# Perinatal Death: How Fathers Grieve

**Author:** Wagner, Timothy; Higgins, Patricia Grant, PhD, RN; Wallerstedt, Cheryl

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**Abstract:** None available.

**Full Text:** Headnote ABSTRACT: The purpose of this study was to explore with fathers their perinatal death experiences. Data were collected from 11 fathers who experienced a perinatal death. Fathers who experienced perinatal death in the second trimester or later reported having a more intense and more prolonged grieving experience. Grief intensity diminished over time and remained mild to moderate for as long as 5 years following the death. Fathers felt their experience was misunderstood by family, friends, and co-workers and they were not adequately supported by their family or the community. Perinatal death is one of the most difficult experiences a parent can face. Perinatal death is denned as any death occurring from conception through 28 days following birth. It is estimated that 15 to 20% of all pregnancies end in miscarriage, usually occurring in the first trimester (Hughes &Page-Liebermann, 1989). However, when weeks 4 through 20 are considered, the spontaneous abortion rate is 10% to 17% (Blackburn &Loper, 1992). In addition, if a fetus is born after 20 weeks, it is a stillbirth. Approximately 85% of neonatal deaths are due to prematurity (Merenstein &Gardner, 1989). No matter when the perinatal death occurs, parents lose their dreams and hopes for their child, a part of themselves, a part of each other, and a part of their future (Keller &Lake, 1990; Rando, 1984). Although the degree to which understanding perinatal death and its impact upon parents is improving, a limited amount of research is focused directly upon fathers and their perceptions of perinatal death. Fathers' experiences are generalized from other forms of grief and then projected onto the perinatal experience. However, perinatal death creates a specific and unique grief. This study explored with fathers their perinatal death experiences. LITERATURE REVIEW Much is written about perinatal grief. The majority of this literature is focused on the mother's experience. When the father's grief was discussed, for the most part, it was done generically as parental grief and few studies specifically addressed the father's perception of the perinatal grief experience. However, Peppers and Knapp (1980) developed the concept of incongruent grieving and described differences between mothers' and fathers' grief responses. They reported women have a higher intensity of grief since they bond earlier with the baby during the pregnancy, whereas fathers begin bonding with the first movements of the baby or after viewing a fetal ultrasound (Pepper &Knapp, 1980). Wallerstedt and Higgins (1996) reported mothers and fathers share equally in the perinatal grief process because the child was a common bond between them. With a perinatal death, a distinctive form of grief, called shadow grief, is created. This grief is with the father throughout his life (Pepper &Knapp, 1980). Grief frequently manifests itself with memory cues, especially on the anniversary of the baby's death. This difference hi grieving between parents does not necessarily influence the couple's relationship. However, several researchers reported a perinatal death experience can bring couples closer together (Hughes &Page-Liebermann, 1989; Menke &McClead, 1990). Others suggested couples drift apart, and 70% to 90% of all married bereaved parents divorce or separate during the year after a stillbirth or a neonatal death (Schiff, 1986). According to Smith and Borgers (1988), the parents' grieving period, though not precisely definable, generally lasts from 18 to 24 months. Fathers' grief encompasses the period from the death to a return to pre-death functioning. Society also places expectations upon the length of time parents are supposed to grieve. Generally, this time is just a few months (Menke &McClead, 1990). In contrast, Hughes and Page-Liebermann, (1989) found all the fathers in their study reported that intense grief lasted no more than 2 months. Most researchers assert that the intensity of the grief was related to the level of attachment of the parent to the child (Hutti, 1992; Kohn &Menke, 1992; Menke &McClead, 1990; Pepper &Knapp, 1980) and the point in the pregnancy when the death occurred (Pepper &Knapp, 1980; Thuet, et al, 1989): the greater the

