

## INPLASY

## Midwives' knowledge and roles in grief-sensitive care in perinatal settings: A scoping review

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**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 10 July 2025 and was last updated on 22 July 2025.

**INTRODUCTION**

**Review question / Objective** What global evidence reveals midwives' knowledge and roles in delivering grief-sensitive care following neonatal loss in perinatal settings?

Population: Midwives

Concept: Grief-sensitive care OR bereavement interventions

Context: Any perinatal setting, including antenatal, labour, and birth units, postnatal wards and services, and community-based care.

**Background** Although pregnancy and childbirth are often associated with joyful outcomes, complications can arise unexpectedly, sometimes resulting in maternal or foetal loss. Globally, an estimated 287,000 women lose their lives because of complications associated with pregnancy, childbirth, and the postpartum period. (WHO, 2023). In addition, approximately 2.3 million neonatal deaths and 2 million stillbirths occur annually, with the majority of stillbirths occurring during labour (intrapartum) (Liu et al., 2016). These undesired events and losses are not only medical

tragedies, but also profound emotional traumas that deeply affect women, families, and communities, resulting in acute emotional distress. Grief following a neonatal death is a deeply distressing experience for mothers and families with significant implications for mental health and well-being (Rogers et al., 2008; Herbert et al., 2022). Midwives are often the first and primary providers of care in the immediate aftermath of such losses and are uniquely positioned to provide immediate, compassionate, and grief-sensitive support (Fernández-Basanta et al., 2022; Fenwick, Downie, & Butt, 2007). Their ability to offer grief-sensitive care can influence mothers' coping processes, emotional recovery, and future healthcare engagement (Ravaldi et al., 2018). In addition, targeted care can significantly minimise the likelihood of developing chronic mental health conditions, such as depression, anxiety, and post-traumatic stress disorder (Atkins et al., 2023; Cacciatore, 2013).

Therefore, it is essential that midwives possess the necessary competencies to effectively support women through grief, helping to reduce the risk of negative psychological outcomes and promote

healthy emotional adaptation (Atkins et al., 2023; Henderson & Davies, 2018). Despite the central role that midwives play, there is limited global evidence synthesising their knowledge of grief and its effects and even less understanding of their role in providing grief support (Chan et al., 2010). Understanding what midwives know about grief and their role in supporting grieving women is critical to identifying gaps in practice, training, and policy. Therefore, a scoping review is warranted to map the existing literature; identify knowledge and practice gaps; and inform future research, education, and policy development aimed at strengthening grief support within midwifery practice.

**Rationale** Their ability to offer grief-sensitive care can influence their mother's coping process, emotional recovery, and future healthcare engagement (Ravaldi et al., 2018). Also, this targeted care can significantly reduce the risk of long-term mental health issues such as depression, anxiety, and post-traumatic stress (Atkins et al., 2023; Cacciatore, 2013). Recent findings by Kalu et al. (2018) indicate that insufficient confidence among nurses and midwives is primarily attributed to gaps in perinatal bereavement care knowledge and skills. This observation aligns with earlier research by Doherty et al. (2018b) and has been further substantiated by the work of Qian et al. (2022). It is therefore essential that midwives possess the necessary competencies to effectively support women through grief, helping to reduce the risk of negative psychological outcomes and promote healthy emotional adaptation (Atkins et al., 2023; Henderson & Davies, 2018).

## METHODS

**Strategy of data synthesis** This scoping review will be carried out in accordance with the methodological framework established by Arksey and O'Malley.(2005), which provides a structured approach to mapping key concepts, evidence types, and research gaps in a given field.

Identifying relevant studies:

Several electronic databases will be systematically searched to locate pertinent studies. A three-phase search approach will be utilized:

A preliminary, focused search of PubMed and CINAHL has been conducted to find pertinent keywords and indexing terms.

A full search using the identified terms across multiple databases (for example, PubMed OR CINAHL OR PsycINFO OR Scopus OR Web of Science).

Hand-searching the reference lists of included articles.

Search Terms (examples): ("midwife\*" OR "midwives") AND ("neonatal death" OR "infant loss" OR "perinatal bereavement") AND ("grief care" OR "bereavement support") AND ("roles" OR knowledge)

Types of Sources: The review will consider qualitative, quantitative, or mixed-methods studies, as well as reviews, guidelines, and grey literature (e.g., reports, training manuals). Only studies published in English or officially translated into English will be included.

**Eligibility criteria** Articles will be evaluated following the following eligibility criteria:

Criteria	Inclusion	Exclusion
<b>Population</b>	Midwives, nurse-midwives, student midwives	Non-midwives e.g. medical doctors, psychologist, nurses
<b>Concept</b>	Grief sensitive care or bereavement interventions  This review will include studies addressing stillbirths (foetal deaths occurring after 20 weeks of pregnancy) and early neonatal deaths (within the first week of life).	Other mental health disorders not linked to perinatal care
<b>Context</b>	Maternity settings (antenatal, birth, postnatal)	Psychiatric inpatient settings
<b>Types of Studies</b>	Quantitative, qualitative, mixed methods, reviews	Opinion pieces without empirical data
<b>Language</b>	English	Non-English without translations
<b>Date Range</b>	2015–2025	

**Source of evidence screening and selection** All identified citations from 2000 to 2025 will be uploaded into the online review management platform Rayyan (<https://www.rayyan.ai>) for collaborative screening. Two reviewers will independently evaluate titles and abstracts to determine if they meet the inclusion criteria. Subsequently, the full-text articles will be reviewed to confirm their eligibility. Any differences in opinion will be addressed through discussion or by consulting a third reviewer. This procedure will be recorded using the PRISMA-ScR flow diagram.

**Data management** Data will be charted using a structured form, including author(s), year, country, setting, aim, design, population, and key outcomes. The findings will be presented in tables and a narrative summary.

**Language restriction** English or studies translated into English. This limitation is based on the feasibility of and access to accurate translations. The exclusion of non-English literature may limit representation in some regions; however, including translated studies aims to capture a broad international scope.

**Country(ies) involved** Ghana, Australia.

**Keywords** Midwives; grief support; neonatal death; stillbirth; knowledge, roles.

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