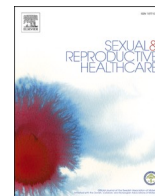


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Sexual & Reproductive Healthcare

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Letter to the editor

Dear Editors,

I would like to draw your attention to some concerns I had regarding the paper, “How do people story their experience of miscarriage? A systematic review of qualitative literature,” written by Emma L.G. Wallis, Jennifer Heath, Amanda Spong which was published in your journal recently. I write to alert your journal readership to the large body of literature in this field that clearly can be missed in standardised search methods. It is a shame that this oversight was not picked up in the review process.

There was considerable relevant literature missed by the ‘systematic’ review, which only focused on 10 sources from around the world. The paper picks up certain sources from ethnographic contexts whilst missing key scholarship from the UK and the US. Some sources included in the paper cite several of the key papers outlined in the reference list attached, but the authors did not engage with them. Thus, the “gap in the literature” suggested by the authors is, instead, their omission or the result of a significant blind spot in the approach. The authors also make suggestions for the medical profession without properly engaging with the body of literature and recognising academics who are conducting in depth qualitative research with women who are miscarrying, those who have miscarried, and the health professionals involved in their care.

Earlier this year Dr. Aimee Middlemiss published an excellent monograph *Invisible Labours: The Reproductive Politics of Second Trimester Pregnancy Loss in England* [1]. Whilst focusing on the UK, Middlemiss also draws on key scholars such as Linda Layne and Dominique Memmi, her bibliography has 24 references to miscarriage going back over 40 years and would have been a good starting place for the authors. Not only was her book not cited but her key peer reviewed papers were also overlooked (i.e. [2]).

One of Middlemiss’ body of work was a chapter [3] in my co-edited collected volume on miscarriage [4] which brought together scholars (primarily anthropologists but also clinicians and historians) whose work is predominantly qualitative in approach. Again, given the focus of the review was on qualitative approaches to miscarriage it is problematic that the authors missed a recent book on the subject and, therefore, overlooked key scholar’s work including Karolina Kuberska [5], Kaveri Qureshi [6] and Erica van der Sijpt [7] the latter having researched miscarriage in two ethnographic contexts and having an impressive body of work on the subject. That the most influential scholar of pregnancy loss, Professor Linda Layne, was entirely absent from the piece is indicative of a less than thorough review. Anthropologist Layne has written extensively on the topic. With the absence of Linda Layne, the most widely known scholars of pregnancy loss it is unsurprising that more key works on this subject are also missing from the paper.

In the UK social science interest in pregnancy loss began with the work of Lovell who conducted interviews with medical professionals and women in England who had experienced stillbirth, perinatal death,

or late miscarriage. Alice Lovell’s [8] seminal work is still relevant to pregnancy loss analysis decades later, considering miscarriage as an identity issue, and a classificatory issue connected to fundamental categories of personhood, kinship, and motherhood. This work was followed by explicitly feminist accounts of miscarriage and ectopic pregnancy in the UK which aimed to produce empirical knowledge of women’s lives, and to make their experiences more visible within society and medical institutions [9,10].

Sociological work followed the lead of lay publications on pregnancy loss which were focussed either on improving medical care or on recognising loss [11], reflecting increased attention to women’s experiences of pregnancy loss in the charity sector. The paper in question aims to inform medical care and suggests this as a novel approach. However, this has been the focus of much of the social science research on miscarriage. Letherby [12] was the first to explicitly point out the potential agency of some women when she focussed on the meaning of the miscarriage to her interlocutors, who grieved for the loss of a baby or person in the face of medical lack of acknowledgement. At a similar time, qualitative work based on the UK National Women’s Health Study discussed different narratives around women’s experiences of miscarriage [13], and interview-based work discussed the breadth of women’s experiences and beliefs which should be taken into account by professionals [14]. Moulder’s work aimed to assist health professionals to improve their practice, giving specific evidence-based recommendations for care based on women’s narratives of their experiences in 2001 [15]. Ambiguities in miscarriage experiences have also been examined in the literature, including around the absence of a foetal body [16,17] and connections between miscarriage and menstruation [15]. Lesbian and bisexual experiences and meaning-making in miscarriage have also been investigated [18–20]. I remain unsettled the paper’s advice to health professionals whilst overlooking social science research working in clinical settings and working to improve policy and care [1,5,21,22,23,24].

