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Original Article

First trimester experiences of pregnant women that have suffered recurrent pregnancy loss: a qualitative study

Kaori Futakawa

Abstract

Objective

This study was performed to determine the experiences of women that have suffered recurrent pregnancy loss (RPL) when they become pregnant again and as their pregnancy continues while receiving treatment for RPL.

Subjects and Methods

This was a qualitative descriptive study using a phenomenological approach. This approach will provide an improved understanding of the experiences of pregnant women that have suffered RPL, and Merleau-Ponty's phenomenology was selected as the logical perspective for this study. The study population consisted of 14 pregnant women that had suffered RPL and did not have children. Interviews were conducted during the first trimester using a semi-structured guide. The data were analyzed according to the phenomenological approach of the Giorgi method.

Results

The essence of the experiences of pregnant women that have suffered RPL during the first trimester was as follows. Such women (i) cannot escape from a cycle of anxiety and struggle; (ii) constantly imagine that they will have a miscarriage and try to prepare their minds for the worst; (iii) have a difficult time continuing with their pregnancy and blame themselves because they feel weak; (iv) feel that examination visits are moments when they will be told that they have miscarried and so become extremely nervous before them; (v) direct their thoughts to the symptoms of pregnancy/threatened miscarriage and become sensitive to physical changes in their bodies; (vi) feel reassured when they pass the point in their pregnancy at which the previous miscarriage occurred; (vii) share their anxiety with their partners; and (viii) begin to feel attached to their child and be impressed by life.

Conclusion

Pregnant women that have suffered RPL are thought to have a large gap between perceptions about what is happening to their bodies and the physical phenomena that are actually occurring. Such women also suppress the anxiety caused by their experience of past miscarriages. It is important to support women after miscarriages, so that the experience will not severely affect them in future.

KEY WORDS

Qualitative study, recurrent pregnancy loss, Merleau-Ponty's phenomenology, body image, pregnant women

Introduction

Recurrent pregnancy loss (RPL) is defined as become pregnant, but repeat miscarriage and stillbirth and cannot have children. The risk factor of RPL is immunity abnormality and blood coagulation factor abnormality, thyroid abnormality et al. But there are a lot of cases that a risk factor is unknown. A Japanese study by a research group granted by the Ministry of Health, Labour and Welfare proposed a screening method for the management of RPL [1]. It is reported that women that have suffered

Doctor Course, Division of Health Science, Graduate School of Medical Science, Kanazawa University

RPL are estimated to be 1,400,000 people and that 85% of those can have children. However, there are few medical institutions providing specialized treatment in Japan with 27 places.

Progress has been made in the identification of risk factors and the establishment of treatment methods for RPL, and previous studies on the psychology of women who have experienced RPL have revealed that (i) many women who experience RPL suffer from depression and anxiety disorders [2-5] ; (ii) there is a gender gap between couples, in that more women are inclined to experience depression and anxiety [6,7] ; and (iii) providing psychological assistance and supportive assistance —so-called tender loving care— in the first trimester to women who have experienced RPL for unknown reasons helps to produce a favorable pregnancy prognosis [8-11] . Based on these findings, it is presumed that the physical and psychological burdens that women that have experienced RPL carry into their next pregnancy are large and that nursing assistance aimed at supporting such women through pregnancy is necessary. When considering the provision of specific nursing assistance for women that have suffered RPL who become pregnant again, it is important to understand the subjective experiences of such patients. However, there have not been any previous studies about this topic in which women have described their circumstances themselves. Revealing the experiences of pregnant women that have suffered RPL will aid the development of support methods for such patients.

This study was performed to determine the experiences of women that have suffered RPL when they become pregnant again and as their pregnancy continues while receiving treatment for RPL.

