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PSYCHOLOGICAL OVERVIEW OF LOSS AND GRIEF IN POST-ABORTION MOTHERS OF FIRST PREGNANCY

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ABSTRACT
Abortion in the first pregnancy often causes significant psychological effects, especially related to feelings of loss and grief. This condition can affect the emotional well-being of mothers, especially at a young age and without adequate social support. This study aims to describe the psychological condition of mothers after their first pregnancy abortion in relation to loss and grief based on the mother's age, gestational age, and the results of The Perinatal Grief Scale (PGS) measurement. This study used a quantitative descriptive design with a cross-sectional approach. The study used a purposive sampling technique, in which respondents were selected based on specific criteria determined by the researcher. The sample consisted of four respondents who met the inclusion criteria, namely mothers who had experienced abortion during their first pregnancy and received treatment at PKU Singkil Aisyiyah Boyolali Hospital between July and August 2025. Data were collected through subjective interviews and the Perinatal Grief Scale (PGS) questionnaire to assess the level of grief in mothers after abortion during their first pregnancy. The PGS questionnaire has been proven to be valid and reliable, with a Cronbach's Alpha value of >0.90, and consists of three subscales: Active Grief, Difficulty Coping, and Despair. The data were analyzed descriptively to describe the level of grief experienced by the respondents. The results showed that total PGS scores ranged from 74 to 136, with moderate to severe grief categories. Respondents who were younger (23–25 years old) and had earlier pregnancies (10–13 weeks) showed more severe grief, especially on the Active Grief and Despair subscales. Conversely, more mature mothers (aged 27–30 years) with pregnancies of 14–16 weeks showed a better stage of acceptance thanks to family support and emotional maturity. The level of grief in mothers after their first pregnancy abortion is influenced by age, gestational age, and social support.

Keywords: abortion; first pregnancy; loss and grief; perinatal grief; psychological response

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INTRODUCTION

To address these challenges, solutions that have been developed include evidence-based psychological interventions, such as cognitive-behavioral therapy (CBT), which has been shown to be effective in reducing grief symptoms (Maccallum et al., 2025). Group support programs, such as those implemented by organizations like Planned Parenthood, help mothers share experiences and reduce isolation (Aylward & Williams, 2023). In Indonesia, local solutions include the integration of psychological counseling into primary health care services, as initiated by the Indonesian Ministry of Health through the "Community Mental Health" program, which has shown a 25% reduction in depression symptoms in the intervention group (Kementerian Kesehatan, 2025). However, implementation challenges, such as limited expertise and cultural stigma, indicate the need for further research to develop adaptive and measurable solution models that can provide a more comprehensive psychological picture and effective interventions for mothers after their first pregnancy abortion. This study aims to fill this gap by describing in depth the aspects of loss and grief through qualitative and quantitative approaches to support the development of more targeted interventions.

METHOD

This study used a quantitative descriptive design with a cross-sectional approach to obtain a psychological picture of mothers who had undergone their first abortion regarding loss and grief. This design was chosen to describe the level of grief experienced by respondents at a certain point in time without providing intervention (Maulana et al., 2022). The study was conducted at PKU Singkil Aisyiyah Boyolali Hospital in July–August 2025. The location was selected purposively, considering that the hospital is one of the health facilities that handles abortion cases in mothers with their first pregnancy. The population in this study consisted of all mothers who had undergone abortion in their first pregnancy and were treated at PKU Singkil Aisyiyah Boyolali Hospital during the study period. The sampling technique used purposive sampling, which is the selection of respondents based on certain criteria set by the researcher.

The inclusion criteria included mothers with a history of abortion in their first pregnancy, willingness to be a respondent and sign an informed consent form, and being in stable physical condition at the time of data collection. Meanwhile, the exclusion criteria were mothers with a history of mental disorders or severe depression. Unable to communicate well during data collection. From a total of 20 post-abortion mothers who were the initial sample, 4 respondents were found to meet the inclusion and exclusion criteria.

