“The Word that Comes to Mind is Incompatible”: A Narrative Exploration of the Embodied and Emotional Experience of Pregnancy Loss Among K–12 Teachers

A DISSERTATION

SUBMITTED TO THE FACULTY

OF THE UNIVERSITY OF MINNESOTA

BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

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May 2024

Acknowledgements

I have an odd habit of skipping to the back of books before I begin reading, so I can read the acknowledgements. I love getting insight into an author's support system, seeing laid bare how many people it takes to support a supposedly singular work. I often find myself crying at the outpouring of gratitude for people I have never met. It feels surreal that I now have the privilege of making visible the incredible amount of support in my life that made this accomplishment possible. Because working on my PhD and this dissertation has coincided with some of the most difficult years of my life personally, these acknowledgements will be somewhat wide ranging, as without the personal support I received, I never could have finished this professional accomplishment.

First, to my advisors Dr. Jim Bequette and Dr. Betsy Maloney Leaf, thank you for welcoming me into this program and giving me free rein to explore the topics and methods that were most interesting and important to me. That writing this dissertation felt easy, at times, is in no small part thanks to your belief in my ideas and interests. To Betsy, I want to specifically thank you for taking on additional emotional labor in supporting me in this work – it is seen and so appreciated. To my committee members: to Dr. Mark Vagle for talking through the first few iterations of my research with me many moons ago. While my topic changed multiple times since then, our conversations helped me grow my identity and confidence as a researcher; to Dr. Lee Fisher for jumping in so quickly and enthusiastically and for giving me a model of arts-based research and ethnodrama to draw on; and to Dr. Erin Dyke for your support on my preliminary exams which were the foundation for this work.

To my participants—your vulnerability, bravery, and dedication to your children was evident in every email and conversation I had with you all. Thank you for sharing your stories and your time with me. I hope this work honors you, your babies, and your losses. A special thank you to Liz, for bringing Aliyah in Action to ECU Health in honor of Charlotte, and to Jackie for sharing my call for participants, without which this study would not have happened.

To my C&I buddies—Danielle, Rae, Kristin, Anna, Jessie—thank you for writing with me, commiserating with me, texting with me, and studying with me. I am so grateful our paths crossed and that I was able to learn and grow with you. To Amanda and Elise—I consider you my C&I mentors. Thank you for being so generous with your work, which blazed a path for mine. Amanda, a special thank you for your impeccable editing and for being the first person to tell me this dissertation was close to complete. I could not have gotten over the finish line without your support.

Thank you to Katie, Emily, and Peter for your support through the Dissertation Writing Retreat. Our time together was the perfect kick-start to my writing. I never would have finished this so quickly if it hadn't been for the space you provided. Additional thanks to Karen Ho and Shaden Tageldin for your support and mentorship through the Dissertation Proposal Development Program, which was invaluable in the early days of this work.

A huge thank you to my therapists, Katie and Ashley. Writing about my own trauma and the trauma of others would not have been safe or possible without my weekly meetings with you. Thank you for holding space for my healing through an incredibly challenging time.

Thank you to RTZ Hope for creating space for grieving parents that supported my healing journey and allowed me the space to dream up this project. To Anita and Jennifer—thank you for holding space and creating community for us, and to my fellow loss parents, thank you for sharing your stories and your children with me and for always remembering Charlotte for me.

Thank you to my village of friends, especially Kelsey, Grace, Ashley, Melissa, Lisanne, Courtney, and the Bachelor Crew (Mckenzie, Emily, Veronica, and Kaitlin), who have done all the things—visited, hung-out, texted, called, sent gifts, and shared Taylor Swift news—with me through all the ups and downs of the past five years. I cannot wait for the day when we all decide to buy tiny houses on a giant plot of land together so I can see you every day. Special shout out to my mom (and regular) friends Ninya, Jillian, and Meghan for getting me through my pregnancy and NICU journey.

To my family: Mom and Dad—I honestly don't have words to quickly summarize my gratitude for all you have done for me. You've made my life possible and good. The past two years, you've dropped everything to be here for me, Julian, and now Casey. I would not be who or where I am without you. Stephanie—as I've said many times before, you've been paving the way for me since we were kids, and I certainly would never have pursued my PhD if you hadn't done it first. Thank you for being my unofficial advisor and mentor, in addition to being my best friend.

Julian—from the moment you decided you would move with me to Minneapolis so I could pursue my PhD, I knew we were in this together for the long haul, and I am so grateful that we are. Your partnership and support allowed me to pursue this goal, and your love and friendship made the journey a joy. I love our life and our little family, and I cannot wait for all the adventures we have ahead of us now that I will have free time.

Casey—my little buddy. Thank you for giving me hope and keeping me company while I wrote this dissertation. I hope one day you will understand how much I love you and how you saved my life.

Charlotte—thank you for making me a mom and for inspiring this work. I hope this is just the beginning of the good we will put into the world together. I love you, and I miss you every day.

Dedication

For Charlotte and Casey

Abstract

This arts-based, narrative study explores the emotional and embodied experience of K–12 teachers who have endured pregnancy and infant loss. While studies have been conducted on teacher grief (Luong, 2021; Oliver, 2019), pregnancy and infant loss in the workplace (Brierley-Jones et al., 2014; Gagnon & Beaudry, 2014; Hazen, 2003, 2006; Keep et al., 2021; Lyon, 2021; Macdonald et al., 2015; Maitlis & Petriglieri, 2019; Malacrida, 1999; Meunier et al., 2021; Murphy & Cacciatore, 2017; Schoonover et al., 2022) and pregnancy and infant loss among professors, midwives and other obstetric healthcare professionals (Musodza et al., 2021; Porschitz & Siler, 2017), the specific experience of pregnancy loss in educators is likely an under-researched phenomenon. One out of every four pregnancies ends in loss (Malacrida, 1999) and is likely common in a profession that is seventy-seven percent female-identifying with an average age of 43 (National Center for Education Statistics, 2021). This research is timely because of evolving and, frankly, dire circumstances for teachers and people who can get pregnant in the United States, who face simultaneous coordinated right-wing attacks on the teaching profession and the bodily autonomy of pregnant people.

Using Arts-Based, Narrative, and Feminist research methods, I collected stories from forty-three teachers who experienced a loss in the last ten years. I found that in US K–12 schools, there is a systemic lack of space for emotional and physical healing after loss unless there is intentional intervention into these systems by agents operating within them. While this lack of physical and emotional space is common, I found no clear themes or correlations between participant experiences and variables such as school type, school culture, or state and local policies. Rather, each participant shared a heartbreakingly unique story. What follows here, then, is an attempt to share these stories, both artistically and analytically, in all their complexity.

I begin by situating these stories in the research on pregnancy and infant loss, both generally and in the workplace. I then ground my research in complexity theory as a theoretical framework, which offers a template to consider the myriad open systems from which my participants experiences emerged. I then offer two artistic renderings of the

data—one ethnodrama and one narrative—to share the often heartbreaking and sometimes uplifting details of loss. Next, I analyze these stories through the concepts of disenfranchised and stifled grief (Doka, 1989; Eyetsemitan, 1998), related terms for when grief is not acknowledged or allowed to run its course, and of *misfit* and the situation of misfitting, a "feminist materialist disability concept" that highlights moments when bodies and material realities are in disjunction (Garland-Thomson, 2011, p. 591). I use these concepts to highlight the lack of physical and emotional space for maternal bodies in schools and to show the ways individual agency can intervene to create space and offer support. I conclude with participant suggestions for how to better support loss parents but emphasize that no single support will guarantee safe passage through this devastating event.

Throughout, I use complexity theory to argue that the only way to truly understand this experience is to consider the individual stories in their original context; to not look to single variables that may produce positive or negative workplace experiences, but rather to consider the complex systems that converge in the lives of these parents and teachers that are, in many ways, out of their control. While this can leave us, as loss parents and their supporters, feeling powerless, I argue that these moments of agency, of simply recognizing and making space for tired bodies and broken hearts, make an incredible difference.

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“This is the happiest story in the world with the saddest ending.”

—Elizabeth McCracken, *An Exact Replica of a Figment of my Imagination*

Chapter 1: Introduction

In February of 2022, I defended my preliminary exams while 12 weeks pregnant with my first child. I had spent the better part of a year developing a case study of a failed charter school unionization effort. It primarily focused on the ways the organizing drive emanated from deep teacher demoralization, a phenomenon in which teachers feel disconnected from their ability to do good work (Santoro, 2018). That study flowed from my interest in the oppressive systems of schooling in the United States and the ways those systems impact the lives and work of teachers. Researching unions and the unionization effort at a school where I had previously worked had been both intellectually interesting and a means for me to heal from the traumatizing experience that had driven me out of K–12 teaching.

After I passed my exams, my work was sidelined by a physically difficult pregnancy, the emotional and logistical preparation for the arrival of my first child, and an unexpected job offer at East Carolina University. I planned to pick my work back up after my maternity leave in the fall of 2022. Unfortunately, a new traumatizing experience eclipsed my lingering work trauma. At 36 weeks and 3 days, my husband and I tragically learned our daughter had no heartbeat. Three days later, after a lengthy induction, she was born still. I had the impossible task of meeting and saying goodbye to my first child on the same devastating day.

I was set to start my first faculty position only two weeks later. I had planned to be on maternity leave for the first six weeks of school and had not anticipated giving birth for at least two more weeks. Only two of my four classes were planned, albeit for my

substitutes, and I had been planning to meet with my new colleague later that week to plan the remaining two classes. After the stillbirth of my daughter, my carefully laid plans were thrown into chaos. Rather than take six weeks off, unpaid, as I had been expecting to prior to her birth, I was instead at new faculty orientation two weeks after her death. Thankfully, no one forced me back to work: I chose to start the school year because the thought of staying home sounded worse to me than going to work. Plus, after an expensive move and a week-long hospital stay, it seemed wise to take the paycheck. I was, however, still physically and emotionally wrecked. My breast milk had come in, which I was actively working to manage and suppress. I had to wear a thick pad as I was bleeding for the first four weeks of work. Emotionally, I had to navigate my grief around new colleagues, basically strangers, who hadn't seen me pregnant or known me for more than a week. They knew what happened to me but didn't know how to talk to me about it, because they didn't know the me who existed before my loss, and I didn't want to seem overly emotional or out of control in a new role I had been excited to land. Suffice it to say, it was a lot to manage so soon after a devastating loss.

Two months later, I was sitting on a Zoom call with my pregnancy and infant loss support group, which was run by a wonderful organization called Return to Zero (RTZ): HOPE. The prompt on the last day of our six-week group was how grief had changed us and how we were going to carry our relationship with our babies forward into the rest of our lives. In that discussion, I found myself floating an idea that only came to me at that moment—what if I switched dissertation topics to study the experience of teachers who had lost pregnancies while teaching? I was surprised this surfaced, as I honestly hadn't

thought about my research deeply in months. As I spoke the idea out loud, I realized how incredibly disconnected I had become from my research. I was not getting any writing done, because this new traumatizing experience had supplanted my previous one and because I was barely holding it together enough to teach, let alone research and write. I realized in that moment that through my preliminary research on the unionizing effort, I had healed from my difficult teaching experiences and now the loss of my daughter felt like an open wound that needed tending.

After the meeting, I sat with the idea more seriously and found it compelling for many reasons: first and foremost, for teachers, pregnancy loss is a deeply emotional and physical experience they must endure while caring for other people's children. Teachers are often taught to sacrifice themselves for the care of others. Next, a large swath of teachers are women in their childbearing years, which lead me to hypothesize that schools are a workplace where many folks are growing their families, a fact I quickly confirmed (Will, 2022a). Additionally, teaching is a profession where it's notoriously difficult to take time off and a profession that does not have a great track record of leave policies to care for people (Gerber, 2023). I wondered if teachers found community among their colleagues in the wake of loss given 1 in 4 pregnancies ends in loss and many potential birthing parents work in schools. Is there a stigma? Are there policies to support folks taking time off to heal physically and emotionally? Is it a better or worse place to work because of all the things that make teaching uniquely difficult? How do these factors intersect with my previous research on school systems and demoralization and my own experience of having to go back to work so quickly after my loss?

In my support group, we rejected the notion that everything happens for a reason and instead embraced the idea of creating our own meaning from our losses. There is no silver lining to the death of my child, but I want good in the world because of her death. I hope this research is that good.

Summary of the Study

In this dissertation, I sought to explore the emotional and embodied experience of K–12 teachers who have experienced pregnancy and infant loss. I collected stories from forty-three teachers who experienced a loss in the last ten years and found that in US K–12 schools, there is a systemic lack of space for emotional and physical healing after loss unless there is intentional intervention into these systems by agents operating within them. While I initially planned to present themes and trends for what specifically caused this systemic lack of space or opened up space, I found no clear throughline: type of school, type of loss, relationship to school colleagues—none of these factors seemed to predict how a teacher felt about their experience. Each participant shared a heartbreakingly unique story of wanted babies gone far too soon. What follows here, then, is an attempt to share these stories, both artistically and analytically, in all their complexity.