Materials and Methods

1. Design

This was a qualitative descriptive study using a phenomenological approach. The phenomenology is a method to research basic structure of the human "experience world". And it is going to consider the experience from the inside we do not explain it like natural science and sociology from the outside, and how the person concerned experiences it [12] . Sawada [13] explains Merleau-Ponty's approach to pathological phenomena "He tried to avoid considering the patients' behavior as deviating them from a healthy life and to extract the structure of their unique behavior. By this attempt, he pointed out that patient behavior is not a symptom of them deviating from a healthy life but is a resource for inducing reflection on a healthy life." This study aims to increase our understanding of the experiences of pregnant women that have suffered RPL, and Merleau-Ponty's phenomenology was selected as the logical perspective for this study.

2. Subjects

The inclusion criteria for the study subjects were that they be pregnant women who 1) were outpatients of "Hospital A" that had experienced RPL; 2) did not have children; 3) were Japanese; 4) had no history of psychiatric issues; 5) were pregnancy for less than 16 weeks and the fetus heartbeat was confirmed; 6) had not been diagnosed with, among other things, fetal abnormalities during the prenatal diagnosis; and 7) had been assessed by the primary physician and informed that they could participate in the study.

3. Data collection

Interviews were conducted between April 2015 and June 2015 using a semi-structured guide. The questions in the guide encouraged the subjects to describe their acceptance of their current pregnancy and their life during pregnancy. The researcher listened intently to the subjects, who were allowed to talk freely. The interviews were recorded on an IC recorder with the subject's consent and were transcribed verbatim. The interviews lasted 16-46 minutes per session. Private rooms at the hospital were used for the interviews so that the subjects would feel relaxed and were able to talk freely.

4. Data analysis

The data were analyzed according to the phenomenological approach of Giorgi [14] . Specifically, I employed the following steps: (i) I read the entire transcript in order to grasp the impression of the interview; (ii) identified the meaning units contained in the transcript; (iii) transformed individual meaning units into expressions that were relevant to nursing science; (iv) reviewed all of the transformed meaning units, and described the experience structure of each subject; and (v) identified common elements within the described experience structure and extracted the essence of the experiences of first-trimester pregnant women that have suffered RPL. Regarding the credibility, it is not important whether the truth is checked by the members, but it

is important that the readers understand clearly what the participants experienced. This idea is based on the statement by Giorgi [15] that "it does not matter whether the describer really had the actual experience for the object. What matters for phenomenologists is how the subject appeared to the describer." Therefore, I described their reality so that understanding could be obtained. In addition, I received supervision from the researchers who specialized in maternity nursing and midwifery so that I could guarantee credibility during the analysis process.

5. Ethical approval

Since this study may lead to the participants' reflecting on past miscarriages, the researchers arranged to report to the primary doctors promptly to consult in case the psychological burden became too intense for the participants and agreed to bear the medical fees using the study funds if they had to receive treatment due to the psychological burden. This study received ethical approval from the ethics committee of University of Toyama(clinical approval 26-121).

Results

1. Subjects

Fourteen women participated in this study (cases A-N). Candidates were 17, and mismatched for criteria was one, non-assenter were two. Their ages ranged from 25 to 43 years (median 33 years), and the number of miscarriages they had experienced ranged from 2 to 6 times (median 3 times). The causes of their RPL included blood coagulation factor abnormalities, immunity abnormalities, thyroid abnormalities, and unknown causes.

2. The essence of the experiences of pregnant women that have suffered RPL in the first trimester

The essence of the experiences of pregnant women that have suffered RPL during the first trimester was as follows. Such women (i) cannot escape from a cycle of anxiety and struggle; (ii) constantly imagine that they will have a miscarriage and try to prepare their minds for the worst; (iii) have a difficult time continuing with their pregnancy and blame themselves because they feel weak; (iv) feel that examination visits are moments when they will be told that they have miscarried and so become extremely nervous before them; (v) direct their thoughts to the symptoms of pregnancy/threatened miscarriage and become sensitive to physical changes in their bodies; (vi) feel reassured when they pass the point in their pregnancy at which the previous miscarriage occurred; (vii) share their anxiety with their partners; and (viii) begin to feel attached to their child and be impressed by life.