The instruments used in this study included: (1) Subjective Respondent Sheet, which was a brief interview about emotional experiences, feelings of loss, and coping mechanisms after the abortion. (2) The Perinatal Grief Scale (PGS), developed by Toedter, Lasker, and Alhadeff (1988), consisting of 33 items with a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). A high total score indicates a more severe level of perinatal grief. The PGS measures three main dimensions, namely Active Grief, Difficulty Coping, and Despair (Gozuyesil et al., 2022).

Data was collected through interviews and questionnaires completed directly by respondents. Researchers first explained the purpose of the study and obtained informed consent. Each respondent was given sufficient time to understand and answer all items in the questionnaire. The collected data were analyzed descriptively, including frequency and percentage distributions to describe the characteristics of the respondents and their level of grief based on their scores on The Perinatal Grief Scale. The results of the analysis were presented in tables and interpretive narratives.

RESULT

Tabel 1.
Psychological Profile of First-Time Mothers After Abortion Based on Subjective Responses and Perinatal Grief Scale (PGS) Scores

Respondent Code	Mother's Age	Gestational Age	Subjective Response
Ny. A	25	13 Weeks	Respondent feels a deep sense of loss, cries often, and has difficulty sleeping since the incident. Still feels guilty and blames herself for the miscarriage.
Ny. C	27	14 Weeks	States that she has begun to accept the incident, although she still feels sad when she remembers the lost baby. Receives support from her husband and family.
Ny. D	23	10 Weeks	Still cries silently often, feels afraid to get pregnant again. Avoids talking about pregnancy with others.
Ny. S	30	16 Weeks	Says she has tried to be sincere, focusing on self-recovery and family support. Occasionally still feels a sense of loss, but it does not interfere with her daily activities.

Based on interviews with four mothers who had undergone abortions during their first pregnancy at PKU Singkil Aisyiyah Hospital, the study generally showed that the level of grief experienced by mothers after their first abortion tended to be more severe at a younger age and in earlier pregnancies. This is likely related to lower emotional readiness and limited experience in dealing with loss. Conversely, mothers who are more mature and have strong social support are better able to go through the grieving process with greater acceptance. Emotional responses commonly experienced by the mothers included sadness, crying, feelings of guilt, fear of becoming pregnant again, and difficulty accepting the loss. Family and husband support were found to play an important role in helping mothers adapt emotionally and gradually accept the grieving process.

Table 2.
The Perinatal Grief Scale (PGS) Scores Based on Subscale in Mothers After First Pregnancy Abortion

Respondent Code	The Perinatal Grief Scale (PGS)			Total
	Active Grief	Difficulty Coping	Despair	
Ny. A	45	42	41	128 (Severe Grief)
Ny. C	32	30	30	92 (Moderate Grief)
Ny. D	47	45	44	136 (Very Severe Grief)
Ny. S	26	25	23	74 (Moderate Grief)

Table 2, the results of measurements using the Perinatal Grief Scale (PGS) show that the level of grief experienced by mothers after their first abortion varies from moderate to severe. The total PGS scores of the four respondents ranged from 74 to 136, with the highest scores indicating more severe grief.

The Active Grief subscale, which describes immediate emotional reactions to loss such as crying, sadness, and attachment to the lost fetus, showed the highest scores among the three subscales in most respondents. The highest score on this subscale reached 47 points, indicating that acute emotional reactions were the most dominant aspect experienced by mothers after abortion, especially among respondents with earlier pregnancies (around 10–13 weeks) and younger mothers. On the Difficulty Coping subscale, which assesses an individual's ability to adjust after loss, the highest score was 45 points. This illustrates that some mothers experienced difficulty carrying out daily activities, sleep disturbances, and a decrease in motivation to live after the abortion. Conversely, respondents with lower scores (25–30 points) showed better adaptation and acceptance, usually supported by emotional maturity and family support. The Despair subscale, which relates to feelings of hopelessness, guilt, and loss of meaning in life, also showed a range of scores between 23 and 44 points. The highest scores appeared in respondents who experienced deep emotional trauma and fear of subsequent pregnancies, while the lowest scores indicated self-acceptance and sincere efforts to cope with loss.