I begin by situating these stories in the research on pregnancy and infant loss, both generally and in the workplace. I then offer two artistic renderings—one ethnodrama and one narrative—of the data I gathered to lay bare the often heartbreaking and sometimes uplifting details of loss. I then analyze how these stories highlight the lack of physical and emotional space for maternal bodies in schools and the ways individual

agency can intervene to create space and offer support. I conclude with participant suggestions for how to better support loss parents emphasize that no single support will guarantee safe passage through this devastating event.

Throughout, I argue that the only way to truly understand this experience is to consider the individual stories in their original context; to not look to single variables that may produce positive or negative workplace experiences, but rather to consider the complex systems that converge in the lives of these parents and teachers that are, in many ways, out of our control. While this can leave us, as loss parents and their supporters, feeling powerless, I argue that these moments of agency, of simply recognizing and making space for tired bodies and broken hearts, make an incredible difference.

Justification for the Study

While studies have been conducted on teacher grief (Luong, 2021; Oliver, 2019), pregnancy and infant loss in the workplace (Brierley-Jones et al., 2014; Gagnon & Beaudry, 2014; Hazen, 2003, 2006; Keep et al., 2021; Lyon, 2021; Macdonald et al., 2015; Maitlis & Petriglieri, 2019; Malacrida, 1999; Meunier et al., 2021; Murphy & Cacciatore, 2017; Schoonover et al., 2022) and pregnancy and infant loss among professors, midwives and obstetric healthcare professionals (Musodza et al., 2021; Porschitz & Siler, 2017), the specific experience of pregnancy loss in educators is likely an under-researched phenomenon. This can be surmised given that one out of every four pregnancies ends in loss (Malacrida, 1999) and is likely common in a profession that is seventy-seven percent female-identifying with an average age of 43 (National Center for Education Statistics, 2021). Anecdotally, many teachers in this study talked about schools

being places full of pregnancy—teachers, families, and older students can experience this life event while operating in the orbit of the US school system (Will, 2022a).

This research is timely because of evolving and, frankly, dire circumstances for teachers and people who can get pregnant in the United States. First, the United States is currently experiencing an on-going teacher shortage that has emerged from a toxic mix of difficult circumstances (National Center for Education Statistics, 2023). Teachers have endured four years of teaching during the COVID-19 pandemic, during which they had to deal with rapid transitions between remote and in-person teaching, inadequate safety protocols upon returning to work, and traumatized students enduring these rapid changes alongside them (Schmitt & deCourcy, 2022).

At the same time, teachers are facing intimidation and increased scrutiny from a far-right movement looking to strip teachers of autonomy and professional protections in the name of stripping critical race theory and DEI (diversity, equity, and inclusion) from schools (Ferlazzo, 2022). This has taken the form of book bans, bans on discussing gender and sexuality, bans on the discussion of race and identity, and requirements to post a full year's curriculum in advance for parental approval (Carlisle, 2022; Lavietes, 2023; Meckler, 2022). This is on top of the existing challenges of low pay, long hours, and high stress with few options for taking time off (Balingit, 2023; Gerber, 2023). The research found that, before 2020, teachers were already leaving the profession in droves, demoralized, and burnt out from operating in systems that left little space for their emotional and physical needs (Santoro, 2018).

Simultaneously, American women and people who can get pregnant are under attack following the dismantling of the national right to an abortion by the US Supreme Court in *Dobbs v. Jackson Women's Health Organizatio*n (Post-Roe America, 2023). In post-*Dobbs* America, pregnancy and pregnancy loss are increasingly dangerous, especially in Republican-led states that already lagged behind in maternal and fetal mortality, making the need for understanding and accommodation in the workplace increasingly important (Branstetter, 2023). The intersection of these realities leaves teachers especially vulnerable following pregnancy and infant loss, as our country lacks national guaranteed paid parental leave for teachers and what leave is offered is often difficult or impossible to access for parents who experience pregnancy and infant loss. While the push to include pregnancy and infant loss explicitly in leave policies is gaining momentum and changing in a few districts and states, the vast majority of teachers cannot access appropriate leave following a loss (Will, 2022a, 2022b).

Current Sociocultural Context for Discussions of Pregnancy and Infant Loss

While this work resides in the world of educational research, the literature I draw on throughout comes much more frequently from writings on pregnancy and infant loss and workplace policies and cultures. Thus, it is important to ground this work in the sociocultural context of pregnancy and infant loss in the United States. I will delve more deeply into the literature on the impact on parents and the (lack of) workplace support following a loss in Chapter 2. Here, I will briefly explore the history of how pregnancy and infant loss is conceptualized in the United States.

Pregnancy loss as a concept is a relatively recent phenomenon. It became increasingly recognized as a traumatic experience with the help of the feminist movement and the increasing use of medical technology in the mid-to-late-20th century. As recently as the mid-1970s, grief over perinatal loss was generally unrecognized by doctors, and thus by the wider culture. (Hazen, 2003; Moscarello, 1989). In the 1980s, the concept of pregnancy loss emerged in conjunction with the rise of support groups for parents experiencing perinatal loss (Hazen, 2003; Layne, 2003). This was "partly in response to new knowledge about grief and maternal–infant bonding, as well as pressure from the feminist and home birthing movements" (Hazen, 2003, p. 163).

More widespread changes came in the 1990s, as medical technology increased early maternal–fetal bonding through home pregnancy tests and ultrasounds; additionally, "knowledge about attachment, loss, trauma, and healing was [more] sophisticated and widely dispersed" (Hazen, 2003, p. 163). The more widespread adoption of fertility treatments and prenatal diagnostics, as well as the advancing age of birthing parents, also shifted the landscape of pregnancy and infant loss. These trends led to bonding with a potential child happening earlier in pregnancy while losses became more frequent (Layne, 2003, p. 11). The United States, specifically, remains one of the lowest ranked industrialized nations in terms of maternal and fetal outcomes, with black women suffering from maternal and fetal death most frequently (Layne, 2003, p. 12).

The culture surrounding pregnancy loss—discussed in more detail in Chapter 2—had been relatively stable since the early 2000s until the 2022 overturning of *Roe v. Wade* and *Planned Parenthood of Southeastern Pennsylvania v. Casey* via the *Dobbs* decision,

leaving the legal status of abortion up to state legislatures and creating a patchwork of care across the nation. As individual states have begun to restrict abortion access or ban the procedure outright, more and more stories have surfaced about pregnancy loss as it intersects with abortion access (Belluck, 2022). Examples include women experiencing missed miscarriages or partial miscarriages and needing access to medication-managed miscarriages, dilation and curettage (D&C), or dilation and evacuation (D&E), procedures also used for elective abortions. Terminations for medical reasons (TFMR), thought of in the pregnancy and infant loss community as a type of pregnancy loss, are discussed in the wider culture as controversial second and third-trimester abortions, which are now made more logistically and emotionally taxing by early abortion restrictions (Walker, 2023). Additionally, the medical terminology around pregnancy loss —spontaneous abortion, habitual aborter—increases stigma around pregnancy loss and again blurs the lines between intentional and unintentional loss (Renner et al., 2000, p. 67).

These blurred lines tie into a frequent theme of feminist literature around pregnancy loss and abortion: the difficulty for some pro-choice feminists to allow space for grief over pregnancy loss for fear of feeding into fetal personhood arguments from anti-abortion activists. As I work and write from a feminist perspective, I will draw on the relational model between mother and embryo/fetus from fellow feminist researchers Layne (2003) and Parsons (2010). At its core, this model "recognizes [the] physical interrelation and dependency of an embryo/fetus on a woman, yet attaches as little or as much emotionality to that connection as each individual woman deems fit" (Parsons,

2010, p. 1); thus each parent "decides what the pregnancy means to her, for her, and potentially for others in her life" (Parsons, pp. 11–12). This allows for both deep grief over the loss of a baby at twelve weeks and a sense of relief after the elective abortion of a fetus at twelve weeks depending on the birthing person's experience with and relationship to what is growing inside of them.

Similarly, Layne (2003) beautifully articulates what an anthropologically informed view of personhood allows and how it circumvents playing into potentially dangerous cultural and legal notions of fetal personhood, so I will quote extensively:

> Because anti-abortion activists base their argument on the presence of fetal and, even more importantly, embryonic personhood, feminists have studiously avoided anything that might imply such a presence. The fear in the context of pregnancy loss is that if one were to acknowledge that there was something of value lost, something worth grieving in a miscarriage, one would thereby automatically accede to the inherent personhood of embryos/fetuses. This is not the case, however, unless one accepts the anti-abortion view of personhood in the first place. If, on the other hand, one accepts an anthropologically informed view of personhood, that is, that personhood is culturally constructed (and that the ways it is constructed differ among cultures and within a given culture over time), one can see that the process of constructing personhood may be undertaken with some embryos and not others. The cultural construction of personhood is an iterative process, one which continues through the course of a lifetime (and often beyond, e.g., with "ancestors"). (p. 240)

Again, this allows the construction of each embryo/fetus/baby as the birthing parent constructs them—both before and after loss—and allows discussion about the impact of loss for some people while acknowledging that a loss may also provide relief, joy, or a host of other emotions for other people.

This construction of personhood, as Layne (2003) describes, has begun earlier and earlier for many birthing people. As noted above, new reproductive technologies, particularly home pregnancy tests and ultrasound imaging "at ever earlier stages, [plus] the media campaigns of pro-life activists, have moved up the time and pace with which many American women begin to socially construct the personhood of a wished-for child" (p. 16). Because these technologies allow parents to see and create the personhood for wanted pregnancies earlier and earlier, the knowledge of loss becomes more frequent than when parents had to wait for doctors to confirm a pregnancy farther into the first trimester. For example, parents previously had to wait for an anatomy scan, typically around 20 weeks gestation, to learn the sex of their baby. Today, parents can learn the sex of their babies as early as 10 weeks gestation through noninvasive prenatal testing. The process of in vitro fertilization (IVF) can push the conception of personhood even earlier, as parents follow the journey of multiple embryos through the early stages of development even before their implantation. These reproductive technologies also advance the notion that medical assistance can greatly reduce the risk of loss. As Letherby (1993) argues, "these factors together form a modern concept of pregnancy as a selectable, manageable, and predictable undertaking. This, in turn, fosters unrealistic expectations of success in reproductive matters" (as cited in Malacrida, 1999, p. 517).

These twin conceptions of personhood and faith in the medical system create a narrative of a linear progression of pregnancy that ends in the birth of a live baby. After a loss, however, Layne (2003) argues:

> [Parents] are confronted with [a] second set of cultural forces. A deeply rooted cultural taboo still limits the social acknowledgment and support that bereaved parents are given and the incipient personhood of the wished-for child is often revoked….The cultural denial of pregnancy loss challenges the validity of the social and biological work already undertaken in constructing that child and belittles the importance of the loss. (p. 17)

These cultural forces are often operationalized in the existence, or more often non-existence, of supportive policies for loss parents.

Most policies that do exist come from the organizing efforts of parents who have experienced loss. In 1988, President Reagan declared October "Pregnancy and Infant Loss Awareness Month" (Layne, 1997, p. 298). In the early 2000s, there was a push at the state level for stillborn babies to receive not only a death certificate but also a birth certificate to acknowledge their physical birth. For parents, this helped support their belief that someone had been born and died (Cacciatore & Bushfield, 2008.) One such effort was undertaken by the Miss Foundation, which lobbied and won the issuance of birth certificates in Arizona in August of 2001. Interestingly, feminists and other abortion rights activists lobbied against these efforts, worrying it was a slippery slope that could segue into fetal personhood and an infringement on abortion rights. These efforts resulted in hindering the passage of similar laws in California and New Mexico (Cacciatore &

Bushfield, 2008). Some feminists did speak in favor of these bills, citing their views that "what women want—their personal choices—should greatly influence policymaking regarding reproductive issues" (Petchesky, 1980, as cited in Cacciatore & Bushfield, 2008, pp. 383–384). Fights continue today to include miscarriage and stillbirth in policy language around family and medical leave and bereavement leave at a governmental policy level as well as in individual workplaces (Will, 2022b; Yu, 2023). I will speak in more depth about the ways these policies inhibit or support grieving parents in Chapter 2.

Definition of Terms

Pregnancy and infant loss is a term that encompasses many vastly different personal experiences. Below, I lay out definitions to help clarify the focus of this research and how I will generally categorize different types of loss. Many of the following are medical definitions for types of pregnancy loss and use the term embryo/fetus to describe what is lost; it is important to note that the use of embryo/fetus in medical literature may not match with a parent's language of what they lost.