attachment, the greater the grief response (Menke &McClead, 1990; Pepper &Knapp, 1980). Fathers who experienced a first trimester loss often experienced no grief and felt only concern for their partner (Isle, 1990; Limbo &Wheeler, 1991; Pepper &Knapp, 1980). Fathers also reported they frequently turned to their spouse as their primary source of support (Pepper &Knapp, 1980). Additional support to fathers was reported from a variety of sources such as physicians, nurses, clergy, and relatives (Hughes &Page-Liebennann, 1989). However, the quality and duration of support reported from these sources varied widely. The withdrawal of this support by friends and family could ultimately lead to the isolation of the parents (Menke &McClead, 1990). Gender roles and societal views also have been shown to have a substantial impact upon a father's grieving experience (Isle, 1990; Kohn &Moffit, 1992; Slaudacher, 1991). Because of gender roles and societal views, fathers often feel the need to be stoic and not to cry or show their emotions and grief (Stierman, 1987). They feel required to be the "sturdy [ones]" and feel expected to be supportive of their partner. Consequently, the father may perceive his partner as overtly emotional, whereas the mother may perceive the father as cold and distant (Klaus &Kennell, 1982). In addition, fathers return to work sooner and immerse themselves in their work as a form of coping (Merenstein, &Gardner, 1989). PURPOSE OF THE STUDY Little is written specifically on fathers' perceptions of their perinatal death experiences. As a male nursing student, one of the authors had personally experienced a perinatal death during his maternity rotation. His questions raised our awareness of the need to understand perinatal death experiences from the father's view. Similarly, care providers need to understand how such a death affects the relationship of parents. This information will allow perinatal educators to provide comprehensive and holistic care to fathers, as well as to mothers, in the event of a perinatal death. The purposes of this study were (a) to describe what support was given to the fathers, (b) to examine the fathers' grief experiences regarding the perinatal death, and (c) to explore the effect of the perinatal death experience on the relationship of the father and the spouse or partner. Neither gender of the child nor birth order of the pregnancy was addressed in this study. From the earlier review of the literature, it would appear important to add these variables to further studies. Study of the impact on siblings is yet another area in need of research. ESTIMATED GRIEF AT THE TIME OF THE EXPERIENCE Fathers were asked seven questions related to their perinatal death experience (see Table 1). Fathers were asked to rate their grief at the time of the perinatal death from 1 (No Grief) to 10 (Severe Grief). The mean response was 8.5 and ranged from 2 to 10. Seven fathers rated their grief as 10 at the time of the death. Fathers who suffered their perinatal death in the second trimester or following birth had mean grief scores of 10. Fathers who suffered their perinatal death in the third trimester had a mean grief score of 9.7. These were classified as severe grief. In contrast, fathers who suffered their perinatal death in the first trimester had a mean grief score of 3.5. This was classified as mild to moderate grief. Current Related Grief Feelings The fathers in this study experienced their perinatal grief from 6 months to longer than 5 years. They were asked to rate their present grief from this past experience, from 1 to 10, at the time the survey was conducted. All the fathers who experienced the perinatal death in the first trimester scored a mean of 0.0, thus no grief. Fathers who reported the perinatal death in the second trimester currently scored a mean of 6.6, in the third trimester a mean of 4.9, and following birth a mean of 3.6. The overall mean scored was 3.8 or slightly greater than mild grief. Support During the Loss The fathers were asked eight questions pertaining to support during and after their perinatal death experiences. Fathers reported a variety of support resources, and their responses are shown in Table 2. Only half of the fathers felt they were supported during the perinatal death experience. Fathers were asked, "Who offered the most support to their partner after your perinatal death?" Seven fathers felt they and their partner supported each other equally. However, the other four fathers felt they were more supportive of the mother than she of him. In addition, nine fathers reported they had turned to their partner as the main source of support. When asked whom they turned to apart from their partner, seven fathers reported family and friends, and three fathers reported support from health care providers such as a nurse or grief counselor. At the same time, 72% of the fathers also felt there was a definite difference between the way they and their partners were supported by family, friends, and community. The wife received