Overall, these results indicate that the highest levels of grief appear in younger mothers and those with shorter pregnancies, marked by high scores on all three PGS subscales—Active Grief, Difficulty Coping, and Despair. Conversely, mothers who were older and had good social support tended to have lower grief scores and showed signs of acceptance more quickly. These findings confirm that age, emotional experience, and social support are important factors influencing the intensity of perinatal grief experienced by mothers after the loss of their first pregnancy.

DISCUSSION

The results of this study reveal a diverse psychological picture among mothers who have undergone a first-time abortion, with a focus on aspects of loss and grief reflected through variations in the mothers' ages, gestational ages, and respondents' subjective responses. Based on the data in Table 1,

respondents with young mothers (aged 23-25 years) tended to show more intense grief, such as deep feelings of loss, frequent crying, difficulty sleeping, guilt, and social avoidance. This may occur because at a young age, psychological resilience is still developing, and first pregnancies often involve high emotional expectations that are not yet mature, making the loss more traumatic (Suot & Bajirani, 2025). Previous research found that women aged 18-25 years after spontaneous abortion have a risk of chronic grief for up to 5 years, with symptoms such as insomnia and self-blame being more dominant due to a lack of coping experience (Wahyuni et al., 2022). Additionally, in this age group, social stigma and lack of support exacerbate grief, with a prevalence of depression up to 18% in the first two years.

In respondents with early to mid-pregnancy (10-14 weeks), grief is often characterized by hidden sadness, fear of becoming pregnant again, and difficulty accepting the event, although there are variations based on social support (Lisa R Roberts et al., 2024). Earlier pregnancy may make the loss feel less "real" physically, but psychologically triggers recurring anxiety due to unfulfilled expectations, while mid-pregnancy reinforces the sudden emotional bond that is severed (Ulil et al., 2023). This reasoning is supported by previous research, which adds that hormonal fluctuations such as decreased cortisol during this period contribute to chronic grief, which can persist without early intervention (Wang et al., 2024).

Conversely, respondents with older mothers (27-30 years) and advanced pregnancies (14-16 weeks) showed a more advanced stage of recovery, with efforts to accept the event, focus on self-recovery, and occasional grief symptoms that did not interfere with daily activities. This may be due to higher emotional maturity in adulthood, which allows for more effective coping, as well as strong social support that helps mitigate loss (Novrizha et al., 2025). Family support can reduce grief symptoms by up to 40% in women aged 25-35 years (Manalu et al., 2025). In late pregnancy, stronger emotional bonds trigger early grief, but adult resilience facilitates rapid resolution. Access to social support in developing countries such as Indonesia can reduce long-term psychological risks, with higher effectiveness in this age group (Rahayu & Wahyuni, 2019).

The results of this study reveal significant variations in The Perinatal Grief Scale (PGS) scores among mothers who have undergone a first-time pregnancy abortion, with a focus on the Active Grief, Difficulty Coping, and Despair subscales, as well as total scores indicating overall grief levels. Based on the data in Table 2, the total PGS scores ranged from 74 to 136, with grief categories varying from moderate to very severe, reflecting the complexity of psychological responses to perinatal loss. High scores on the Active Grief subscale (e.g., 45-47) indicate intense emotional expression, such as excessive crying or difficulty sleeping, which can occur due to a combination of biological, psychological, and social factors (Gozuyesil et al., 2022). Biologically, post-abortion hormonal changes, such as a drastic decrease in estrogen and progesterone, can trigger neurochemical reactions that amplify feelings of sadness, as explained by Bowlby's attachment theory (1951) applied to perinatal loss (Alhidayati et al., 2023). Psychologically, in the first pregnancy, high maternal expectations, such as the dream of becoming an ideal mother, are suddenly cut short. This triggers more intense active grief in young mothers or those in late pregnancy, where strong emotional bonds have already formed (Maulana et al., 2022). Social factors, such as cultural stigma in Indonesia that stigmatizes abortion as a "sin" or moral failure, exacerbate these emotional expressions, making mothers feel isolated and ashamed to express their feelings (Sulitiani & Yuliana, 2024). This aligns with the findings of Obst et al (2021) in JAMA Psychiatry, which found that high PGS scores in Active Grief correlate with chronic grief up to 5 years after spontaneous abortion, with a higher risk among women aged 18-25 due to the interaction between hormonal imbalance and social stigma, which can increase the risk of depression by up to 20% if left unaddressed (Obst et al., 2021).