- **Pregnancy and Infant Loss:** Many studies in this area use terms such as "reproductive loss" to encompass everything from experiences of early and late miscarriage, elective termination of pregnancy, stillbirth, perinatal and infant death, maternal death, and the loss of normal reproductive experience such as that associated with infertility, assisted reproduction and the medicalization of pregnancies, labors and deliveries defined as high risk (Earle et al., 2008; Komaromy et al., 2012). Others focus narrowly on one specific type of loss such as those defined below. For this study, I utilize Graham et al.'s (2012) three

categories of reproductive loss: category 1—infertility/repeated early losses; category 2—a loss where the fetus is conceptualized as a baby (miscarriage, stillbirth, TFMR, neonatal death); and category 3—abortion for non-medical reasons. I use the term pregnancy and infant loss to discuss losses in category 2, though some participants had also experienced category 1 losses.[1]

Types of loss included in category 2 are as follows:

- **Chemical Pregnancy:** an early pregnancy loss, often before 5 weeks gestation (Cosgrove, 2004).
- **Miscarriage:** loss of a pregnancy up to 20 weeks gestation. This may include missed miscarriages, or a miscarriages diagnosed at routine ultrasounds, where the body does not recognize the loss of the fetus or embryo (Peel & Cain, 2012; Swanson et al., 2007).
- **Termination for Medical Reasons (TFMR) or Termination following Life Limiting Fetal Diagnosis:** the termination of pregnancy through a medical procedure—often a D&C, D&E, or induction of labor—after the discovery of a medical condition that would result in the death of the fetus before or shortly after birth. While some may label the termination "elective," as birthing parents could

[1] It is important to note here that I do not place a hierarchy on grief or equate the difficulty of a loss with the gestational age at which it occurred. Malacrida (1999) and McSpedden et al. (2017) show those factors have little to do with parents' experience of grief. I also want to acknowledge the potential for grief and stigma surrounding elective abortions and the need for thoughtful support for people seeking abortions, especially given our current political environment. In fact, many supports detailed in this study would likely benefit pregnant people seeking or having abortions. This study, however, only draws on data from participants with wanted pregnancies. This focus was not because of a greater sympathy with or regard for folks losing wanted pregnancies over those seeking non-medically necessitated abortions. It is rather an acknowledgment of the different emotional and physical experiences of those situations and a focus for the purpose of clarity in this project.

choose to carry the pregnancy until fetal demise, many in the pregnancy loss community do not consider this an elective procedure but rather the loss of a wanted pregnancy (Lafarge et al., 2013).

- **Stillbirth:** While there are differing international norms for when losses cross from being considered miscarriage to stillbirth, I will operate with the US definition: "death of an unborn baby, clinically referred to as a fetus, after 20 completed weeks and weighing more than 500 grams or 1.10 pounds" (Cacciatore & Bushfield, 2008, p. 380).
- **Perinatal death:** A more all-encompassing term that can include stillbirth, as defined above, through the death of an infant within 28 days of birth (Gagnon & Beaudry, 2014). In this study, I only sought participants who lost infants within 28 days of birth and only surveyed literature on these early infant losses. All recruited participants in this study who lost infants did so while their children were being treated in the neonatal intensive care unit (NICU) shortly after birth.

In addition to the definitions above, I offer the following distinctions in language used in the literature around pregnancy and infant loss and in my writing.

- **Embryo vs. Fetus vs. Baby:** It is considered best practice by some in abortion care to follow patients' lead in terms of describing what is lost in an abortion or pregnancy loss; providers work to intuit how patients are constructing meaning around their pregnancy and mirror their language rather than falling into a "clump of cells vs. baby" dichotomy (Becker & Hann, 2021). A common struggle of women experiencing the loss of a wanted pregnancy is a doctor referring to an

embryo or fetus as a baby until a loss occurs; then, medical teams often revert to discussion of an embryo, fetus, or product of conception. This can add to the trauma of the loss, as it revokes personhood from a much-wanted child. When discussing medical terms in this project, I will refer to an embryo or fetus to mirror medical language. When discussing participants' personal experiences, I will mirror their language to honor their experience of pregnancy and loss. Complications surrounding the use of anti-choice language surrounding fetal personhood by describing embryos and fetuses as babies are discussed above.

- **Women vs. Birthing Parent vs Loss Parents:** The turn towards more inclusive language surrounding who can carry a pregnancy has been a more recent development in writings about pregnancy and loss, which is reflected in much of the literature reviewed in Chapter 2. The literature reviewed primarily uses *woman* synonymously with *birthing* or *gestational parent*. I appreciate and utilize Lind and Deveau's (2017) technique, which they describe in the introduction to their edited collection of feminist writings on abortion, miscarriage, and stillbirth:

> In this essay, when citing sources that describe pregnant subjects, I have left the author's gender-specific language (often "woman" or "mother") as it was originally printed. This decision reflects the fact that gender-specific language is a convention in the field of motherhood studies, and many advocate for the sustained use of the term "motherhood" to appropriately highlight the distinctly gendered forms of labour, kinship, and praxis that the term reflects. As editors, we have accepted our

> contributors' choices to frame pregnancy and the literature that examines it at their own discretion. We invite our readers to experience the inconsistencies, frustrations, and interruptions our editorial decisions have created as reminders of the messy inadequacies offered by both gender and language. (p. 15)

Similarly, I will leave language from existing literature as is. In my writing, when talking broadly about those who can physically experience pregnancy and infant loss, I will use *birthing* or *gestational parents*. When referring to my participants, I will use the term *woman/women,* as all my participants identified as cisgender women. I will discuss the identities and recruitment of my participants further in Chapter 3. When referring generally to parents who have experienced pregnancy or infant loss, either physically or emotionally, I use the more general term, *loss parents*. This term encompasses birthing or gestational parents as well as non-gestational parents who may or may not be biologically related to the child, embryo, or fetus.

Chapter Summaries

This work is grounded in stories—stories of hoped-for children, of devastating loss, of medical traumas, and of the joys and challenges of teaching other people's children when you've lost your own. My main goal in writing this dissertation is to honor my participants and their children by allowing them to tell their own stories about these deeply personal experiences. As such, two of my analytic chapters are stories told in their own words. Surrounding those chapters are my justifications and explanations, but the

main goal of that more academic writing is to simply serve my participants' stories and to frame the importance and implications of those stories on our educational systems.

I begin in Chapter 2 by sharing a wide-ranging review of the literature on pregnancy and infant loss from the fields of medicine, anthropology, sociology, psychology, management, human resources, social work, and therapy over the last twenty years, picking up where Layne (2003) left off in her excellent overview of the field. In this chapter, I work to lay the groundwork for participants' stories by highlighting the deep and lasting trauma that can arise from pregnancy and infant loss, including the ways our cultural silence around this type of loss compounds parental grief. I also explore the importance of community support, including support in the workplace, for parental healing, ending with a brief overview of the literature on supporting teachers through grief. Finally, I explain my theoretical framework, complexity theory, as a particularly useful framework for narrative research, given complexity theory's focus on complex systems, context, and temporal, embodied experiences.

Chapter 3 lays out my methodology and justifies my grounding this work in Arts-Based, Narrative, and Feminist methods given their intersection and compatibility with complexity theory and my background. I then tell my own story: how I recruited participants, collected, and analyzed their stories, then re-storied them into an ethnodrama (a script culled from interview transcripts) and a second-person narrative (a story crafted from participants' written answers to questionnaires). I share how and why I worked to let their stories live in their original context and complexity. I then explore my final analytical process, *Thinking with Theory* (Jackson & Mazzei, 2012), in which I read the

stories of my participants through the macro-theoretical framework of complexity theory and the more micro concepts of disenfranchised and stifled grief (Doka, 1989; Eyetsemitan, 1998; Hazen, 2003; Lang et al., 2011; Rowling, 1995) related terms for when grief is not acknowledged or allowed to run its course, and of *misfit* and the situation of misfitting, a "feminist materialist disability concept" that highlights moments when bodies and material realities are in disjunction (Garland-Thomson, 2011, p. 591).

Chapter 4 is my analysis through Arts-Based research: an ethnodrama or script culled from Zoom interviews with five participants. The script imagines the women sharing stories in a support group for loss parents, mirroring where I first ideated this project. The script follows the women as they tell their stories of getting pregnant, navigating pregnancy while working as teachers, experiencing their losses, enduring the aftermath as they returned to work, and finding new teacher and personal identities in the wake of their losses. The relationships between the women are imagined but the words are their own—many of the words they say to each other in the script were words they spoke to me as a fellow loss parent in our interviews. This script is an attempt to convey the complexity at the heart of every individual loss story.

Chapter 5 is a narrative crafted from the thirty-seven email questionnaires I received from participants, organized into a second-person narrative that attempts to put the reader into the shoes of a teacher experiencing pregnancy and infant loss. The story is linear, in that it moves through the experiences of getting pregnant, being pregnant while teaching, experiencing loss, and returning or not returning to their schools following the loss. It breaks that linearity, however, in that it offers multiple images of what could

happen at each stage of the journey. It alludes to a choose-your-own-adventure story, but instead of picking just one path, you are forced to take-in all possible avenues. Again, this chapter is written to showcase the complexity of what emerges from experiences of loss in the K–12 school system, as there was no clear theme or typical experience that emerged from the data.

Chapter 6 is a more traditional analysis of the data utilizing Jackson and Mazzei's (2012), *Thinking with Theory*. I begin by returning to the framework of complexity theory, specifically the concept of *emergence* to argue that while outcomes for my participants were too varied to conclude as to causation, their experiences were still influenced and inhibited by the systems in which they operated. What emerged was not random, even if the exact causes are unknowable. With this as the groundwork for the chapter, I then explore my participants' experiences through the concepts of disenfranchised and stifled grief (Doka, 1989; Eyetsemitan, 1998) and *misfit* (Garland-Thomson, 2011) to argue that the intersecting systems at play in participants' experiences left little room for their physical and emotional healing after their losses. Only through the actions of individual agents operating in these systems was space made for some participants to grieve and heal from their losses.

In Chapter 7, my conclusion, I lay out what I hope readers will take away from the experience of engaging with this work. I also discuss the wishes for support shared by my participants, as this was the only element of my data that had any thematic consistency. I share these wishes alongside a discussion of inertial momentum, a concept from complexity theory that posits that systems tend towards certain outcomes depending

on how power moves through those systems; I argue that change can only happen in complex systems if problems are attacked at all levels. Thus, if implemented together rather than piecemeal, my participants' wishes for support could help shift the inertial momentum in those systems to help better experiences emerge for future loss parents. I then reiterate the challenges specific to teachers experiencing pregnancy and infant loss, as contrasted with other working professionals. I end with the limitations of this study and areas of opportunity for future researchers to explore.

Conclusion

This work straddles the line between traditional dissertations and less-traditional arts-based work. Similarly, I see myself straddling the worlds of research and art—I am a researcher and educator first and an artist and writer second; because of this, I would be remiss if I did not try to include the artist side of me in this work that is meant to be the summation of my doctoral studies. I would also be doing a disservice to my own story and the stories of my participants if I attempted to do traditional qualitative research, coding and theming their experiences in a way that, in my opinion, would diminish the nuances, complications, and tragedies that surface in each tale of loss.

I was not able to offer any type of compensation to my participants, but almost all of them, when asked why they wanted to participate in this study, said they wanted to share their stories for the benefit of other parents and to honor and remember their children. As I discuss in depth in Chapter 2, loss parents often cling to anything that can show the world that their child was real—an ultrasound image, ashes, a teddy bear with the exact weight of their child at birth, a positive pregnancy test, or a mold of their child's

tiny feet. I hope this document becomes another keepsake, another reminder that these children—Charlotte, Richard, Aliyah, Kalen, Elia, Luke, Jordan, Lydia, Julia, Elle, Davey, Cosmo, Blake, Theo, Banks, Sonja, Kate, Marcel, Bodie, Baby Girl, Blue, Show Baby, Red, Peanut, and all the others both named and unnamed—were wanted, loved, and very real.

Chapter 2: Literature Review and Theoretical Framework

While I hope this work adds to the literature on creating emotional and physical support for teachers in K–12 school systems in the United States, the literature I draw from comes predominantly from the research on pregnancy and infant loss from other disciplines. As such, the majority of the literature review below pulls from fields outside of education, which also serves to highlight the lack of research on supporting teachers through grief and loss of any kind. I hope that this work continues the burgeoning conversation, described further below, around supporting teachers through grief. I have written in the past about teacher demoralization and the emotional struggles surrounding their day-to-day work that push teachers from the classroom (Pinkham-Brown, 2024; see also Santoro, 2018); supporting teachers through personal challenges goes hand in hand with that work. By acknowledging the humanity of teachers, and the unique emotional and physical challenges associated with the profession, those operating in the K–12 system can make the profession more sustainable, thus retaining teachers and making teaching seem like a more viable long-term career.

To understand the unique challenges of pregnancy and infant loss, I begin my review of the literature generally, first exploring the frequency and experience of pregnancy and infant loss before laying out the research on what types of support are helpful for parental healing. I then specifically highlight the existing research around supporting loss parents in the workplace before touching on the small body of literature on supporting teachers through grief. I then introduce my theoretical framework, complexity theory, and its usefulness to this project.