1) Cannot escape from a cycle of anxiety and struggle

When they found out about their pregnancy, the subjects experienced both severe anxiety and joy. Based on their previous miscarriage experiences, the subjects had no guarantee that their current pregnancy would progress smoothly; thus, anxiety was constantly present. Most of the subjects collected information from the internet regarding the pregnancy process and alternated between joy and sorrow as they compared themselves to what they found on the internet. They tried not to think about what made them worried, but could not escape from the anxiety and had a difficult time concentrating on anything but their pregnancy.

"(When I found out about my pregnancy), I was, of course, happy but also felt worried.

I had complex feelings and could not be too excited about it." (E)

"When I had a sharp pain in my abdomen and thought I was in the fifth week, I checked the internet using the terms 'five weeks, lower abdominal, sharp pain, etc.' A lot of hits were listed, and I looked over them from the top in order to see what other people had experienced. I felt comforted when I found a person who had similar experiences, or got worried and wondered if I was okay when I read that there was a possibility of miscarriage. I did this every day." (I)

2) Constantly imagine that they will have a miscarriage and try to prepare their minds for the worst

The subjects were constantly thinking about the possibility of a miscarriage and preparing their minds for the fact that a miscarriage could occur at any time. In order to avoid receiving a great shock should they be informed that they had suffered a miscarriage, they suppressed their joy about their pregnancy and did not inform others about it so that they would not have to tell anyone if they had a miscarriage.

"When I took a (pregnancy) test, I had blood, as expected, in my urine. I could not feel very happy; rather, I felt I would experience a horrible incident if I got too excited because a little while ago—actually, half a year ago—I had a little bleeding, and the baby did not grow. I only half-felt that it was okay to become pregnant." (M)

"Really always, in the corner of my mind, I have a fear that when I next go to the doctor I will be told that there is trouble with my pregnancy. I really do not want to exaggerate my pregnancy. I cannot fully feel excited about it; instead, I put the worst scenario very carefully in the corner of my mind. I tell my parents the minimum about what is going on." (L)

3) Have a difficult time continuing with their pregnancy and blame themselves because they feel weak

The subjects recognized that they could become pregnant, but might have difficulty maintaining the pregnancy. At the moment their pregnancy was confirmed, they became impatient to receive RPL treatment. They believed that they could not maintain their pregnancy without treatment for RPL. Therefore, they were not confident about continuing with the pregnancy and felt that their insecurity and anxiety might affect the health of the baby.

"In case (I became pregnant) this time, I wanted to take a heparin injection. I felt I had to go to see the doctor soon, but the days I was available to go were limited. I was more impatient than anything else. I checked (about the clinic) at home, such as for an appointment; there seemed to be a long wait for the injection. I wanted to receive the injection quickly. The treatment had to begin as soon as I found out I was pregnant." (B)

" (In the previous miscarriage), I was really worried. I wanted the bleeding to stop, really hoping it would, but, in spite of my hope…; maybe my worrying did not help. Finally, the baby's heartbeat stopped. The reason why the bleeding didn't stop, but the baby's heartbeat stopped was that my feelings for the baby were weak. I think my weakness made me more anxious than necessary. I don't want to be defeated by my feelings." (E)

4) Feel that examination visits are moments when they will be told that they have miscarried and so become extremely nervous before them

In the first trimester, the existence of the fetus can only be confirmed by ultrasound screenings, and so the subjects were told whether they had suffered a miscarriage or whether their pregnancy was ongoing during these ultrasound screenings. In previous miscarriages, some subjects were diagnosed with a miscarriage during an examination visit. Therefore, a few days before the ultrasound screening their nervousness increased, and they became more anxious.

"Until the day before yesterday I wanted to go to see the doctor and wanted to see the baby, but yesterday I did not want to go. I do not want something to be discovered tomorrow. I woke up many times in the middle of the night." (I)

" (As the examination visit approaches), the anxiety about whether I am okay becomes greater. As the examination visit gets closer, I have a strong fear that the same thing may occur. In my last pregnancy, the baby's heartbeat wasn't there during the echo screening, even though I had no symptoms. I feel afraid that the same thing might happen again. I am constantly fearful and wonder if I am okay." (C)

5) Direct their thoughts to the symptoms of pregnancy/threatened miscarriage and become sensitive to physical changes in their bodies

The subjects were aware of even subtle symptoms regarding the physical changes that occur during the first trimester, such as stomach discomfort due to morning sickness, sleepiness, and tension in their breasts. In addition, they were sensitive to symptoms of a threatened miscarriage and became extremely nervous when the symptoms of a miscarriage were present or if they experienced a sensation of something being discharged from the vagina or discomfort in the lower abdomen.

