

Appendix S4. Sample extracted findings

Thematic sentence	FES %	Sample quotes from extracted findings
<p>Positive community support, as opposed to stigmatisation and blame, can improve bereavement experience</p>	<p>68%</p>	<p><i>Many participants were concerned about being blamed by their family, so training the families on the cause of stillbirth and how families should behave toward mothers would facilitate their recovery process. (Allahdadian 2016)</i></p> <p><i>Sometimes, I was scared to go outside. I did not want people to ask me about anything relating to my baby. There were people who said, 'It was your fault, because you ate this and that. (Andajani 2004)</i></p> <p><i>Support from family, particularly from their husbands, mothers and sisters, was very important for regaining confidence and dealing with grief. Husbands shared the pain and grief, and were a primary source of comfort, help and encouragement. (Andajani 2004)</i></p> <p><i>Motherhood... confers societal value and is considered to be a respectful position in society. Participants noted that a stillbirth steals happiness from a family and may cause social disintegration or separation, even if followed by a live birth... If it was known widely that a woman had a stillbirth, her worth may be questioned and her contributions in village meetings may not be taken seriously. (Kiguli 2015)</i></p> <p><i>I needed people to acknowledge what had happened, not to trivialise it. I was grateful for the people who listened, and stayed, knowing that they could not take away the hurt. I was angered by those who tried to make it better, with false comfort and too quickly offered explanations. (Modiba 2007)</i></p> <p><i>Nearly all participants observed that a woman who loses her newborn is often neglected and mistreated by the husband and his family, and that people do not understand that the woman is grieving and needs emotional and physical support, such as a woman who has given birth to a live-born neonate and needs attention and special care. (Sisay 2014)</i></p>
<p>Women's' experience of grief has multiple manifestations often unrecognised by the healthcare community and wider society</p>	<p>65%</p>	<p><i>'I was heartbroken...total...bottomless emptiness, nothing. I just wanted to die, I didn't care what happened...I felt very alienated... very disconnected...I was devastated. It was heartbreaking.'</i> (Corbet Owen 2001)</p> <p><i>Contrary to these beliefs, women in the present study experienced significant grief after stillbirth. More than 80% of the women had not fully recovered from the loss 1 or more years after the event. (Kuti 2011)</i></p> <p><i>'I want to win over this loss, my life was saved, but how can I endure?' (Roberts 2015)</i></p> <p><i>Women used words such as kusweka-mtima (broken-hearted) to describe how they felt when they miscarried or their neonates died... 'I was filled with sorrow because I was expecting something, I was eagerly waiting, and I was also happy that I would have a baby. I was heart-broken... I become depressed' (Simwaka 2014)</i></p>
<p>Awareness of, and support for, appropriate coping mechanisms can assist grieving</p>	<p>65%</p>	<p><i>They cherish the memory of seeing and/or holding the stillborn. The entire event turns into a precious memory - a memory that brings joy and smiles to the mothers' faces. 'I requested that the midwife hand over the baby to me, and I</i></p>

		<p><i>saw the beautiful hair of the baby, and I cried. That memory now lifts me up'. (Osman 2017)</i></p> <p><i>Talking to others was identified as a positive, but often unavailable means of coping.</i></p> <p><i>Prayer and the performance of rituals were employed by some women and their families to help them cope with the loss. (Roberts 2015)</i></p> <p><i>All mothers felt that by practicing religious activities they were able to reduce the pain they suffered and make their mind more accepting of the situation. (Sutan 2012)</i></p>
<p>Access to timely and culturally appropriate psychological support is valued</p>	<p>59%</p>	<p><i>Most of maternity hospital do not have psychologist in staff... Women and their families suffer from lack of psychological support. They mention that they need information about their feelings, about grief, about opportunities of psychological support. (Chizhova 2010)</i></p> <p><i>They must treat you medically but also attend to your inner emotions, but this isn't done in the hospital... if they don't see any blood then there is nothing wrong with you. (Corbet Owen 2001)</i></p>
<p>Women want information, advice and individualised discussions about future pregnancies</p>	<p>53%</p>	<p><i>Participants reported that mothers of stillbirths were encouraged by families and health workers to conceive immediately to help them cope with the loss, which was not always welcome advice. (Kinguli 2015)</i></p> <p><i>Mothers experience fear falling pregnant again. They fear that loss will happen again. 'I still feel sad and I have fear of falling pregnant again'. (Modiba 2007)</i></p> <p><i>'Their worry was also that carrying and giving birth to a dead baby might affect their future chances of becoming a mother to a live-born child' (Osman 2017)</i></p> <p><i>'It is still in my mind how I carried my previous pregnancy and deliver a breathless dead baby. I am afraid it will happen again' (Sutan 2012)</i></p>
<p>Addressing health system barriers is important for provision of respectful care</p>	<p>53%</p>	<p><i>Some participants mentioned that the personnel of maternity hospital paid less attention to them and cared less about them compared to the mothers giving birth to live babies... They stated that it was necessary to provide a fair level of services to all mothers and avoid discrimination between mothers giving birth to live babies and dead babies.</i></p> <p><i>'It seemed like my health was not important, as I had lost my baby. I wish I had gone with her as well.' (Allahdadian 2016)</i></p> <p><i>Because of the increased workload and shortage of staff, midwives and doctors are unable to spare time for these mothers. 'For me, I found that at times it's very stressful. We're very short-staffed and there are a lot of women in labour to look after and it is very hard to be working in that kind of situation'</i></p> <p><i>Midwives and doctors experience feelings of demotivation owing to the workload, the number of mothers being treated, as well as the challenges of providing care. (Modiba 2008)</i></p> <p><i>They cited staffing levels, facilities, and medical equipment as inadequate for their heavy patient load, and patients being referred from outside hospitals too late. (Petrites 2016)</i></p>