Social scientists have sought to contextualise pregnancy loss in the UK setting and to understand it in relation to other social structures. Cecil’s edited volume based in anthropology discussed meanings of miscarriage in multiple contexts, including in her own work examining pregnancy loss in the religious contexts of Northern Ireland [25]. Shaw has considered young British Pakistani Muslim women’s experiences of pregnancy loss as potential contestations and renegotiations of foetal personhoods in the context of customary Islamic practices around personhood recognition and funerals [26]. I have analysed experiences of miscarriage in England in relation to neoliberal attitudes to the control of risk and the construction of planned pregnancy as a form of good motherhood [27]. Middlemiss has investigated women’s experiences of second trimester miscarriage in relation to biomedical and legal constructions of the (non) personhood of the foetus and how women resist

<https://doi.org/10.1016/j.srhc.2025.101064>

Received 6 January 2025; Accepted 7 January 2025

Available online 8 January 2025

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these constructions using ideas of kinship and the body [1,2]. Together, Middlemiss and I have investigated the use and impositions of 'hierarchies of loss' as forms of meaning making in pregnancy loss including miscarriage [28].

Above outlines the rich social science scholarship on miscarriage in the UK. There is also a growing body of work looking at miscarriage in other settings. Of course, the most influential work on pregnancy loss was Linda Layne's feminist anthropological investigation of women's experiences of pregnancy loss, including miscarriage [29–32] in the US. The book which resulted from this work, *Motherhood Lost* [33], firmly established pregnancy loss as an object of social science, and despite its clearly located ethnographic context it continues to influence pregnancy loss research around the world. Christa Craven's body of work, including her monograph [33] is an important addition to reproductive loss scholarship by focusing on it in the context of LGBTQ family making in the US.

My own monograph [34] explores miscarriage in Qatar, demonstrating the contingency and diversity of miscarriage experiences. Several peer reviewed papers exploring different aspects of miscarriage in the Qatari context were also not picked up. The collected volume mentioned above features accounts of miscarriage from various ethnographic settings including Pakistan [6], Romania [7], Cameroon [7], and Qatar [27]. In France the work of Memmi [35] was a major analysis of a historically and culturally situated social recognition of the psychological suffering engendered by pregnancy loss in women whose 'project of a child' does not materialise.

In regard to the paper's method, the search terms outlined in the paper focused on 'miscarriage' in opposition to 'other forms of pregnancy loss' but this is problematic when people use pregnancy loss to include miscarriage. Layne's work focuses on 'pregnancy loss' but is primarily about miscarriage. Importantly miscarriage is defined differently in different cultures and meaning is made about miscarriage in relation to other forms of loss (see [28]).

I would encourage those interested in miscarriage and pregnancy ends to pay heed to the very rich body of work available in a range of disciplines.

ORCID iD authorship contribution statement

Susie Kilshaw: Conceptualization, Writing – original draft, Writing – review & editing.

References

- [1] Middlemiss AL. *Invisible labours: the reproductive politics of second trimester pregnancy loss in England*. New York, Oxford: Berghahn Books; 2024.
- [2] Middlemiss AL. Pregnancy remains, infant remains, or the corpse of a child? The incoherent governance of the dead foetal body in England. *Mortality* 2021;26(3): 299–315.
- [3] Middlemiss AL. "It felt like the longest time of my life": using foetal dopplers at home to manage anxiety about miscarriage. In: Kilshaw S, Katie B, editors. *Navigating miscarriage: social, medical, and conceptual perspectives*. Oxford: Berghahn; 2020. p. 160–83.
- [4] Kilshaw S, Katie B, editors. *Navigating miscarriage: social, medical, and conceptual perspectives*. Oxford: Berghahn; 2020.
- [5] Kuberska K. Unwitnessed ceremonies: funerals for pre-24-week pregnancy losses in England. In: Kilshaw S, Borg K, editors. *Navigating miscarriage: social, medical, and conceptual perspectives*. Oxford, New York: Berghahn; 2020. p. 206–32.
- [6] Quereshi K. Some babies cannot be stopped from falling: miscarriage in Pakistani Punjab. In: Kilshaw S, Katie B, editors. *Navigating miscarriage: social, medical, and conceptual perspectives*. Oxford: Berghahn; 2020. p. 113–35.
- [7] Van der Sijpt E. Alleviating the ambiguities around miscarriage: discursive tactics in Cameroon and Romania. In: Kilshaw S, Katie B, editors. *Navigating miscarriage: social, medical, and conceptual perspectives*. Oxford: Berghahn; 2020. p. 87–112.