Review of Research on the Experience of Pregnancy and Infant Loss

The literature on pregnancy and infant loss is wide-ranging, crossing fields of medicine, anthropology, sociology, psychology, management, human resources, social work, and therapy. Thus, it was necessary to limit the scope of my review significantly: I did not delve into medical journals for insights into why loss happens or who it afflicts from a medical perspective. My search primarily focused on sociological, anthropological, and psychological (emotional, embodied) experiences of pregnancy and infant loss and the cultures surrounding loss. I also explored how losses are handled, both by parents and those around them. I specifically sought out literature on workplace support to explore what is useful and what is harmful in the hopes of then asking how we can better make space for this type of grief and trauma for teachers specifically. I also surveyed feminist perspectives on loss, as I identify as a feminist who also acknowledges the need to critique feminist ideology as it relates to the discussion of pregnancy loss. Additionally, because this type of loss impacts the bodies of women, non-binary people, and trans men rather than cisgender men, I find a feminist perspective especially valid, even with its potential shortcomings.

While I initially pulled literature about and received questionnaires from non-birthing parents, in this case, cisgendered men, I limited my literature review and data analysis to birthing parents, given they experience both the emotional and physical ramifications of a loss, making their grief journey unique from other more typical experiences of grief. Additionally, while my call for participants included a specific invitation to queer parents, I did not receive any responses from folks in same-sex or

same-gender relationships. All my queer participants identified as bisexual or pansexual cisgender women in relationships with cisgender men. Thus, I narrowed my review to studies of birthing parents in heterosexual relationships and did not seek out literature specific to the experiences of lesbian or queer birthing parents. Accounts of queer parental experiences did come up in my reading of feminist literature on pregnancy loss as a means of exploring how supporting the most marginalized birthing parents can only help improve outcomes overall (Peel & Cain, 2012). I briefly discuss these studies in my section on the impact of identity on loss experiences but do not make it a focus of the larger review. Finally, Layne (2003) has a rich and full review of literature across anthropology, sociology, psychology, nursing, and social work through 2003; thus, I focused my review primarily on work written after Layne's (1997) call for more feminist research on pregnancy loss.

Frequency of Pregnancy Loss

While rough estimates vary, given that some losses happen without medical intervention, it is generally accepted that 20% to 30% of all pregnancies in the United States end in loss (Malacrida, 1999). As noted in Chapter 1, the specific cut-off dates for labeling different types of pregnancy losses vary by field and by country. While numerous studies have found these cut-offs and terms have little bearing on the grief experiences of parents, they do come into play as to which policies surrounding leave or definitions of legal death apply to different cases (Malacrida, 1999).

In terms of rates of specific types of loss, roughly 15%–30% of all pregnancies end in miscarriage, or loss up to 20 weeks of gestation (Peel & Cain, 2012; Swanson et

al., 2007). This is the most common form of loss. An increase in the average age of birthing parents has likely increased the occurrence of miscarriage in recent years, as the risk of miscarriage climbs with age (van den Akker, 2011). Stillbirth, or loss after 20 weeks of gestation, is less common—accounting for only 3.1% of all intrauterine deaths (Layne, 1997)—but still accounts for more deaths than all other causes of early infant death combined; stillbirth is approximately ten times more likely to occur than sudden infant death syndrome (SIDS) (Cacciatore & Bushfield, 2008). Despite the fact that 1 out of every 110 births in the United States is a stillbirth, there is no known cause in roughly half the cases (Cacciatore & Bushfield, 2008), and there is little research being done to investigate causes (Eldeib, 2023). Statistics on terminations for medical reasons are less readily available—a problem likely to increase as abortion restriction and fear around punishment for abortion for any reason grows—but given these terminations generally occur in the second trimester, looking at abortion rates can give some indication of frequency. According to the CDC, 625,978 abortions were performed in the 48 states reporting data in 2021. Of those, roughly 6.5% were performed after 13 weeks, with 0.9% occurring after 21 weeks (Kortsmit et al., 2023)

Impacts of Loss on Parents

Research on the impact of pregnancy loss was limited until the 1990s (Cosgrove, 2004), but findings have consistently shown that while experiences of grief are often very personal and impacted by myriad individual factors, major trends exist in the experiences of parents. While van den Akker (2011) reports that grief over perinatal death can outweigh the grief of a miscarriage, the individual meaning given to pregnancy has been

shown a much better predictor of grief intensity than gestational age (Cosgrove, 2004; Swanson et al., 2007), with first-trimester miscarriage often seen as equally distressing as later pregnancy loss or stillbirth (Bellhouse et al., 2018; Epstein-Gilboa, 2017; Peel & Cain, 2012). These losses have been found to even equal the grief levels for widows (Bhave, 2017).

Impacts of loss include shock, isolation, shame, anger, guilt, helplessness self-loathing, feelings of worthlessness, loss of self-esteem, lingering depression and anxiety, and post-traumatic stress disorder (Bellhouse et al., 2018; Bhave, 2017; Epstein-Gilboa, 2017; Moscarello, 1989; van den Akker, 2011). Physical symptoms can include "fatigue, lethargy, altered appetite, difficulty sleeping, nightmare, [and] tightness in the throat" (Moscarello, 1989, p. 13) along with avoidance of regular activities (Burden et al., 2016). It often leaves parents with less trust in the world and in their own bodies (Lindemann, 2015). Pregnancy loss is thought to be especially traumatic in terms of bereavement events as it is a deviation from a normal life path and the linear progression of pregnancy (Epstein-Gilboa, 2017). Parents may also be dealing with fear for their future fertility (Freedle, 2020) or lingering grief over previous struggles with infertility (Huffman et al., 2015). Overall, multiple studies have "concluded that the loss of the ideal pregnancy, birth, and motherhood 'can be one of the most devastating of life events for women' Wenzel, 2017, p. 400)" (Randolph et al., 2021, p. 420) and is often exacerbated by the silencing and stigma described in detail below (Burden et al., 2016; Cacciatore & Bushfield, 2008).

Parents also describe not just the physical loss of a child but the loss of hope for a desired future (Swanson et al., 2007). Additionally, parents are often caught between feelings of helplessness and self-blame, feeling both that their bodies were out of control and that they were responsible for their loss, both of which can lead to increasingly negative mental and physical health outcomes (Cacciatore et al., 2014). Many parents discuss being trapped in a liminal space if they have no living children—being both *parents* and *not parents* (Bremborg, 2012; Layne, 2003; Lindemann, 2015; Murphy, 2012)—leading to complicated feelings around their identity and place in their communities.

Importantly, for birthing parents, pregnancy loss is not only a mental trauma but also a physical one. While grief is not predicated on gestational age, generally speaking, the earlier a pregnancy loss, the easier it is to manage physically (Layne, 2009). Even first-trimester miscarriages, however, are often much more physically traumatic than generally thought by parents before their loss (Layne, 2009). Parents experiencing miscarriages at home report dealing with alarming amounts of blood and having to see and dispose of an embryo or fetus as sources of trauma. Medically managed miscarriages —D&Cs and D&Es—can be equally physically taxing, if quicker, than at-home experiences (van den Akker, 2011). Parents of stillborn babies go through a labor and postpartum period identical to parents of living children, often with the added layer of complexity of being retraumatized by bodily responses to birth such as breast milk coming in postpartum.

Unsurprisingly, identity markers have a deep impact on the experience of pregnancy loss, and experiences of loss are as diverse as the women experiencing these losses (Randolph et al., 2021). Race and socioeconomic status are linked with access to quality reproductive healthcare and with pregnancy loss (Earle et al., 2008), with the highest risk of loss occurring in black women of any socioeconomic group (Mukherjee et al., 2013). Layne (1997) elaborates:

> There is evidence that socioeconomic status influences the rate of pregnancy loss, and…[that] the estimated rate of pregnancy loss is nearly double for women of color than for non-Hispanic white women. [Additionally] race and class also have a profound influence on access to and quality of medical care as well as access to social services, all of which affect the experience of pregnancy and pregnancy loss. (p. 297)

Unfortunately, it is difficult to note the full range of experiences of loss by race and class, as research on pregnancy and infant loss is predominantly pulled from data on parents who are white and middle class (Layne, 1997, 2003; Murphy & Cacciatore, 2017). This is a huge hole in the data given the disparities in care and the increased frequency of loss in communities of color.

A similar silence exists in the literature around queer women (Cosgrove, 2004; Craven & Peel, 2017; Murphy & Cacciatore, 2017; Peel & Cain, 2012), trans men and non-binary people (Porschitz & Siler, 2017), although recent literature is beginning to close that gap. Recent findings show that "queer experiences of loss are often intensified by homophobic and heteronormative treatment by healthcare practitioners as well as

family and coworkers" (Craven & Peel, 2017, p. 226). The difficulty and cost associated with getting pregnant for queer parents can also greatly affect grief following a loss (Peel & Cain, 2012).

Sukovic and Serrato (2017) also interrogate how whiteness and its intersection with ideals of motherhood impact the identity of those experiencing loss, especially those already identifying with whiteness:

> Similar to an experience of a stigmatizing illness, an inability to fulfill…[the] cultural expectations [around motherhood due to pregnancy loss] can lead to perceived social stigma, self-stigmatization, and, potentially, even an identity crisis (Bohle, 2013; Brouwer, 1998; Goffman, 1986). Moreover, the idea of a "perfect" body is further informed by the notion of whiteness as an invisible ideal in American society. In other words, for a white, educated, and relatively affluent woman, the "effortless," invisible expectation of a successful pregnancy serves, in part, to perform, reproduce, and reinforce the codes of whiteness by providing a locus of cultural performance dependent on whiteness as an invisible ideal. (p. 25)

Overall, Pollock et al. (2021) highlight the need to think intersectionally about people who may experience multiple forms of stigma in their experience of pregnancy and infant loss. van den Akker (2011) also notes the need for more research to determine the influences of culture, traditions, and religion on coping with miscarriage.

Cultural Stigma and Silencing

After experiencing a loss, parents are often met with a dual attack of silence and/or stigma surrounding their loss, leading to disenfranchised grief. This type of grief

makes moving on more difficult and leaves them more susceptible to PTSD (post-traumatic stress disorder) than those grieving more socially acceptable deaths (Layne, 2003). These silences and stigmas are further enshrined in policies, or lack thereof, around pregnancy and infant loss.

The silences around pregnancy loss and stillbirth exist in academic and public health literature, with much research coming out only in the last twenty years (Bremborg, 2012; Burden et al., 2016; Cacciatore et al., 2014; Cacciatore & Bushfield, 2008); among feminists, who, as discussed in Chapter 1, feared feeding into anti-choice rhetoric of speaking freely about the grief of pregnancy loss (Layne, 1997, 2003); and in western society at large, which is generally uncomfortable discussing death and even less comfortable discussing an "out of order" death like the death of a child (Bremborg, 2012; Brierley-Jones et al., 2014; Cacciatore et al., 2014). Many parents described a "conspiracy of silence" surrounding their loss, leaving them unable to mourn properly or feeling pressured to move on quickly (Bhave, 2017). Our lack of cultural scripts and rituals surrounding pregnancy loss also leaves parents' communities, even those wishing to support parents through this trauma, with little guidance on how to do so (Brin, 2004; Gerber, 2017; Layne, 2003; Lindemann, 2015; van den Akker, 2011). Ironically, in the medical community, miscarriage is thought of as such a common medical procedure that it is often not given the weight parents feel it deserves (Cosgrove, 2004; Layne, 2003; Renner et al., 2000).

Pregnancy loss is even missing from much of the educational materials available to parents about pregnancy and childbirth (Layne, 1997, 2003). This silence is often

exacerbated by pregnant people themselves, due to the cultural conditioning to wait until twelve weeks gestation or later to even share news of a pregnancy (Bellhouse et al., 2018; Renner et al., 2000). It is often only in the wake of their loss that parents hear about the frequency of loss surrounding them. The overlap between medical procedures for elective abortion care and procedures surrounding the loss of a wanted pregnancy further stigmatizes and confuses conversations over pregnancy loss (Renner et al., 2000), leaving many worried to share about their loss for fear of shame. Even without that complicating factor, many parents still report experiencing stigma, shame, and blame after a pregnancy loss from both themselves and from those around them (Brierley-Jones et al., 2014; Gerber, 2017; Pollock et al., 2021; Sukovic & Serrato, 2017). Parents are also left with little evidence of their children's existence, causing them to often cling to medical evidence—ultrasound photos, recordings of heartbeats—and consumer goods—baby clothes, blankets, etc.—to offer reassurance that they lost someone real (Layne, 2003; Parsons, 2010).