"I wondered if I was okay when I felt a pain in the center (of the uterus) and the lower part of the center." "I had to take a deep breath, but the pain made me worried. I was scared and wondered first if I was okay. I am nervous each time I go to the bathroom. Even when I don't have any symptoms, no stomach ache, even now when I lower my underwear in the bathroom, I still wonder if I am okay. Naturally, the discharge will increase, and so the private area becomes a little wet. I keep panty liners on but, when I feel my underwear is wet, I still lower it, praying to the baby to hang on, keep clinging to me." (A)

" (Having morning sickness) makes me feel as if I am pregnant. On the other hand, I have a fear that the morning sickness will stop. I always have a strong feeling of 'what will happen tomorrow?'" (J)

6) Feel reassured when they pass the point in their pregnancy at which the previous miscarriage occurred

Although the subjects experienced anxiety about the progress of their pregnancy, they were relieved when they passed the point in their pregnancy at which they had suffered their previous miscarriage. For the subjects, the

period during which their previous miscarriage occurred seemed like a barrier. Their anxiety that they might have a miscarriage became further intensified during the week in which the previous miscarriage occurred but decreased when the progress of their pregnancy remained smooth and the relevant week passed. Some of the subjects decided to inform other people about the pregnancy once they had passed the point of their previous miscarriage. Other subjects who had been resting completely began to expand their daily activities after this point.

" (My past pregnancies) were seven weeks at most. Something went wrong during the seventh week. Well, when I was told in the hospital during the eighth and ninth weeks that everything was ok, I felt emotional. Yes, it is an unknown world. Eight weeks is the third month. Oh! I am happy about this unknown world. Of course, I have anxiety, but I am happy, too." (A)

"The baby's heartbeat was detected at nine weeks, and I was told that I could get a maternal and child health handbook, so I felt I could do it. The next examination visit was the second time the baby's heartbeat was detected, so I felt the same. In my first and second miscarriages, the baby's heartbeat had stopped by the time of the examination visit after the examination in which the baby's heartbeat had first been detected. This time, the baby was moving during the second examination visit, so I felt I could manage and felt like I had taken another step. Yes, there was an eight-week wall." (G)

7) Share their anxiety with their partners

The subjects talked about their anxieties and about the progress of their pregnancy with their partners and closest companions, and felt accepted by them. They reported the results of examination visits appropriately, and when they experienced severe anxiety they had their partners accompany them to the visits. The subjects' partners sometimes encouraged their wives positively or just listened to their anxieties. The partners acted as supporters of the subjects during the pregnancy. Some of the subjects mentioned that the trust between the couple had been increased by the subjects sharing their anxieties regarding the pregnancy.

"I talk (to my husband) about what worries me. I want him to understand, well, I talk to him." "He is the listening type. I tend to think about things too much and become negative. So he told me not to be like that all the time."(D)

"If I am told today that (the baby) has not grown, I wonder if I can endure it by myself. When I asked my husband to come to the examination visit with me, he said okay and came with me. I definitely feel my worries have lessened by half. I am not negative, but tend to think about bad situations. Even if things do not turn out well, I feel I will be okay if my husband is with me." (I)

8) Begin to feel attached to their child and be impressed by life

The subjects began to feel affection towards the baby and were praying that the baby would grow safely. When the ultrasound screening confirmed that the baby was alive, they were impressed and looked forward to its future growth. They were also thankful for the life spirit of the babies growing in their bodies and recognized them as individuals.