On the Difficulty Coping subscale, high scores (42-45) indicate difficulty in coping with daily life, such as social avoidance or fear of becoming pregnant again, which may be caused by multifactorial interactions between individual resilience, environmental support, and cultural context (Perrykkad et al., 2024). Psychologically, women with a history of past trauma or underdeveloped coping skills, generally at a young age, tend to experience these difficulties, as the first abortion triggers a deep maternal identity crisis, forcing them to face their inability to "cope" with loss independently (Aprilia et al., 2022). Biologically, post-abortion fluctuations in cortisol and serotonin can disrupt brain executive function, making decision-making and daily adaptation difficult, especially in early to mid-pregnancy when the body has not fully recovered (Ulil et al., 2023). Socially and culturally, in Indonesia, patriarchal norms that place women as "guardians of the family" can exacerbate these difficulties, as mothers feel they have failed to fulfill their social roles, while a lack of support from partners or families prolongs isolation (Putri et al., 2024).

The Despair subscale, with high scores (41-44), reflects deep feelings of despair and isolation, which can arise from a combination of emotional trauma, cultural stigma, and lack of access to health services, making this grief feel like a "black hole" that is difficult to escape (Gozuyesil et al., 2022). Psychologically, despair is often an extension of unresolved active grief, where feelings of hopelessness arise from repetitive negative thoughts about "what should have been" if the pregnancy had been successful, especially in the case of a first pregnancy that symbolizes future hopes. Biologically, a decrease in endorphins and an increase in chronic cortisol after an abortion can intensify feelings of despair, similar to symptoms of major depression, while social factors such as isolation from the community exacerbate it, making mothers feel "left behind" in life's journey. Culturally, religion and social norms that view abortion as shameful can trigger self-stigma, where mothers excessively blame themselves, increasing the risk of chronic despair (Aylward & Williams, 2023).

Overall, a high total PGS score (128–136, severe to very severe category) indicates deep and multifactorial grief, while a moderate score (74–92) indicates better recovery, with this variation influenced by the interaction between biological (hormonal), psychological (resilience and trauma), social (support), and cultural (stigma) factors, as supported by the meta-analysis by Buur et al. (2024), which emphasizes the PGS as a valid tool for measuring perinatal grief with high sensitivity to contextual factors (Buur et al., 2024). However, the limitations of this study include a small sample size (n=4), which limits in-depth statistical analysis, as well as a lack of longitudinal data to track changes in scores over time. Implications: The integration of PGS into clinical practice, as recommended by Foster et al. (2022) in Contraception, may facilitate early intervention to prevent chronic grief, especially in first pregnancies. Further research with larger samples and more comprehensive quantitative analysis is needed to confirm this pattern and support the development of evidence-based intervention models in Indonesia.

CONCLUSION

This study shows that mothers who have undergone a first pregnancy abortion experience varying levels of grief, ranging from moderate to severe, with the highest scores found in the younger age group and those with earlier pregnancies. The Active Grief aspect is the most dominant reaction, reflecting deep sadness and emotional attachment to the lost fetus. Age, emotional experience, and social support play important roles in determining the intensity of grief. Strong family support and early psychological intervention have been shown to help accelerate the acceptance process and reduce the risk of long-term emotional disorders. Efforts are needed to integrate post-abortion psychological screening using instruments such as the PGS in health facilities to facilitate the mother's overall emotional recovery.

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