Due to the silence and stigma surrounding pregnancy loss, many parents experience disenfranchised (Burden et al., 2016; Doka, 1989; Epstein-Gilboa, 2017; Hazen, 2003; Lang et al., 2011), stifled (Eyetsemitan, 1998), or complicated grief (Malacrida, 1999; McSpedden et al., 2017). These distinct but often overlapping phenomena result from a feeling of or a fear of being disregarded or diminished in their grief by those around them. These grief experiences can come from insensitive comments, such as talk of silver linings or the ability to have another baby (Renner et al., 2000), or from experiencing isolation and distress that arises due to a lack of

understanding of the depth of grief being felt (Bellhouse et al, 2018; Lang et al., 2011; Malacrida, 1999). These types of grief can also come from the ambiguity around what exactly was lost and the loss of parental status, especially after losing a first pregnancy. Grief can also come from navigating how to share news of the loss, especially if the pregnancy was not yet visible or public (Lang et al., 2011). Parents often report not feeling they received the care from their community that they would have received after a more "normal" death of an adult loved one (Malacrida, 1999). Feelings of complicated grief can last years after a loss and are not linked to factors such as gestational age, number of losses, or presence of living children (McSpedden et al., 2017). I discuss disenfranchised and stifled grief further in Chapter 6 as analytical lenses for experiences that emerged for my participants. Given the long-term nature of complicated grief, this type of grief is not included in that analysis.

Feelings of isolation, shame, or complicated grief can also arise from public policies surrounding pregnancy loss, as "policies not only reflect values, they can also shape and enforce behavior" (Moroney & Krysik, 1998, as cited in Cacciatore & Bushfield, 2008, p. 380). Cosgrove (2004) was the first to examine the ways that "dominant discourses, rhetoric, and practices sustain feelings of guilt, anxiety, or self-recrimination" (p. 113). Cacciatore & Bushfield (2008), drawing on Layne (2003) suggests that an "underestimation of the problem, misinformation, societal devaluation and fragmentation of women's bodies, and the politics of the unborn" (p. 380) may have led to relative inaction by policymakers. For example, in most states before the mid-2000s, stillborn babies did not receive birth certificates but instead received death

certificates (Bhave, 2017). Only in the mid-2000s did organizers help change that policy in 20 states (Cacciatore, 2009), as loss parents felt this lack of documentation asserted the non-existence of the children they lost (Cacciatore & Bushfield, 2008). Work bereavement leave policies, discussed below, also exacerbate this issue.

Importance of Support for People Who Experience Pregnancy and Infant Loss

The importance of support from family and social networks after a pregnancy loss has been well established, with more recent scholarship focusing specifically on what types of support are most effective (Bellhouse et al., 2018). Unfortunately one of the most cited findings from pregnancy loss literature is the lack of quality support from parents' networks (Bellhouse et al., 2018; Davidson & Stahls, 2010; Human et al., 2014; Murphy & Cacciatore, 2017; Renner et al., 2000). This is especially concerning given that parents who receive inadequate support are at higher risk for stronger grief reactions and increased anxiety, depression, and/or PTSD (van den Akker, 2011). Specific examples in the literature of inadequate support include parents feeling uncomfortable or unwelcome in groups where babies and child-rearing are central to the group identity or feeling their membership in these communities has been revoked (Cacciatore, 2009; Epstein-Gilboa, 2017); those around them pretending nothing happened when all they want to do is talk about their loss or their baby (Bhave, 2017; Brierley-Jones et al., 2014; Epstein-Gilboa, 2017; Layne, 2003); or being pressured to move on quickly by those who don't understand the depth of their grief (Davidson & Stahls, 2010).

On the other end, receiving positive support after disclosure of loss is associated with better adjustment to that loss (Freedle, 2020) with research supporting the need for

both immediate and long-term recognition of the grief associated with the loss (van den Akker, 2011). Parents noted that practical gestures of support or remembrance helped them feel acknowledged and seen (Bellhouse et al., 2018). Often, outside of these tangible supports, parents are only seeking validation that they have lost something irreplaceable (Davidson & Stahls, 2010), that they are parents, and that they have been through a traumatic experience (Farrales et al., 2020). Layne (2009), noting our lack of cultural scripts for support, lays out a beautiful vision for what community care could look like after loss:

> Female friends and relatives would provide the woman with comfort and practical aid. Pregnancy loss would be an occasion on which women would express their love and care for one another and their mutual experience of life. They would also hearten the woman by their care and by sharing their own knowledge and experiences of loss. Women undergoing a miscarriage or stillbirth would gain confidence from being surrounded by women who had themselves suffered and survived. Being in such a supportive environment might ease the physical and emotional pain. At the same time, women attending such female rites would be preparing themselves for the possibility of loss in their own pregnancies. Such aid would continue after the miscarriage or stillbirth, as relatives and friends would help with the household chores and continue to offer emotional support to the bereaved mother. (pp. 93–94)

Supporting Employees Through Pregnancy Loss

Much research has been done on motherhood and work, but prior to 2020 there was very little literature produced on pregnancy loss and the workplace. Most pre-2018 literature was solely focused on those working in healthcare (Gagnon & Beaudry, 2014; Hazen, 2003, 2006; Meunier et al., 2021; Porschitz & Siler, 2017). Much literature on this topic has been published since then. Most literature that does exist focuses specifically on late perinatal loss, with much less focus on miscarriage (Meunier et al., 2021). Porschitz and Siler (2017) and Steimel (2021) posit this is linked to the fact that "women's bodies [generally] are ignored in mainstream management literature, and miscarriage is [already] a taboo topic in larger society" (Porschitz & Siler 2017, p. 565). They draw this conclusion from workplace literature focused on the embodied experiences of pregnancy and how women's bodies, especially pregnant bodies, differ from the norm of male bodies and are conflated with illness, bodily fluids, and laziness—both physical and intellectual (Porschitz & Siler 2017).

The lack of research about miscarriage creates a notable gap in the literature, as a significant number of those experiencing pregnancy and infant loss work full-time — women represent roughly 47% of the workforce (Porschitz & Siler, 2017, p. 567). For these loss parents, the workplace could, at best, provide a space of support and community that is a necessary space for healing (Hazen, 2003). Porschitz and Siler (2017) also note:

> Miscarriage is a workplace event because it affects a large number of women. It may happen at work, and/or cause women to miss time from work. Women and

> their non-gestational partners may experience significant, even traumatic, grief at the pregnancy loss. A miscarriage has organizational consequences as miscarrying women need time to recover and grieve—often well past the initial event. (p. 566)

While it is not, to me, the most pressing reason to address this gap, it is notable that supporting bereaved parents through loss is ultimately a smart organizational decision, as it supports a quicker and more healthy grieving process (Malacrida, 1999; Meunier et al., 2021; Porschitz & Siler, 2017) and thus a healthier and more productive workforce.

Much of the recent literature describes a double disenfranchisement that accompanies pregnancy loss in the workplace. First, there is a general lack of knowledge of, or space for, discussions about death in our culture; unsurprisingly, then, bereavement is often considered a taboo topic in the workplace (Eyetsemitan, 1998; Hazen, 2003; Meunier et al., 2021). This taboo is then exacerbated by the general cultural silences around pregnancy loss, on top of society's taboos around women's bodies, sexuality, emotions, and unpaid labor in families. This all intersects to silence discussions in both workplaces and management literature (Hazen, 2003, 2006; Meunier et al., 2021; Trethewey, 1999). Meunier et al. (2021) found that recent data points to "the workplace [as] one of the environments where perinatal bereavement is least recognized" (p. 412). In some cases, this disenfranchisement can lead to workplace discrimination (Pollock et al., 2021).

Additionally, these silences can lead to mental health struggles as well as self-silencing on the part of parents. To avoid discrimination, pathologizing, and potential negative interactions with managers and colleagues, many parents, if they are able,

choose not to share their experience of loss (Hazen, 2006; Lyon, 2021; Maitlis & Petriglieri, 2019; Meunier et al., 2021). This can negatively impact parents' feelings about work and their colleagues (Hazen 2006; Meunier et al., 2021) and further fuel the culture of silence around pregnancy loss in an ongoing spiral.

Porschitz and Siler (2017) argue that "the combination of secrecy and grief that is layered on top of a difficult physical experience makes miscarriage a unique experience" (p. 565). Additionally, they argue that often self-silencing is not a choice but a default reaction to the potential for pregnancy discrimination and shame that their bodies have failed; this silence and/or shame then add to parents' emotional trauma, which in turn can inhibit parents' career opportunities (Hazen, 2006). Steimel (2021) argues that disclosure is vital to avoiding this spiral, as it can "facilitate sensemaking, well-being, and social support" (p. 398). Unfortunately, scoping reviews have found workplaces to be among the hardest spaces to disclose in and get support from (Brierly-Jones et al., 2014).

Workplace policies reflect and create the culture in which parents operate after loss, and often, workplace leave and bereavement support policies are severely lacking (Gagnon & Beaudry, 2014; Keep et al., 2021; Macdonald et al., 2015; Meunier et al., 2021). When bereavement leave is offered, it often only allows for time to deal with the logistics of death—often planning or attending a funeral—and does not account for the non-linear nature of grief or, in the case of pregnancy loss, the time needed to heal from physical trauma (Swanson et al., 2007). Getting any paid leave, especially in the United States, is often a best-case scenario, with horror stories of parents being denied bereavement or family or medical leave due to a lack of birth or death paperwork

(Malacrida, 1999). Most of the reports on leave time were conducted in Canada and Australia, where leave policies are more generous than in the United States. Even then, however, leave was limited; 7–10 days was what most parents were able to take after a miscarriage in Australia (Keep et al., 2021), and in Canada, leave averaged 3–5 days (Macdonald et al., 2015). Parents noted when leave was offered, it not only allowed them time to deal with the physical and emotional trauma of their loss and manage logistical concerns like doctors' visits, but also validated their grief (Keep et al., 2021). In the United States, bereavement leave is generally three days, although perinatal loss is rarely included in these policies (Macdonald et al., 2015). Many birthing parents turn to the more legitimized sick or medical leave to get time off, relying on their physical trauma to get time to both physically and emotionally heal (Macdonald et al., 2015). Only recently has there been a push at the state level to mandate the inclusion of reproductive loss in workplace bereavement leave policies, with California passing a measure in October of 2023 (Yu, 2023).

Without paid leave, many grieving parents are forced back to work due to financial concerns, often already a stressor after a major medical event (Burden et al., 2016; Malacrida, 1999; Meunier et al., 2021; Murphy & Cacciatore, 2017). While some parents may return to work to feel a sense of normalcy and for the camaraderie of colleagues (Porschitz & Siler, 2017; Schoonover et al., 2022), others may feel pressure to resume their professional responsibilities (Macdonald et al., 2015). Unsurprisingly, research has found the psychological and physical impacts of pregnancy loss make it difficult to work, which can be exacerbated by a lack of proper leave time (Gagnon &

Beaumont, 2014; Macdonald et al., 2015; Meunier et al., 2021; Porschitz & Siler, 2017). Unsupportive workplaces can then lead to additional feelings of stifled grief, as discussed below (Eyetsemitan, 1998; Hazen, 2003; Keep et al., 2021).

Research points to ways in which workplaces can be supportive and promote healthy grieving in loss parents, with much research noting that the existing workplace culture was among the biggest indicators as to whether parents felt comfortable sharing about their loss in the first place (Keep et al., 2021, p. 263). The three most effective supports suggested by the literature were colleagues and managers who acknowledged parents' loss, an option to gradually return to work after an adequate leave time with potential accommodations of parents' workload, and grief training for all employees, especially managers (Gagnon & Beaudry, 2014; Keep et al., 2021; Meunier et al., 2021; Schoonover et al., 2022).

When parents perceived they would receive positive support from colleagues, they were much more likely to disclose a loss. Additionally, some parents noted that they felt sharing their loss was important as a means of impacting the culture of silence around pregnancy loss in their workplace and our culture at large (Gagnon & Beaudry, 2014; Hazen, 2006; Keep et al., 2021; Steimel, 2021). Findings also show that interpersonal support is not enough; workplace policies must also show this support through adequate bereavement leave, flexible work arrangements, and ongoing open conversations. Steimel (2021) also describes at length how the ability to establish boundaries around what was shared about their loss, and how the information was shared, was vital to employees feeling supported upon return to work. For example, managers can share the burden of

telling colleagues about the loss. This frees loss parents from having to talk about it and manage colleagues' emotions. Ultimately, this makes parents feel more in control and supported upon returning to work. Finally, Macdonald et al. (2015) provide an important caveat about what it means for parents to "return to work" following a loss, which is vital to keep in mind when supporting them:

> The "return to work" phenomenon is further challenged by how bereavement changes people: the person returning has undergone a profound rupture which can precipitate a fundamental shift in an employee's identity. They are no longer the same individual who left the workplace; they are returning not as parents but as bereaved parents…Thus, returning to work after a bereavement leave is fundamentally not the same as returning after recovering from a short sickness or injury, or needing new accommodation for a physical disability. It cannot be assumed that these parents have "recovered." (p. 523)

Supporting Teachers Through Grief

While a small amount of research—two doctoral dissertations (Luong, 2021; Oliver, 2019) —has been written about supporting teachers through grief, no literature has touched on the specific experiences of teachers grieving pregnancy loss. Findings on grief in teachers are consistent with discussions of grief in the workplace above. Oliver (2019) found five key themes negatively impacting return-to-work experiences following a loss of any kind: "(a) lack of support and resources, (b) non-empathetic displays of action, (c) lack of a designated grieving space, (d) physical and mental stress of death, and (e) performance pressures due to lack of grieving time" (p. ii). Luong (2021)

similarly found that “school site administrators do not feel comfortable or prepared in supporting grieving teachers and staff at the school site due to the lack of professional development training, lack of resources, and undefined protocol” (p 73). Given the statistics on who comprises the teaching force—77%of teachers are women with an average age of 43 (National Center for Education Statistics, 2021)—we can theorize that supporting teachers through pregnancy loss is a task for which many schools are underprepared.