"more support throughout the experience." The majority of fathers felt they were "overlooked." Support was most often offered to the mother and not to the father. Six also felt the loss was underrated and therefore misunderstood by family, friends, and the community. The majority reported experiencing support from family lasting less than 3 months. Fathers were asked three questions pertaining to their relationship with the mother of the child. The first question was "Were you married to the mother of your child when your child died?" All the fathers reported being married to the mother at the time of the child's death. The second question asked, "Are you currently married to the mother of your child?" Ten fathers were still married to the mother of the child following the death. One father obtained a divorce 8 months after he lost his baby in the third trimester. He said that the death "may have contributed to the divorce." However, he reported that he "took the loss very hard, harder than his wife" and scored low (4) in "coping now." Currently, he volunteers for a fathers' perinatal support group and talks to fathers about their loss. METHODOLOGY An exploratory study using a structured interview was conducted with fathers concerning their perinatal death. Data were collected in the Spring of 1995. Sample The setting was a community support group called Hoping, which consisted of parents who experienced a perinatal death. Parents meet monthly to discuss their experiences and feelings. The criteria for inclusion in this study included only fathers who experienced a perinatal death at some time in the past, spoke English, attended at least one Hoping meeting, were willing to participate in the study, and were willing to share their experiences. From a list of 25 fathers who attended this Hoping Group, 11 were referred by the Hoping Director as having met the study criteria.

**Table 1**
**Support Given to Fathers During and After Their Perinatal Death Experience (Some fathers gave more than one response)**

| *Support Questions (8 questions asked)* | *n* |
|---|---|
| 1. Felt supported during death? | |
| Yes | 5 |
| No | 5 |
| No response | 1 |
| 2. Within your relationship with your spouse, who offered the most support? | |
| We supported each other equally. | 7 |
| Father supported Mother more. | 4 |
| Mother supported Father more. | 0 |
| We did not support one another. | 0 |
| 3. Who was your main source of support? | |
| Spouse | 9 |
| Organization | 3 |
| Friends | 2 |
| Other | 2 |
| Self | 2 |
| Parents | 1 |
| No one | 0 |
| 4. Besides you partner, who was most supportive at the time? | |
| Family/Friends | 7 |
| Grief counselor | 2 |
| Nurse | 1 |
| No one | 1 |
| Religious/spiritual | 0 |
| Doctor | 0 |
| 5. Was there a difference in how you were supported as opposed to your spouse? | |
| Yes | 8 |
| No | 1 |
| No response | 2 |

**Table 1**
**Continued**

| *Support Questions (8 questions asked)* | *n* |
|---|---|
| 6. Apart from each other, who received the most support? | |
| Spouse | 7 |
| Both equally | 4 |
| Father | 0 |
| No support | 0 |
| 7. Did family, friends, co-workers understand your loss? | |
| Yes | 4 |
| No | 6 |
| Some did./Some did not. | 1 |
| 8. Length of time family gave support? | |
| No support | 1 |
| <1 month | 3 |
| 1–3 months | 3 |
| 4–6 months | 1 |
| >6 months | 1 |
| Other | 2 |

Procedure for Data Collection After the fathers were referred, they were contacted by telephone. A baccalaureate nursing student researcher, who had recently experienced a perinatal loss himself, contacted all fathers. The fathers were given an explanation of the purpose of the study and the source of their referral. The researcher also fully described the nature of the fathers' requested participation in the study. Some fathers responded to this initial contact by asking, "What the hell do you know about it?" The researcher then explained that his daughter, Jordan, had died at 22 weeks of the pregnancy. This explanation appeared to have encouraged participation from several of the fathers, and all of the fathers agreed to the study. After the fathers agreed to participate, a telephone interview was scheduled by the male researcher at a time convenient to the father. Demographic information was collected from the fathers. Fathers were asked questions regarding age, ethnicity, occupation, trimester when death occurred, number of perinatal deaths experienced, and time since the death occurred. Fathers were asked open-ended exploratory questions regarding their perinatal death experiences. These questions, combined with the researcher's personal experiences with perinatal loss, were developed from a review of literature. Questions were validated with two regional experts in perinatal loss and grief.

**Table 2**
**Fathers' Grief Ratings, Time to Grieve, Coping, Reference to Child, and Crying Regarding Their Perinatal Death Experiences (Fathers gave more than one response)**

| *Perinatal Death Experiences (7 questions asked)* | *n* |
|---|---|
| 1. Grief at the time of death | |
| 1 (no grief) | 0 |
| 2 | 1 |
| 3 | 0 |
| 4 | 0 |
| 5 | 0 |
| 6 | 1 |
| 7 | 1 |
| 8 | 1 |
| 9 | 0 |
| 10 (severe) | 7 |
| 2. Grief rate now | |
| Mild | 4 |
| Moderate | 4 |
| Severe | 0 |
| No longer grieving | 3 |
| 3. Feel you are coping with the loss now | |
| Yes | 10 |
| No | 0 |
| Sometimes | 1 |
| 4. Coping rate (1–10) now | |
| 4 | 2 |
| 4–5 | 1 |
| 7 | 1 |
| 8 | 1 |
| 10 (coping very well) | 5 |
| No response | 1 |
| 5. Length of time to grieve | |
| Throughout lifetime | 7 |
| Unknown | 3 |
| 1–2 years | 1 |