<p>Women may experience devaluation and stigmatization as a result of cultural practices and beliefs</p>	<p>47%</p>	<p><i>Mourning stillbirth was seen to either promote sterility or recurring stillbirth... even professional nurses shared the same belief and applied it to desist the women from crying. 'I cried and one midwife told me that if I cry too much it will affect my womb and it will trouble my future.'</i> (Attachie 2016)</p> <p><i>As sorcery or spiritual involvement is often implicated, public displays of grief and mourning increase vulnerability to recurrent loss by inviting further malevolence.</i> (Haws 2010)</p> <p><i>Women with consecutive stillbirths were considered cursed and lost the respect of their families and the community.</i> (Kiguli 2015)</p> <p><i>If a wife failed to produce offspring, particularly sons, the possibility of a second marriage was discussed as a reasonable option...In a few cases the husband will blame the wife for the stillborn baby.</i> (Roberts 2017)</p>
<p>Supporting proper investigation to understand causes of stillbirth may contribute to reducing stigma</p>	<p>44%</p>	<p><i>Lack of information resulted in a range of non-clinical assumptions and beliefs about the death, with women blaming themselves for being ignorant, negligent or incompetent. Others believed that their loss was a nemesis or a consequence of past misbehaviour.</i> (Andajani 2004)</p> <p><i>'I felt myself it was my fault. I felt it was something wrong with me that makes my babies be born early. I feel it's my body rejecting the baby'.</i> (Modiba 2007)</p> <p><i>Most participants believed that healthcare providers should give convincing information about the cause of their loss, but most of them did not receive the necessary information from doctors, other members of the treatment team.</i> (Sereshti 2016)</p>
<p>Women and staff believe that specialised bereavement care is important</p>	<p>35%</p>	<p><i>Participants mentioned that they needed to be separated from mothers giving birth to live babies.</i> (Allahdadian 2016)</p> <p><i>One of the recommendations of the midwives and doctors was to have interdisciplinary care of these mothers. In other words, obstetricians, midwives, psychologists and social workers should all be involved.</i> (Modiba 2008)</p> <p><i>During the hospital stay, the mothers received just the regular level of care, which was insufficient in light of the loss they were dealing with. It seems they would have preferred to have received special attention without being stigmatised: a common wish across geographical and cultural settings.</i> (Osman 2017)</p>
<p>Knowledge and information about stillbirth will empower women to take control of their own health</p>	<p>35%</p>	<p><i>They had no idea what was going to happen to them then. They wondered whether the dead child should be delivered naturally and whether the death of the fetus would risk mother's life. They were transferred to the hospital without any trainings or information.</i> (Allahdadian 2016)</p> <p><i>It would appear that these mothers are not given enough information, sometimes none at all. This in itself will lead to them making uninformed decisions.</i> (Modiba 2007)</p> <p><i>They felt they wanted somebody who could counsel them, advise them on what to do and help them with the unfamiliar processes of discharge, burial and so on.</i> (Sutan 2012)</p>

Comprehensive staff training and support systems for staff are prerequisite to improving care	24%	<p><i>'It is so frustrating to take care of a mother with perinatal loss, because I usually don't know what to say. I think midwives and doctors need to be educated on how to counsel these mothers'</i> (Modiba 2008)</p> <p><i>Senior nurses and one who had past experience in handling grieving parents were found to have a more positive and sympathetic attitude than junior nurses and ones with no experience.</i> (Moon Fai Chan 2010)</p> <p><i>'It is essential to prepare the nursing to properly conduct the moment of birth of the dead fetus, highlighting among its actions the need to show the baby to the mother'</i> (Santos 2012)</p>
Women value supportive family presence throughout care	21%	<p><i>'In this situation, she thanked Allah for the relatives around her, for not being alone'</i> (Osman 2017)</p> <p><i>They fear being left alone in a new environment because no one is allowed to accompany them to the labor ward. As one mother remarked, 'I went to the health facility. I was admitted alone without any family around and was scared and cried.'</i> (Sisay 2014)</p>
Women value follow-up care and advice to help them return to health	15%	<p><i>They wanted follow-up from the health center that provided them with care services during pregnancy and had their family records, so that while receiving care from the medical team, their mental health problems would be identified and they would be referred to counseling centers.</i> (Allahdadian 2015)</p> <p><i>At the time of delivery at the hospital, they had so much stress that they forgot about the training they were given by the medical staff. They did not know when to refer for postpartum visit and what kind of care they needed after delivery.</i> (Allahdadian 2015)</p>