The literature that most likely points to the potential impacts of pregnancy loss on teachers is a review of literature on healthcare professionals working in maternity wards following a personal pregnancy loss (Musodza et al., 2021) and an autoethnography of miscarriage at work from two college professors (Porschitz & Siler, 2017). Musodza et al.’s (2001) scoping review on female midwives and healthcare professionals’ work experiences following pregnancy loss points to the unique challenges of working “in an environment that is a constant reminder of what they have lost” (p. 745). Themes identified from the data included participants’ struggles when asked by patients if they had children, the importance of supportive colleagues upon return to work, and the potential for negative impacts on their professional practice. Notably, they found that some employees left the profession altogether because of the difficulty of being around pregnant women (Musodza et al., 2001). Porschitz and Siler (2017), both teaching in higher education at the time of their miscarriages, noted that their experiences with students illustrated “the difficulties of successfully doing a job that requires a high amount of emotional labor (teaching) while grieving a loss” (p. 573). Again, these studies

point to the likelihood of unique experiences among teachers experiencing this type of loss.

Theoretical Frameworks

While I originally conceived of this work as purely Arts-Based and grounded in Narrative Inquiry, I realized I needed a larger theoretical framework to discuss the experience of pregnancy loss among teachers. During a conversation with a colleague who works in the Birth to Kindergarten Education program at my current university, I was explaining the beginnings of my data analysis for this project. I was attempting to explain how teachers' experiences rippled out not just to their colleagues but to their students, students' families, and anyone else interacting with them via the school system. She mentioned that the way I was conceiving of these relationships reminded her of family systems theory, wherein one cannot look at just one individual within a family to understand its function but rather needs to look at the family as an entire system (*Family Systems Theory - an Overview*, n.d.). I was intrigued and began reading more about family systems theory as a possible framework. Ultimately, I found that using family systems outside its original context would not be useful for this work, but that initial search did lead me to explore related theories that examine complex systems as a whole rather than trying to tease out individual causal variables from complicated, human endeavors, as that was what I was attempting to do in telling my participants' complicated stories. Ultimately, I landed on complexity theory as a framework for its alignment with my analysis of my participants' stories and its compatibility with my desired methods.

Complexity Theory

Complexity theory did not originate from one specific theorist, field, or body of literature (Haggis, 2008). Rather, it emerged from discussions of chaos theory in the sciences—specifically physics, biology, and chemistry—and then migrated to economics and into the social sciences in the early 2000s (Mason, 2008b). Since its emergence in the social sciences, it has infiltrated a range of disciplines including education (Mason, 2008a). Mason (2008b) notes that complexity theory "shares chaos theory's focus on the sensitivity of phenomena to initial conditions that may result in unexpected and apparently random subsequent properties and behaviors" (p. 36).

Importantly, though, complexity theory diverges from chaos theory in that it does not posit that events are random. Rather, it is primarily concerned with connectedness, specifically the interconnectedness and interactions of "environments, organizations, or systems that are complex in the sense that very large numbers of constituent elements or agents are connected to and interacting with each other in many different ways" (Mason, 2008a, p. 5). It stems from an ontological position that the social world consists of a series of overlapping, interdependent, and highly complex systems (Byrne & Callaghan, 2014). These systems are open, and thus nothing and no one operates safely "inside" just one system. As Cilliers (2002) says, "everything is always interacting and interacting with others and the environment; the notions of 'inside' and 'outside' are never simple or uncontested" (pp. 141–142). Because interactions between these systems are inherently complex, researchers must look primarily at effects and not causes, as variables are too many and interactions too complex. Complexity theory, then, is especially useful for

descriptive projects such as this, wherein researchers are not "trying to analyze complex phenomena in terms of single or essential principles [but rather] acknowledge that it is not possible to tell a single and exclusive story about something that is really complex" (Cilliers, 2002, p. iix). Thus, in doing research through a complexity framework, researchers are not looking for causation or predictability (Morrison, 2008) but for complicated stories. Morrison (2008) speaks to complexity theory's implications for educational research:

> Complexity theory challenges the value of experimental and positivist research in education. It argues against the linear, deterministic, predictable, positivist, universalizable, stable, atomized, objective, mechanistic, controlled, measurable, closed systems of law-like behavior, and simple causality. Complexity theory replaces these with an emphasis on networks, linkages, holism, feedback, relationships, and interactivity in context (Cohen & Stewart, 1995), emergence, dynamical systems, self-organization, and an open system (rather than the closed world of the experimental laboratory). (p. 28)

Mason (2008b) explains that complexity theory differs from chaos theory in that there is an acknowledgment of causation, it is just that "causation is complex. Outcomes are determined not by single causes but by multiple causes, and these causes may, and usually do, interact in a nonadditive fashion" (p. 35–36). As discussed further below, complexity theorists provide the distinction that "complexity…does not lead to the conclusion that anything goes" (Cilliers, 2002, p. iix). They argue that the specifics of causation in complex systems defy our ability to pinpoint what myriad factors interacting

in multiple ways at specific moments in time have caused certain outcomes or experiences.

In the context of this project, I will avoid arguments that attempt to pinpoint the causes of my participants' experiences or suggestions that certain policy or cultural changes will result in teachers feeling more supported. Rather, this study is an exploration of the deeply complex intermingling of various systems to discover what experiences emerge for loss parents who exist within and make up parts of those systems—school systems, medical systems, and bodily systems around fertility and pregnancy. I argue that we cannot just explore policies or school culture or what type of loss individuals experienced—each of these only impacts teachers in so much as they are interacting with each other and with every person with whom that teacher interacts. I can discuss different points within those systems that helped move towards different outcomes in experience but cannot guarantee that those same elements would result in the same experience in another context.

What is a Complex System?

This explanation then begs the question—what makes up a complex system? At the simplest level, Mason (2008b) explains that "environments, organizations, or systems…are complex in the sense that very large numbers of constituent elements or agents are connected to and interacting with each other in many different ways" (p. 36). Tsoukas and Hatch (2001) describe the properties of complex systems, saying they "are non-linear: there is no proportionality between causes and effects…," they "are fractal: irregular forms are scale-dependent…," they "exhibit recursive symmetries between scale

levels: they tend to repeat a basic structure at several levels…," they "are sensitive to initial conditions; even infinitesimal perturbations can send a system off in a wildly different direction," and "given that initial conditions cannot be adequately specified with infinite accuracy, complex systems have the tendency to become unpredictable"; finally, Tsoukas and Hatch declare that "complex systems are replete with feedback loops" (p. 988). More simply, Haggis (2008) describes a

> dynamic system [as] consist[ing] of a large number of components, which are interacting dynamically at a local level. These multiple interactions are nonlinear, involving complex feedback loops which continually adjust and modify both the 'parts' of the system, and the system itself. (p. 166)

Cilliers (2002) discusses complex systems as being an organization that "cannot be fully understood simply by analyzing its components" (p. iix–ix) but rather is constituted "by the intricate relationships between these components" (p. 2). Systems can include "cultures, discourses, practices, social groupings, institutions, and individuals" (Haggis, 2008, p. 165). While systems are maintained through time, they are also "in a process of continual formation, rather than resulting from essential, generative structures" (p. 168).

Morrison (2008) gives a helpful description of schools and school systems as systems within a complexity framework that is especially useful to this project:

> In schools, children are linked to families, teachers, peers, societies and groups; teachers are linked to other teachers, support agencies (e.g. psychological and social services), policy-making bodies, funding bodies, the state legislature, and so on. The child (indeed the school) is not an island, but is connected externally

> and internally in several ways. Disturb one element and the species or system must adapt or possibly die; the message is ruthless. Connectedness requires a distributed knowledge system, in which knowledge is not centrally located in a command and control centre. Rather, it is dispersed, shared and circulated throughout the system: communication and collaboration are key elements of complexity theory (Cilliers, 1998).…Schools exhibit many features of complex adaptive systems, being dynamical and unpredictable, non-linear organizations operating in unpredictable and changing external environments. Indeed schools both shape and adapt to macro- and microsocietal change, organizing themselves, responding to, and shaping their communities and society (i.e. all parties co-evolve). (pp. 21–22)

As this description illustrates, to study the experience of teachers, we must look at the full complexity of the systems in which they operate; students, families, colleagues, school culture, district and state policies, and school funding all impact each teacher's experience, in addition to their interactions with the medical system, our wider cultural system and on and on. The context of each story is just as important as the story itself.

Connections to Other Theories

Complexity theory has been argued to intersect and align with post-structuralism and post-modernism—specifically the ideas of Foucault and DeLanda (following Deleuze)— Dewey's pragmatism, and chaos theory, from which it emerges. I will offer a brief review of the arguments surrounding those connections and then situate myself in these arguments. As noted above, Mason (2008b) explains that complexity theory rises

out of chaos theory and "shares chaos theory's concern with wholes, with larger systems or environments and the relationships among their constituent elements or agents, as opposed to the often reductionist concerns of mainstream science with the essence of the 'ultimate particle'" (p. 36). He additionally connects complexity theory to pragmatism as it "does not exist at the meta-level of idealism or abstracted theoretical models but is immersed in the way things are. Complexity theory is pragmatic in its philosophical orientation" (p. 41). Additionally, Mason (2008b) connects complexity theory with "Foucault's emphasis on 'polymorphous correlations in place of simple or complex causality'" (pp. 39–40). Finally, Mason (2008a) connects complexity theory to Foucault's work, writing:

> Notions such as self-organisation, time as an irreversible dimension, and a world of infinite possibility because [complexity theory] is characterised by the principles of openness, indeterminism, unpredictability and uncertainty. (p. 9)

Similarly, Cilliers (2002) writes extensively about the intersections and alignment between post-structuralism and complexity theory. He argues:

> [Because post-structuralism is] based on a system of relationships, the post-structural inquiry into the nature of language helps us to theorise about the dynamics of the interaction in complex systems. In other words, the dynamics that generate meaning in language can be used to describe the dynamics of complex systems in general. (p. 37)

Bryne and Callaghan (2014) similarly "draw extensively on the idea of complex systems as assemblages in DeLanda's (following Deleuze) exact terms" (p. 74). Haggis (2008)

echoes these arguments by "focusing on process, denying the existence of underpinning deep structures, and highlighting (rather than simply accommodating) unpredictability," but notes:

> This approach differs from post-structuralist, or postmodern critiques in offering an account of structure and also of coherence. Structure, however, here relates to processes of dynamic, de-centralised emergence, which are continually being created as a result of local interactions, and which take place in relation to constraints that exist both within and beyond the system. (p. 168)

It is important to note critiques of complexity theory relevant to this project, specifically what some argue is a lack of reckoning with the role of morality and power within complexity theory (Morrison, 2008) and a lack of "predictive utility" (Mason, 2008b, p. 45). I first work to account for power in my analysis by using the concepts of disenfranchised and stifled grief (Doka, 1989; Eyetsemitan, 1998) and *misfit* (Garland-Thomas, 2011) to interrogate the ways power works through systems to impact participants' experiences. Additionally, I follow Mason (2008b) in defining power in complexity theory "as the directional course of the phenomenon that enjoys the dominant inertial momentum over other competing phenomena. The prevailing power structure will sustain and indeed increase its dominance by virtue of what can be simply…understood as the snowball effect" (p. 40). In response to complexity theory's lack of predictive ability, as noted above, my project is descriptive in nature. I aim to share insights from participants about what they believe would have been helpful in their experiences, but I

am not attempting to isolate variables of what caused their specific experience or claim to know definitively what could have made them better.