**Table 2**
**Continued**

| *Perinatal Death Experiences (7 questions asked)* | *n* |
|---|---|
| 6. How do you refer to the deceased child? | |
| By his/her name | 5 |
| By "son" or "daughter" | 5 |
| My baby | 2 |
| My wife's miscarriage | 1 |
| My child | 0 |
| 7. Cried over the death? | |
| Yes | 10 |
| No | 1 |

Each interview focused on three aspects of grief regarding the father's relationship with the mother of the baby, support, and experiences regarding perinatal grief. The relationship questions addressed their marital status at the time of death and following death and the effect of the death on their relationship with their spouse/partner. The support questions addressed support the fathers had received and the sources of that support. The experience questions addressed the fathers' grief relating to current grief, coping, naming the baby, and crying related to the death. Each father was also asked to share any additional comments regarding his perinatal loss. RESULTS Description of the Loss The fathers' ages ranged from 28 to 38 years, with a mean age of 33 years. All the fathers were non-Hispanic whites. Six fathers were professionals, and five fathers were skilled workers. Seven perinatal deaths occurred before birth. Of these deaths, two fathers experienced a perinatal death in the

first trimester, one father experienced a perinatal death in the second trimester, and four fathers experienced a perinatal death in the third trimester. None of the fathers experienced their perinatal loss at birth. Four fathers experienced a perinatal death within 28 days following birth. Seven fathers had only this one perinatal death experience. Fathers were also asked to rate the effect the perinatal death had on their relationship with their spouse. Fathers reported their answers from 1 to 10. One was equal to a Very Negative effect, and 10 was equal to a Very Positive effect, with 5 representing a Neutral effect. The mean score for the fathers was 7.3, with 10 of the scores on the positive side. Four was the lowest score selected by only one father. Three fathers selected 6, two fathers selected 7, one father selected 8, one father selected 9, and three fathers selected 10. Thus, overall, 10 of 11 fathers reported their perinatal death experience had a positive effect of varying degrees upon their relationship with their spouse. Grief Reintegration Over Time Fathers were asked to rate their grief from 1 to 10 in relation to time elapsed since death. In general, the intensity of the grief decreased when the time interval increased between the death. Yet, moderate grief was reported by some fathers who had experienced the loss within the last 2 years. Grief typically decreased to mild or no longer grieving for fathers after 3 or more years of the experience. However, four fathers continued to rate their grief as mild to moderate at 3 to 5 years from the event. Current Coping Fathers rated how they were coping now from 1 to 10. (One was labeled Not Coping Well, and 10 was labeled Coping Very Well). Ten fathers had scores of 4 to 10 and felt they coped well with the loss, with a mean of 7.75. Those fathers who scored from 4 to 4.5 had experienced their loss within the past 2 years. A majority of fathers reported they expected to grieve the loss throughout their lifetimes. All the fathers who experienced the loss after the first trimester named their baby and continued to refer to him/her by that name. Only one father denied having cried in response to the loss. He experienced a first trimester loss. DISCUSSION In this descriptive study, 11 fathers participated; therefore, the numbers associated with many of the findings cannot be generalized because of the small sample size. Nevertheless, the fathers who experienced perinatal death exhibited some trends providing support to several existing questioned perinatal grief concepts from the literature. All but one of the fathers reported their grief experience had varying degrees of positive effects on their marriage. This is further reflected in that 10 spouses remained married after their perinatal losses. This finding is in contrast to earlier cited literature and may potentially reflect that all these men had attended Hoping. Hoping may have been of assistance, or the finding may be reflective of a special subgroup of fathers. The majority of fathers noted differences in the way in which they and their partners were treated or in the lack of support they received from sources other than their spouse. Fathers turned to their spouse for the majority of their support and found minimal to no support from sources other than their spouse. They reported families, friends, and co-workers did not understand their loss. This finding concurs with the literature. Only one father reported that his perinatal educator, a nurse, offered support at the time thus illustrating the need for perinatal educators to understand fathers' grief responses from the fathers' perspective and to offer enhanced support to them during their perinatal grief. The fathers in this study had memories of their loss from 6 months to longer than 5 years. Thus, these memories were based on past recall. Since these memories were retrospective and not prospective, this is another limitation. Nevertheless, Calhoun (1994) also found parents' memories of their perinatal loss to be very vivid for several years. In Calhoun's work, the memories of the baby reported continued throughout the parents' lives and occurred on the anniversaries of the death and on holidays. Although the present study did not probe as deeply, the fathers' memories at 3 to 5 years post-experience were still reported to be causing fathers to manifest mild to moderate grief and to report they will grieve their perinatal loss forever. Thus, the present study's findings are similar to Calhoun's. The intensity and duration of the grief experienced by the fathers were individual. Fathers who experienced the death of their baby in the first trimester of the pregnancy tended to report a less intense grief experience than did those who experienced loss later in the pregnancy. The fathers who suffered a loss in the second trimester reported a grief as severe as did those whose baby died following birth. This direction concurs with the literature, but why was there such a difference between the first and second trimesters? This may reflect the

