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Disenfranchised Grief: Mexico's Unmet Mental Health Needs Following Miscarriage

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INTRODUCTION

Although recognition of postpartum depression in Mexico has increased, it falls short of the adequate standards of care for mothers mandated in NOM-007-SSA2-2016. These official Mexican guidelines establish general regulations for obstetric care, which must be provided with quality and compassion, facilitating psychological support during its course as far as possible. However, they fail to mention the procedures or steps to follow for managing pregnancy loss after a miscarriage.

The aim of this brief review is to draw attention to the psychological consequences of a miscarriage, beyond physical aspects such as bleeding and infections, as a mental health problem requiring full recognition in Mexico.

Miscarriage is defined as the loss of a pregnancy before fetal viability. It is estimated that 23 million miscarriages occur worldwide every year. The cumulative risk of spontaneous abortion for all recognized pregnancies is 15.3% (95% CI: 12.5–18.7%) (Quenby et al., 2021). The prevalence in Mexico is 7% to 11% in pregnancies with fewer than 37 weeks of gestation and 3% to 4% in those with fewer than 34 (Instituto Nacional de Perinatología, 2020).

For most women, the loss of a child during pregnancy is devastating. It is not merely a physical complication, but a profound loss that can trigger clinical depression, severe grief, and post-traumatic stress disorder (Nalugo et al., 2026). Between 20 and 55% suffer from depression, and between 40 and 45% from anxiety (Brier, 2004). Mothers also experience feelings of guilt, as they often attribute the loss to their own actions, or physical or psychological weakness (Nalugo et al., 2026).

Miscarriage also results in a complex sociological and emotional phenomenon known as disenfranchised grief in the literature (Doka, 2002). Society often minimizes miscarriage through narratives that invalidate the experience of grief. For example, the mother is told that she is still young, that she can get pregnant again, that everything happens for a reason, or that it was too early to feel a bond (Nalugo et al., 2026). In the absence of social recognition or public mourning rituals, the mother is denied the right to experience her loss, undergoing her grief in complete isolation.

Despite gaps in the regulatory framework in Mexico, perinatal grief is beginning to be addressed through operational guidelines and hospital protocols focusing on humanized care to mitigate psychological trauma. The Butterfly Code of the Instituto Mexicano del Seguro Social (IMSS, 2023) has been implemented in various health networks, training clinical staff to afford empathic care, offer private, designated spaces for grieving parents away from newborns, and provide specialized psychological follow-up.

The Guidelines for Humanized Care in Pregnancy, Childbirth and Postpartum, technical documents issued by the Centro Nacional de Equidad de Género y Salud Reproductiva (CNEGSSR, 2022), advocate for emotional support, respect for the patient's time, and non-separation of family members during events of loss.

The proposed care options can be summarized as follows:

1. Systematic screening in emergency or obstetric wards, using tests validated in Mexico, such as the Whooley and Arroll questionnaire (Navarrete et al., 2018).
2. Psychoeducational interventions and reframing of guilt, adapting the cognitive restructuring modules of postpartum depression for managing guilt (Kersting & Wagner, 2012; Lara, 2023).
3. Support groups focused on perinatal grief, designed to create spaces between peers based on the mutual support methodology for the reconstruction of grief and the validation of pain (Markin & Zilcha-Mano, 2018).

Overcoming institutional inertia requires restructuring the clinical approach to adequately address disenfranchised grief in response to early pregnancy loss.

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