Complexity Theory's Usefulness to This Project

With those caveats noted, and to build on what I explained above about this project's exploration of intersecting systems of schools, governmental policies, patriarchy, cultures around fertility and grief, medical systems, and bodily systems, complexity theory offers much to this project. To frame my arguments, Byrne and Callaghan's (2014) discussion of the purpose and usefulness of theory generally is helpful. They argue that "the aim of theory is…generating models that can be useful for describing the world rather than predicting outcomes from complex configurations of causes in interaction with conditions" (p. 126). Additionally, they build on Bourdieu to note that "the very role of insights from theory is that they are a starting point for understanding rather than an eternally applicable description to impose on the world" (p. 110). I do not view complexity theory as offering an unquestionable truth about the world or about my participants' experiences. What it does is offer a way to discuss the complexity and uniqueness of their experiences and stories while still having a unifying idea of what systems have impacted those experiences. The systems may be some of the same in each participant's story, but from the unique interactions between those systems and each participant, a unique story emerges (Haggis, 2008).

Complexity theory also allows a strong rationale for my chosen methods and analytical framing. Haggis (2008) explains that the idea of "open, dynamic systems, embedded within and partly constituting each other, whilst at the same time maintaining

their own coherence, allows for different ways of thinking about context, and provides a rationale for the investigation of individuals, difference, and specificity." (p. 173) That is what I do in this project.

Complexity theory also allows for discussion of causes as "muti-factorial. It is impossible to talk about isolating 'key' factors, because all of the 'factors' work together" (Haggis, 2008, p. 173). The unit of analysis is not any one element of the system but rather the entire "web or ecosystem…provid[ing] the nexus between macro-and micro-research" (Morrison, 2008, p. 28). Again, my research is concerned with what individual experiences reveal about the systems in which they operate, oscillating between the micro and macro. I tell the stories of individual women's losses in the context of their individual schools and in the context of our wider cultural and governmental policies surrounding loss. Complexity theory allows for exploration of the idiosyncratic elements of individual stories, as it "makes space for individuality, for the apparently marginal, for the seemingly trivial accidents of history" (Mason, 2008b, p. 38). Human experience and the importance of how each individual views their loss are vital to this study and complexity theory acknowledges "that human settings and activities are necessarily complex" (Mason, 2008a, p. 13). Human agency is always a key factor in the system, including my own agency in hearing, analyzing, and retelling these experiences (Byrne & Callaghan, 2014, p. 65–66). Additionally, complexity theory "helps us to understand situated and embodied experience," vital to this project that deals with an experience that is felt first and foremost through the body (p. 124).

Finally, a focus of my research is on the uniqueness of each participant's story and the need for those supporting parents experiencing pregnancy loss to understand the unique context and emotional experience of each person who has a loss. Complexity theory aligns with this vital point:

> A relational model that recognizes the uniqueness of each woman's feelings and circumstances is important not just for the melding of pro-choice feminism with the diverse experiences of miscarriage [and other types of pregnancy loss], but also for the melding of pro-choice feminism with the experiences of pregnancy and elective abortion. (Parsons, 2010, p. 16)

Multiple studies on pregnancy loss note the variance in meaning ascribed to a loss and thus the experience of loss. Porschitz and Siler (2017) note that "the physical experiences are different for each woman, as are the emotional reactions which can range from a life-changing devastation to relief" (p. 568), and that "grief about pregnancy loss is idiosyncratic and confusing, and depends on the meaning of the pregnancy to the parent(s), including the extent to which the pregnancy was desired" (p. 574). They echo the tenets of complexity theory by noting that "a review of the literature about grief following miscarriage found often-varying—sometimes contradictory—results for such factors as gestational age, maternal age, prior losses, subsequent pregnancy, living children, social support and coping abilities prior to the loss" (p. 574). As I will discuss later, finding themes or trends in grief reactions and experiences among the stories I collected was almost impossible given the variance in contexts and personal experiences.

Conclusion

In this chapter, I explored the most recent and relevant research on pregnancy and infant loss required to understand my participants' stories and the ways in which I will discuss those as emerging from an intersecting series of complex systems. I began by reviewing the literature on pregnancy and infant loss from the past twenty years, covering its impact on parents, our wider cultural silence about grief, how support can improve parental mental health, and the ways that support or lack of support affects parents as employees. I then explored complexity theory as my theoretical framework, laying out its basic tenets and its usefulness for this project. Notably, I argued that complexity theory allows researchers to give weight and space to context and does not require a focus on locating specific variables that cause certain experiences; rather, it acknowledges that variables are many and agency plays an important role in individual experiences. I then connected complexity theory to the research about pregnancy loss, mainly that research has not born out clear correlations between certain variables surrounding loss and the experiences of loss parents; rather research consistently finds that each parent's story is wholly unique, thus making complexity theory an appropriate framework through which to work when trying to tell and explore those stories.

Chapter 3: Methodology

In some ways, the methodology for this project came before anything else. As a student in the Arts in Education track, I have been immersed in Arts-Based and Narrative research from my first year in the doctoral program. When I sat in my very first research methods class, Narrative Research, my second semester in the program, it felt like a homecoming. Having grown up participating in theatre, studying television and film as an undergraduate, and then returning to theatre as a teacher and now college professor, I feel at home in the world of stories. I have written throughout my graduate career about the ways that stories move us far more than numbers and dry detached academic arguments (Brown, 2020, 2022; Brown & Pinkham-Brown, 2024; Pinkham-Brown, 2024). It felt right that my first research class was focused entirely on the power of storytelling in academic spaces.

Since that first class, I knew whatever my project would be for my dissertation, it would in some way focus on the collecting and telling of stories. As I discussed in the introduction, the idea for the topic of this research came to me in a support group that began with a session in which each participant told the story of our loss. Once again, I was confronted with the intense power of hearing and sharing stories. From that experience, I knew a focus on stories from loss parents would be incredibly powerful and important for this study.

My commitment to storytelling only grew as I began gathering the stories of my participants. Their honestly and vulnerability in sharing about some of the darkest days of their lives raised the stakes on this project and made me recommit to the idea that my

main goal was to be as honest and vulnerable in my writing as they were in their sharing. I knew that my methods needed to leave space for the details, the small moments embedded in each tale that carry the weight of these experiences. It is from this desire to let the details of these stories in some ways speak for themselves that my methods truly emerged. Below, I tell the story of how I approached this work, collected stories, and organized them into this project—without losing the voices of my participants—in order to honor their individual stories and my own commitment to the power of storytelling.

Arts-Based and Narrative Research

My work primarily utilizes Arts-Based (Leavy, 2015) and Narrative research (Clandinin & Connelly, 2000), two methodologies that employ artistic practice in data collection, analysis, and/or representation. Both move beyond traditional qualitative research goals to present "rich, textured, descriptive, situated, contextual experiences and multiple meanings from the perspectives of those studied in the field" (Leavy, 2015, p. 182). Employing artistic practices allows researchers to highlight the particulars of experiences and stories from the margins, key to working within a complexity framework. These methods, at their best, harness the power of the arts to create research that is "emotionally and politically evocative, captivating, aesthetically powerful, and moving" (Leavy, 2015, p. 12), again necessary when dealing with a topic as emotionally fraught as pregnancy loss.

Narrative Inquiry

I landed on Narrative Inquiry, a methodology where "narrative is both phenomenon and method… the structured quality of experience to be studied and…the

pattern of inquiry for its study" (Clandinin, 2006, p. 45), as my main methodology for a number of reasons. First, a Narrative methodology aligns with my framework of complexity theory. Next, as I noted above, sharing stories of loss can be incredibly helpful to process grief after pregnancy loss, and finally, I came to this work with background in narrative writing, specifically a playwriting.

Much has been written about the methods suggested by a complexity theory framework. Most often discussed is that complexity theory requires descriptive rather than prescriptive research methods (Mason, 2008a). Writers on complexity theory have suggested researchers engage in case studies, qualitative interviewing, collaborative or participatory approaches including participatory action research, and most notably for me, narratives (Morrison, 2008; Mason, 2008a, Byrne & Callaghan, 2014; Tsoukas & Hatch, 2001). The rationale for narrative centers on the argument that traditional theming in qualitative inquiry strips the data of the intricacies and context that are so important for understanding systems in all their complexity (Byrne & Callaghan, 2014). Haggis (2008) argues that theming lumps together instances which emerge from vastly different settings, each one unique and worthy of exploration in its own context. Similarly, Tsoukas and Hatch (2001) argue:

> Plots give meaning and connection that would otherwise be absent….Providing or invoking a context for meaning making is thus an important part of narrating….In narrative we have a more concrete rendering of causality. It is historical and specific, not general and contingent. (p. 998)

While reading about complexity theory, I found many parallels to Clandinin and Connelly's work on Narrative Inquiry. Clandinin (2006) argues that "individual experiences are shaped by the larger social, cultural and institutional narratives within which they live and have lived" (p. 51). Specifically, there are many parallels between complexity theory and Clandinin and Connelly's arguments for the usefulness of narrative. In fact, Narrative Inquiry's three-dimensional inquiry space: the matrix of "personal and social (interaction); past, present and future (continuity); combine[d] with the notion of place (situation)…with temporality along one dimension, the persona and the social along a second dimension, and place along a third" (Clandinin and Connelly, 2000, p. 50) is echoed in complexity theory. Byrne and Callaghan (2014) note that "the idea of process, of developments unfolding through time, is an essential basis for understanding complex social systems" (p. 201) and that "we are in the messy here and now but in a here and now which comes from the past and goes towards the future" (p. 209). Similarly, Byrne and Callaghan (2014) bring up Cilliers (2002) notion that "knowledge is local, contextual, specific in time and space" (p. 62).

Tsoukas and Hatch (2001) write extensively about the necessity of narrative methods when working with complexity theory. They argue, again harkening to the three-dimensional inquiry space, that narrative allows for the preservation of time as a contextual factor in knowledge building as "narratives are far more complex than propositional statements in which…time is absent" (p. 1007). They also argue for narrative's ability to make the interpretation plain, creating a second order of complexity, with the narrator/researcher's complex personhood remaining ever-present and becoming

part of the story. Put simply, Tsoukas and Hatch (2001) conclude that "a story told presupposes a storyteller" (p. 999). These arguments mirror Clandinin and Connelly's (2000) argument that "narrative inquirers cannot bracket themselves," but rather "are part of the metaphoric parade" (p. 47). Finally, Clandinin (2006) echoes the calls for participatory and collaborative methods seen in the work of complexity theorists.

Importance of Narratives in Loss Experiences

In addition to its ideal fit with my chosen theoretical framework, narratives are often also an integral part of healing from pregnancy loss. As Layne (2003) writes about extensively, pregnancy loss interrupts the expected narrative of pregnancy and often forces women to "revise the story" of their lives and themselves (p. 6). Sharing personal stories of loss and grief are the structure on which many support groups are built, with Irvine (1999) calling support group participants "a storytelling population" who primarily benefit from the opportunity to work through the "narrative wreckage" of their loss (as cited in Layne, 2003, pg. 47). The support group spaces allow parents to grieve the stories they were writing for their lives, the characters lost, the plots interrupted, and "future chapters or episodes [now] unimaginable" (Irvine, 1999, as cited in Layne, 2023, p. 47). Lindemann (2015) argues that this loss is acutely felt because cultural stories around parenthood and pregnancy form yet another system interacting with those experiencing loss; expectant parents take on the identity of an expectant parent which comes to us from shared "stories and story fragments…[that] are socially shared master narratives familiar to us all" (p. 80). Part of the grief in pregnancy loss, then, is the loss of an identity tied to a comforting and easily understood shared story:

> Although the stories are multiple and differ from one another, they all converge on the birth of the child-to-be. The baby is wanted, the mother-to-be grows it, so the baby comes. Because the plot is, at bottom, that simple, it's easy for family, friends, and society at large to make sense of who the woman is. She expresses who she is by what she does…and this expression is recognized by others who respond accordingly. (pp. 80–81)

Parents then use support groups as a space to also craft a new story of their lives and their futures. Pregnancy loss could be seen as similar to illness, which Sukovic and Serrato (2017) argue when they draw on Arthur Frank's (2013) work to discuss the aftermath of their miscarriages. Frank argues that illness, and in this case, pregnancy loss, requires stories to "repair the damage that illness has done to the ill person's sense of where she is in life, and where she may be going. Stories are a way of redrawing maps and finding new destinations" (p. 53) after the original story of the pregnancy has been interrupted and lost.

Ethnodrama

I couple my use of Narrative Inquiry with the Arts-Based methodology of Ethnodrama, the creation of a script that "consists of analyzed and dramatized significant selections from interview transcripts, field notes, journal entries, or other written artifacts" (Saldaña, 2003, p. 218). The reasons for analyzing and presenting my data through ethnodrama are multiple. First, I am drawn to ethnodrama for its "ability…to get at and present rich, textured, descriptive, situated, contextual experiences and multiple meanings from the perspectives of those studied in the field" (Leavy, 2015, p. 182). It

allows a presentation of multiple characters' specific and unique experiences, opinions, and situations, again echoing the calls from complexity theorists for a narrative methodology. Similarly, I draw heavily on Saldaña (1999) who argues there are shared goals between qualitative researchers and playwrights as they both work to engage readers and audiences in compelling texts about human experiences. Ethnodrama allows me to best capture the emotional experience of pregnancy loss and the specific, heartbreaking details of each of my participants' stories, in their own voices rather than attempting to shave away the unique edges of each story to fit them into clearly defined themes. As Leavy (2015) argues, Arts-Based research promotes "the kind of dialogue [that] is predicated upon *evoking meanings*, not denoting them" (p. 14), thus allowing audiences to emotionally engage with and grapple with the stories illustrated without being fed easy or obvious answers to complex issues. I hope this will promote dialogue and reflection in audience members and readers. Finally, I feel a responsibility to produce work that will be compelling to my participants and those they may wish to share their stories with, in exchange for their time, effort, and vulnerability in sharing their stories with me. Creating an easily accessible, artistic work helps achieve that goal.