level of bonding of the father to the baby. Fathers who had physically felt the fetus kick or had seen an ultrasound of their baby suffered more intense grief. Therefore, as the literature suggests, fathers may not emotionally bond with the infant strongly until they experience some physical evidence of its existence. This small pilot study's design was a structured interview with open-ended questions. More definitive research is needed to further study the phenomenology of the experiences of fathers who experienced a perinatal death. A qualitative study with greater depth is important to understand more completely differences between parents who endured a perinatal loss. In the present study, there were variations in the fathers and their respective grief responses. As discussed above, losses experienced in the second trimester appeared as severe as those after birth. Some fathers who had experienced their perinatal loss 3 to 5 years before the study continued to rate their grief as moderate. Other fathers rated their grief from mild to none. These examples illustrate how individual the perinatal loss and grief are for each father. Therefore, additional quantitative, longitudinal, prospective research is warranted with fathers following a perinatal death. PRACTICE IMPLICATIONS Even though the sample was small and retrospective in design, the results of this study can be used to guide providers of perinatal support services to parents. Fathers who experienced a perinatal death rather uniformly reported suffering a substantial loss they felt was not fully understood except by their spouses. This finding suggests that support and understanding of fathers throughout this experience must be increased. It should be noted that all of these fathers attended support groups and thus are not necessarily a typical group of such fathers. Perinatal educators should be alert to the need to refer fathers to organizations providing perinatal grief services. They might also want to expand these services and reach out specifically to fathers if the existing community support is primarily focused on mothers. Further study might reveal the benefit of all-male support groups being developed so that paternal grief can be facilitated. It appears that many fathers should be encouraged to grieve along with their partners. It should be remembered that a father's perinatal grief experience is very individual. Therefore, the perinatal educator might consider that some fathers may benefit from individual support, group support, or even both. Fathers may need to have their feelings more readily validated. The differences in paternal grieving patterns would be an important area to include in group discussions with fathers and their partners. In this study, the concept of shared grief was not evident. It is generally reported that a mother's grief is longer. She may experience strong emotions of searching and yearning. Whereas, earlier on, the father may be well on his way to integrating the loss of the infant in his life (Menke &McClead, 1990). However, the present study suggests that at least some, if not many, fathers bond with their babies in utero and that their grief may be as intense as that of a perinatal death after birth. Wallerstedt and Higgins (1996) report that open communication reflecting or paraphrasing what the father says is critical to care professionals' efforts to foster emotional expression. For example, the perinatal educator might ask the father "How are you doing?" and use the father's name in empathetic statements such as "Neil, you sound like you are angry or hurt." or whatever emotion appears to be present. Open communication in a supportive environment facilitates expression of grief and the grieving process. To be effective, perinatal educators need to continually acknowledge the fathers' presence in grief situations and other discussions as well. Although not commonly acknowledged in our society, perinatal educators and other perinatal care providers should remain aware that in their additional comments, fathers shared that they had lost their dreams, future, and part of themselves. This concurs with Rando (1984) who reported that parents lose their hopes, dreams, and a part of themselves when they experience perinatal loss. Most likely, parents can benefit when these losses are discussed with both parents in a couples' group, as well as being addressed in paternal support groups. The fathers in this study also wanted to encourage other fathers to work through the grief immediately following the loss. Perhaps they, too, were surprised by the length and depth of their feelings and looked back and wished they had dealt with their loss sooner. Perinatal educators might consider having a returning father come to a perinatal loss support group in much the same way they have traditionally invited a returning couple to childbirth classes. By providing holistic care to fathers before, during, and after a perinatal loss, those of us in perinatal education services acknowledge that we can