- [8] Lovell A. Some questions of identity: late miscarriage, stillbirth and perinatal loss. *Soc Sci Med* 1983;17(11):755–61.
- [9] Hey V, Itzin C, Saunders L, Speakman MA, editors. *Hidden loss: miscarriage and ectopic pregnancy*. London: The Women's Press Ltd; 1989.
- [10] Oakley A, McPherson A, Roberts H. *Miscarriage*. Great Britain: Fontana Paperbacks; 1984.
- [11] Elliot R. The meanings of miscarriage in twentieth-century Britain. In: Kilshaw S, Borg K, editors. *Navigating miscarriage: social, medical and conceptual perspectives*. New York, Oxford: Berghahn; 2020. p. 59–86.
- [12] Letherby G. The meanings of miscarriage. *Women's Stud Int Forum* 1993;16(2): 165–80.
- [13] Simmons RK, Singh G, Maconochie N, Doyle P, Green J. Experience of miscarriage in the UK: qualitative findings from the National Women's Health Study. *Soc Sci Med* 2006;63(7):1934–46.
- [14] Smith LF, Frost J, Levitas R, Bradley H, Garcia J. Women's experiences of three early miscarriage management options: a qualitative study. *Br J Gen Pract* 2006;56 (524):198–205.
- [15] Moulder C. *Miscarriage: women's experiences and needs*. London and New York: Routledge; 2001.
- [16] Frost J. Older women and early miscarriage: leaky bodies and boundaries. In: Kirkham M, editor. *Exploring the dirty side of women's health*. Taylor and Francis; 2007.
- [17] Frost J, Bradley H, Levitas R, Smith L, Garcia J. The loss of possibility: scientisation of death and the special case of early miscarriage. *Soc Health Illn* 2007;29: 1003–22.
- [18] Murphy F, Philpin S. Early miscarriage as 'matter out of place': an ethnographic study of nursing practice in a hospital gynaecological unit. *Int J Nurs Stud* 2010;47 (5):534–41.
- [19] Peel E. Pregnancy loss in lesbian and bisexual women: an online survey of experiences. *Hum Reprod* 2010;3:721–7.
- [20] Peel E, Cain R. 'Silent' miscarriage and deafening heteronormativity: a British experiential and critical feminist account. In: Earle S, Komaromy C, Layne LL, editors. *Understanding reproductive loss: perspectives on life, death and fertility*. Farnham, Surrey; Burlington USA: Ashgate Publishing Limited; 2012. p. 79–91.
- [21] McGuinness S, Kuberska K. Report to the Human Tissue Authority on disposal of pregnancy remains (less than 24 weeks' gestational stage); 2017.
- [22] Kilshaw S. Women's experiences of the consenting process for pregnancy remains disposal following early miscarriage. *BMJ Sex Reprod Health* 2024;50:99–106.
- [23] Kilshaw S. 'Now I'm a weird mother who doesn't care': women's experiences of pregnancy remains disposal following miscarriage in England. *Mortality* 2024; 1–18. <https://doi.org/10.1080/13576275.2024.2319748>.
- [24] Kilshaw S. The insensitivity of 'sensitive care': the bureaucracy of pregnancy tissue disposal in England, UK. *Anthropol Med* 2024;1–18. <https://doi.org/10.1080/13648470.2024.2416804>.
- [25] Cecil R. *Memories of pregnancy loss: recollections of elderly women in Northern Ireland*. In: Cecil R, editor. *The anthropology of pregnancy loss: comparative studies in miscarriage, stillbirth and neonatal death*. Oxford, Herndon VA: Berg; 1996. p. 179–98.
- [26] Shaw A. Rituals of infant death: defining life and Islamic personhood. *Bioethics* 2014;28(2):84–95.
- [27] Kilshaw S. God's design, thwarted plans: women's experience of miscarriage in Qatar and England. In: Kilshaw S, Borg K, editors. *Navigating miscarriage: social, medical and conceptual perspectives*. New York, Oxford: Berghahn; 2020. p. 136–59.
- [28] Middlemiss AL, Kilshaw S. Further hierarchies of loss: tracking relationality in pregnancy loss experiences. *OMEGA – J. Death Dying*; 2023 [Online First].
- [29] Layne LL. 'He was a real baby with baby things': a material culture analysis of personhood, parenthood and pregnancy loss. *J Mater Cult* 2000;5(3):321–45.
- [30] Layne LL. Breaking the silence: an agenda for a feminist discourse of pregnancy loss. *Fem Stud* 1997;23(2):289–315.
- [31] Layne LL. Unhappy endings: a feminist reappraisal of the women's health movement from the vantage of pregnancy loss. *Soc Sci Med* 2003;56(9):1881–91.
- [32] Layne LL. *Motherhood lost: a feminist account of pregnancy loss in America*. New York, London: Routledge; 2003.
- [33] Craven C. *Reproductive loss: challenges to LGBTQ family-making*. Routledge Press; 2019.
- [34] Kilshaw S. *Pregnancy and miscarriage in Qatar: women, reproduction and the state*. London: Bloomsbury; 2020.
- [35] La MD. *seconde vie des bébés morts*. France: Éditions de l'École des Hautes Etudes en Sciences Sociales; 2011.

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