University Award in the Humanities and Social Sciences, investigates the practices around pregnancy endings including, but not limited to disposal practices and memorialisation. She has published several articles on this work and her research has informed changes to NHS practices on policy and national guidance.

Caroline Coyer is a documentary filmmaker, journalist, and media producer whose work bridges storytelling, social impact, and research. She holds an MFA in Creative Documentary by Practice from UCL’s Anthropology Department, where she combined film production with academic inquiry, and a BA in Broadcast Journalism and International Relations from New York University (NYU). Her research mainly focuses on criminal justice and the therapeutic role of the arts in incarceration. At NYU, her thesis film explored the love story of a couple navigating a husband’s lengthy prison sentence, and at UCL, she expanded this work by investigating the intersection of artists, incarceration, and community reintegration. In addition to her work in criminal justice storytelling, Caroline has explored women’s health narratives through film and journalism. At UCL, she highlighted female visual artists for UCL News, led an all-female podcast team, and collaborated with researcher Lucie Rayner on a documentary about Ehlers-Danlos Syndrome and its impact on women in the performing arts. This intersection of media, health, and advocacy continues to inform her approach to storytelling. Her work consistently seeks to uncover hidden stories and push for more accurate and empathetic representations in media. As a research assistant and co-author on *Creating Accurate and Diverse Accounts of Miscarriage in British Film and TV*, a Wellcome Trust-funded project, Caroline played a key role in analyzing media portrayals of miscarriage. She worked closely with an archival researcher to curate and edit a video reel for the Women in Film and TV UK (WFTV) workshop, synthesizing trends in representation and participant insights. Caroline is committed to ensuring that journalism and media serve as platforms for those whose stories are often overlooked. She aims to create more opportunities for writers and producers to engage with healthcare experts and marginalized communities, ensuring that narratives we see on screen reflect authenticity, depth, and the lived realities of those most affected.

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