"I was so grateful (shedding tears)! I was thankful for the wonderful life spirit. He must have been uncomfortable (in my uterus). At the beginning, I had a bloody tumor that was bigger than a gestational sac. He hung in there in an uncomfortable environment, and he has such a strong life (crying). So sweet." (A)

"I can only say he is cute. I don't think it is real yet, and it is wonderful (that the baby is still alive). Wonderful. It is wonderful he is alive. That is the biggest. This is my first time. I hope he will grow safely. I will take my time looking at this (the pictures from the ultrasound) at home." (K)

Discussion

1. The experience structure of pregnant women that have suffered RPL

In the following section, the experience structure in the first trimester of pregnant women that have suffered RPL is discussed based on the essence of their experiences, which was determined based on the abovementioned analysis. Throughout their daily lives, pregnant women that have suffered RPL have a constant fear of miscarriage and a sense that they cannot escape from a cycle of anxiety and struggle. As they hope to be released from this anxiety, they fall even deeper into it. This anxiety causes them to constantly imagine that they will have a miscarriage, and so they prepare their minds for the worst. In addition, they have a difficult time continuing with their pregnancy, blame themselves because they feel weak, direct their thoughts to the symptoms of pregnancy/threatened miscarriage, and become sensitive

to physical changes. During the pregnancy, they feel that examination visits are moments when they will be told that they have miscarried and so become extremely nervous before them. On the other hand, they feel reassured when they pass the point in their pregnancy at which the previous miscarriage occurred. In the first trimester, they suffer from severe anxiety, but sense that they can share their anxieties with their partners and develop feelings of attachment to the baby as they plan for a new life with the baby.

It was same as the previous study [16] that pregnant women that have suffered RPL had anxiety for their pregnancy. At a point to have anxiety for pregnancy as for the women who had children while receiving medical support, there were the contents similar to the previous study [17] .

2. Body image of pregnant women that have suffered RPL

Schilder [18] called the image that we have of our bodies the "body image," and we all live our lives with our own body image. Akiyama [19] described the body image as the "image that we have about our own body or the concept of our body," and, "the body image that is generated in a certain period of time will occasionally change gradually with new bodily sensations, and psychological and social experiences." This body image may be updated throughout our lives, but can also continue in its present form without being updated. Moreover, Merleau-Ponty [20] used a two-layer concept, specifically "the habit-body" and "the body at this moment," to explain the phantom limb phenomenon. "The habit-body" is the body which we are used to routinely and recognize by oneself. "The body at this moment" is the objective, actual body. According to this concept, the habit-body of a pregnant women that has suffered RPL is a body that repeatedly miscarries and cannot maintain pregnancy. And the body at this moment is a body that can maintain pregnancy in reality. It is presumed that oneself gradually changes into the habit-body to be the body which cannot continue pregnancy by repeating miscarriage in them. Even if pregnancy is favorable, anxiety occurs because acceptance of the body at this moment is difficult. And it is presumed that there is a gap between the habit-body of them and the body at this moment of them. It is considered that anxiety grows big as a gap with the habit-body and the body at this moment grows big. For them, a support to lower the gap is necessary for alleviation of the anxiety. For the habit-body, the support that they can recovers from shock and accept of previous miscarriage is necessary. And for the body at this moment, the support that can enjoy favorable pregnancy is necessary.

According to Sawada [21], Merleau-Ponty proclaimed "the place created by suppressed experience, and the anxiety induced there, is intimately related to the generation of the phantom limb." Thus, for pregnant women that have suffered RPL the moments when previous miscarriages were diagnosed were very shocking incidents, and the anxiety caused by these experiences affects their body image. Therefore, it is considered that the body image that is unable to sustain pregnancies has not been updated, and anxiety persists, which leads to such women being unable to escape from the cycle of anxiety and struggle.