no longer believe the myth that a father needs to be the strong one and must put his grief "on hold" for his spouse. Fathers need to be supported during and following their perinatal grief, and they need encouragement to work through their grief. References REFERENCES Blackburn, S. T. &Loper, D. L. (1992). Maternal, fetal, and neonatal physiology: A clinical perspective. Philadelphia: W.B. Saunders. Calhoun, L. K. (1994). Parents' perceptions of nursing support following neonatal loss. Journal of Perinatal-Neonatal Nursing, 8(2), 57-66. Hughes, C. B. &Page-Liebermann, J. (1989). Fathers experiencing a perinatal loss. Death Studies, 13, 537-556. Hutti, M. H. (1992). Parent's perceptions of the miscarriage experience. Death Studies, 16, 401-415. Ilse, S. &Burns, L (1990). Empty arms: Coping after miscarriage, stillbirth, and infant death (2nd. ed.). Long Lake, MN: Wintergreen Press. Keller, K. &Lake M. (1990). Grief counseling. In Knuppel, R. and Drukker, J. (Eds), High risk pregnancy: A team approach pp. 717-731. Philadelphia: W. B. Saunders. Klaus, M. &Kennell, J. (1982). Parent-infant bonding. St. Louis: C. V. Mosby. Kohn, I. &Moffit, P. (1992). A silent sorrow. New York, NY. Dell Publishing. Limbo, R. K. &Wheeler, S. R. (1991). When a baby dies. Wisconsin: La Crosse Lutheran Hospital. Menke, J. A. &McClead, R. E. (1990). Perinatal-grief and mourning. Advances in Pediatrics, 37, 261-283. Merenstein, G. B. &Gardner, S. L. (1989). Handbook of neonatal intensive care. (2nd ed.). St. Louis: C. V. Mosby Company. Peppers, L. &Knapp, R. (1980). Motherhood and mourning perinatal death. New York: Praeger. Rando, T. A. (1984). Grief, dying, and death: Clinical interventions for caregivers. Champaign, IL: Research Press. Schiff, H. (1986). The bereaved parent. New York: Penguin Books. Smith, A. C. &Borgers, S. B. (1988). Parental grief response to perinatal death. Omega, 19(3), 203-214. Stierman, E. D. (1987). Emotional aspects of perinatal death. Clinical Obstetrics and Gynecology, 30(2), 352-361. Thuet, S. K., Pederson, F. A., Zaslow, M. J., Cain, R. L., Rabinovich, B. A., &Morihisa, J. M. (1989). Perinatal bereavement. American Journal of Psychiatry, 146(5), 635-639. Wallerstedt, C. &Higgins, P. G. (1996). Facilitating perinatal grieving between the mother and the father. Journal of Gynecologic and Neonatal Nursing, 25(5), 389-394. AuthorAffiliation Timothy Wagner, B.S.N., R.N., Patricia Grant Higgins, PhJX, R.N., and Cheryl Wallerstedt, M.S., RNC. AuthorAffiliation Reprinted from the Journal of Perinatal Education 6(4), 1997 with permission. Address correspondence to Tim Wagner at 9859 Dos Cerros Loop E, Boerne, TX 78006, or email to <orangtotem@aol.com>. Patricia Higgins is Professor of Maternal-Newborn Nursing at the University of New Mexico College of Nursing and Cheryl Wallerstedt is Perinatal Outreach Coordinator at the University of New Mexico School of Medicine, Dept. of Ob/Gyn in Albuquerque.

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