3. Relationship between pregnant women that have suffered RPL and their babies

The subjects felt that not being confident or having a great deal of anxiety would affect their babies. Although they understood that there is no scientific evidence to support this, they still believed that their feelings would affect the baby, so they felt that they were going to have a difficult time continuing with the pregnancy and blamed themselves because they felt weak. Merleau-Ponty [22] described the experience of feeling like an object as "the person who perceives and the object to be perceived are not facing each other like two external items, or the perception is not something that makes the object to be perceived be introduced into the person who perceives," and, "in the exchange between the subject of perception and the object to be perceived, it cannot be said that one activates and the other receives or one can give the perception to the other." In other words, there is a correlation between the person who perceives and the object that is perceived; i.e., there is a co-existing relationship. Based on this idea, it is obvious that pregnant women that have suffered RPL will feel an emotional connection with their babies. The subjects talked about their affection towards the fetus and looked forward to its growth; therefore, they began to feel attached to the child and be impressed by life. Merleau-Ponty said that the person who perceives and the object to be perceived are correlated, and it is believed that they begin to form affection towards their babies, which is created by the correlation between mother and baby.

4. Recommendations for practice

Based on the results of this study, pregnant women that have suffered RPL are thought to have a large gap between perceptions about what is happening to their bodies and the physical Phenomena that are actually occurring. Furthermore, they suppress the anxiety caused by their experience of past miscarriages. Regarding encouraging pregnant women that have suffered RPL to perceive their body images more accurately, it is considered that pregnant women will have an opportunity to update their perceptions of their bodies when the growth of the baby is confirmed after the prenatal visit and they realize that their pregnancy is continuing. Also, this study highlighted that partners who listened to their wives' anxieties helped to support pregnant women that have suffered RPL. Based on these facts, it is important that care providers should share the happiness of pregnant women that have suffered RPL about their continued pregnancy and encourage partners to support their wives. In addition, the gap between the perceptions of pregnant women that have suffered RPL about their bodies and the physical phenomena that are actually occurring is caused by their experience of repeated miscarriages. It is possible that the impact of each miscarriage makes this gap bigger. However, previous miscarriages cannot be erased. When providing care, it is important to support women after miscarriages, so that their experiences will not have severe adverse effects. If women can adjust and accept their miscarriage experiences, anxiety about their next pregnancy will be alleviated. Women that have suffered RPL have experienced repeated pregnancies and miscarriages over a short period of time, and care providers should stay close to such women in the early stages after the miscarriage in order to be involved in the miscarriage experience so that they can make appropriate adjustments.

Limitations and directions for the future

This study was limited to primiparous patients; thus, it did not include the experience of multiparous patients. Therefore, the author cannot deny that the data is slightly one-sided. Furthermore, it is possible that some factors are not reflected in the results since the causes of RPL vary, and the backgrounds of the subjects were not uniform, e.g., there were variations with regard to whether they were employed and how many miscarriages they had experienced. Future research could address these issues by recruiting more pregnant women, including multiparous patients, with similar backgrounds.

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不育症妊婦の妊娠初期における経験

二川　香里

要　　旨

【目的】本研究の目的は、不育症女性において、新たに妊娠し、不育症治療を受けながら妊娠を継続することがどのような経験であるかを明らかにすることである。

【方法】研究デザインは、現象学的アプローチを用いた質的記述的研究である。不育症妊婦の経験の本質を探ることで対象の理解が深まると考え、Merleau-Ponty 現象学を理論的パースペクティブとした。生児を得ていない 14 名の妊婦を対象とし、妊娠初期に半構成的面接を実施した。分析は Giorgi の現象学的アプローチを参考とした。

【結果】妊娠初期における不育症妊婦の経験の本質として、《不安のループから抜け出せず、もがく》《常に流産を想定し、心の準備をする》《妊娠継続が難しく、心が弱くなることから自分を責める》《診察は審判が下る瞬間であり、極度に緊張する》《妊娠・切迫流産兆候に意識が集中し、身体の変化に敏感になる》《過去の流産週数を越えると安心できる》《夫と不安を共有する》《児への愛着が芽生え、生命に感動する》が抽出された。

【考察】不育症妊婦がもつ自身の身体への認識と実際の身体に生じている現象との隔たりが大きいこと、また、過去の流産経験が抑圧された経験となっていることから不安が生じていると推測される。看護の可能性として、流産後には、その経験が女性にとって抑圧されたものにならないように支援することが重要であり、流産経験を整理し受容することによって次の妊娠時の不安が軽減されると考える。