In addition to its compatibility with my theoretical framework and research goals, creating an ethnodrama is compatible with my past work and identity as a writer and theatre artist. I have been writing scripts since high school and, in the theatrical space, consider myself more a writer than anything else. I have taught playwriting to my high school theatre students and currently teach playwriting at the collegiate level. I could not

waste the opportunity to explore the intersections of my research and artistic skills in this project.

Feminist Research

In addition to Arts-Based and Narrative methodologies, my research also draws from feminist research methodologies. At its most basic level, feminist researchers see gender as central to understanding the systems and power structures that shape our lives (Lather, 1992). Feminist theory and methodology are useful to my project as they open up discussion of the ways that my participants personal experiences are political and the ways patriarchy and gender operate as complex systems that intersect with my participants embodied and emotional experiences of pregnancy loss (Cacciatore, 2009). Lind and Deveau (2017) argue that they find it "nearly impossible to experience pregnancy loss—with its attendant gendered assumptions, mythologies, and identity conflicts—without also grappling with an understanding of how our experience of loss was embedded in the nexus of social power relations we have committed our lives to studying" (p. 1). In taking up this project, I also saw myself as answering the call from Layne (1997) for a "more liberatory discourse around pregnancy loss" (p. 304), given the historical silence of feminists around the issue, as discussed in Chapter 2 (Cacciatore & Bushfield, 2008; Layne, 1997; Lind & Deveau, 2017).

In terms of my methods, a feminist research stance allowed me to acknowledge that this research is personal and political, and that my values and embodied knowledge of pregnancy loss permeate this work (Fine, 1994; Lather, 1992). In practice, this looked like me engaging in dialogic interviews with my participants and frequently disclosing

about my own losses, which I discuss more below. I also discuss my decision to include my own story in my ethnodrama, despite warnings against the practice from Saldaña (2011). It felt in line with feminist methodologies to acknowledge that I am not just the author and researcher but also a loss parent who knows the physical and emotional pain of loss.

Additionally, I modeled my research after Lather's (1986) description of feminist research as reciprocal even when it is not participatory. She describes reciprocal research as dialogic and seeking to help participants heal. She also argues that research can help participants more deeply understand their own experiences and even work to change their circumstances (Lather, 1986). With this vision in mind, I worked to make my process useful and healing for my participants, rather than seeing them as vessels to extract information from for my own professional gain. I worked to honor my participants' losses and children through my writing and in discussions. I sought to have my interviews model what I learned from and experienced in my support groups so that they would feel like safe and healing spaces for my participants. I continued this reciprocal relationship by sharing drafts of my writing and analysis with participants as a check on my work.

Additionally, I see this work as a supporting my participants' advocacy efforts. Several of my participants have worked to lobby for federal legislation that would increase federal funding to study stillbirth prevention, for state legislation that would expand family and medical leave for those experiencing pregnancy loss, and for district

contracts that would include bereavement leave for pregnancy loss. Throughout the research process, I shared preliminary findings with participants to aid in these efforts.

One caveat to note is that feminism has often been accused of a gender essentialism, which is obviously at risk of arising when talking about physical and embodied experiences like pregnancy and pregnancy loss. Women are not the only gender that experiences pregnancy, and parents of any gender can experience the emotional devastation of pregnancy loss, even if they are not carrying the pregnancy. Complicating the picture, though, is research that has shown that mothers and fathers—the language used in the study—do not proceed through the grieving process at the same rate or in the same way. Mothers were found to grieve more intensely and for a longer period of time than fathers (Moscarello, 1989). Given my focus on context and complexity, I acknowledge that it is difficult to make a sweeping generalization about what gender(s) experiences what kinds of grief and for how long. For this project, though, I chose to focus on birthing parents, specifically, as I wanted to grapple with both the physical and emotional fallout of loss, which can only be experienced by the birthing parent. I did not put out a call to any specific gender, but the participants who volunteered all identified as cisgender women, so I will refer to them as such throughout this project. That all my participants identify as women makes using a feminist framework feel all the more important.

Methods

Having described my chosen methodologies for this project, I will now move to describing my specific methods and research process. In this section, I will describe

participant recruitment and how I conducted interviews; coding data, creating narratives, and writing an ethnodrama; and how I thought with theory.

Recruiting Participants and Conducting Interviews

I began this project in December of 2022 by putting out an invitation to participate in this study in several online spaces. I posted recruitment images to my social media accounts, on Reddit forums for loss parents, and through partnering with Start Healing Together, a non-profit organization focused on supporting teachers through infertility and pregnancy loss (Appendix A). I also reached out to RTZ Hope, the organization through which I had attended support groups, to share my call but did not receive a response. I had hoped to tap into a more diverse participant pool through partnering with RTZ Hope as they have support groups specifically for parents who are queer and parents who are Black, Indigenous, and People of Color (BIPOC).

My call invited participation from anyone who had experienced pregnancy loss within the last ten years while employed as a teacher in a K–12 setting. The ten-year time frame was somewhat arbitrary, in that there have been no significant changes to legislation or policy that marks the past ten years as unique for loss parents; however, grief morphs and changes significantly over time, so I hoped to talk to parents whose loss was relatively recent. Similarly, the culture around loss, especially post-*Dobbs* in the United States, has shifted in ways that impact the experiences of those with more recent losses. My call specified a desire to talk to teachers, but I did end up allowing participants who worked in schools in other capacities, including service providers and administrators. This decision stemmed from the fact that many aspects of the role of

teacher that interested me—interacting with school systems, governmental policies, and children—were true of these roles as well.

The online posts invited those interested to click a link that led to my longer recruitment letter (Appendix B). The letter gave more details about the study and invited them to either fill out a form or email me directly to convey their interest in participating. (Appendix C). The form received 206 responses, most coming from a post on Start Healing Together's Instagram page. The founder of Start Healing Together noted that it was her most viewed and shared post that year. I had originally planned to hold one-on-one consent conversations with potential participants, but once I had received over 100 responses, I pivoted. Upon receiving their email or form response, I invited potential participants to view a video which detailed the study and the consent form, and then asked them to sign and return the form if they wished to move forward with participation. I received 60 signed consent forms.

I then invited participants to answer questions via email questionnaire (Appendix D). Of the 60 invited to answer questions via email, I received 39 completed questionnaires, two of which were eventually omitted from analysis as they were from non-birthing parents. After sending multiple reminder emails about questionnaires to the participants who signed consent forms but had not yet responded, I invited the remaining participants to attend Zoom interviews to answer the same questions. I hoped this would lower the barrier to entry for folks who did not feel comfortable writing their entire story down. I conducted six interviews via Zoom, including two with participants who, in addition to identifying as loss parents, identify as community experts and activists who

work to support parents through pregnancy loss. Interviews were roughly one hour long and were recorded. Recordings were then uploaded to and transcribed by Otter.ai.

I approached my interviewees from a feminist perspective, with an intentional focus on "non-hierarchical interviewing; empathy, rapport, reciprocity, and the investing of one's identity in the research relationship" (Doucet & Mauthner, 2008, p. 343). At the beginning of each interview, I reframed the purpose of the study and reminded participants that they could skip any question or end the interview at any time. I confirmed with them the topics they did or did not feel comfortable discussing, then I began the interview with less emotional questions, such as the location of their school and their previous roles, before slowly moving towards more difficult topics.

Throughout the interviews, I openly shared with participants about my loss experience and my experience returning to work as a professor, both to validate their experiences and to build rapport. I also regularly shared findings from my literature review to further validate what they experienced. One finding that I brought up multiple times was that grief does not increase with increased gestational age, as several of my participants had losses that were earlier than mine and caveated that they felt their loss was not as devastating as mine. I used this research to assure them that their grief was indeed as valid as any I felt, and that I would not be someone who would diminish what they had experienced in any way. I hoped this would help to lessen any feelings of hierarchy among us when it comes to our identities as loss parents. Relatedly, through these interviews, I saw myself as both insider and outsider (Doucet & Mauthner, 2008). I have experienced loss, but not the same types of loss as each of my participants. I worked

previously as a K–12 teacher, but I did not experience my loss while in that role. I shared these feelings openly with my participants, again, to build trust and rapport and align with my values as a feminist researcher.

The demographics of my forty-three participants are shown in tables 1-8.

Racial and/or Ethnic Background	
White	**38**
Latinx	**3**
Black	**1**
Filipino	**1**

Table 1: Participants' racial and/or ethnic background

Gender Identity and Sexual Orientation	
Female/straight	**37**
Female/bisexual	**5**
Female/pansexual	**1**

Table 2: Participants' gender identity and sexual orientation

One Time or Recurrent Loss	
One time	**55.81%**
Recurrent	**44.19%**

Table 3: One time or recurrent loss experience

Type of Loss	
Miscarriage	**13**
Stillbirth	**9**
Termination for Medical Reasons (TFMR)	**4**
Stillbirth, Miscarriage	**3**
Ectopic, Miscarriage	**2**

Premature Birth/Infant Death, Miscarriage	**2**
TFMR, Miscarriage	**2**
Miscarriage, Chemical Pregnancy	**2**
Premature Birth/Infant Death	**2**
Miscarriage, Infant Death	**1**
Miscarriage, Chemical Pregnancy, Blighted Ovum	**1**
Stillbirth, Chemical Pregnancy	**1**
Abortion, Miscarriage	**1**

Table 4: Type of loss experienced by participants

Grade Level	
Elementary	**19**
High	**12**
Middle	**7**
Middle/High	**1**
Not specified	**4**

Table 5: Grade levels participants worked with

Role(s) in the K–12 Education System at the Time of Loss(es)	
Classroom Teacher	20
Specials Teacher	8
SPED Teacher	5
Instructional Support	3
Classroom Teacher, Administrator	2
Counselor	1
Classroom teacher, Instructional Support	1
Psychologist	1
Student Teacher, Classroom Teacher, Instructional Support	1
SLP	1

Table 6: Role(s) in the K–12 education system at the time of loss

School Location	
Suburban	20
Urban	17
Rural	5
Not specified	1

Table 7: School location at the time of loss

School Type	
Public	33
Private	5
Charter	3
Not specified	2

Table 8: School type at the time of loss

Coding Data

Following transcription, I imported all questionnaires and interview transcripts into NVIVO. I initially engaged in descriptive coding (Saldaña, 2021), not to theme the data but to find the shape of the stories being told. I coded by events in the storyline of pregnancy and loss to attempt to find connections between the stories. This led me to codes such as "trying to conceive," "getting pregnant," "pregnancy experiences at work," "loss experiences," "returning to work," and "wishes for support." Again, the purpose of this was not to flatten or simplify the data but rather to wrap my head around the stories and to focus in on the myriad of possible emotional reactions to moments such as dealing with the physical aftermath of loss while on campus or returning to work and facing the community reaction to your loss.

Scripting an Ethnodrama

Once the stories were organized into similar chronological storylines, I analyzed and organized my interview data into an ethnodrama. The process for coding this data was identical to my coding for the second person narrative below. Rather than boil my participants words down to descriptions of experience as I did in the narrative, however, I took their exact words and edited them down into monologues and dialogue—the "juicy stuff" as Saldaña (1998) calls it—and I imagined my participants in conversation with each other. In editing into monologues, I removed superfluous words and phrases and edited participants' stories to the most salient moments. I did not change or add any words to their stories—only sculpt the words they used into cleaner, shorter versions. The only dialogue I did add was occasional responses or affirmations between the

participants. I attempted to model this language after the language they used with me in our interviews. Given the ubiquity of support groups in the loss experiences of my participants and in the literature around grief after pregnancy loss and given that the idea for this work came to me in my own pregnancy loss support group, I decided to set the play in a support group. Support groups are spaces where, as noted above, loss parents grapple with the stories of their pregnancies and their lives in the aftermath of loss; they also find comfort in hearing the stories of each other's losses. It is a place where these conversations and sharing of stories could conceivably be taking place.

In addition to the words and stories of my participants, I decided to include parts of my own story in the ethnodrama, as discussed above. I did this for several reasons. First, as discussed above, I regularly shared my own experiences with participants in my interviews, both to build empathy and rapport with my participants and, perhaps selfishly, as a means of further healing through retelling my own loss narrative and having my participants as supportive witnesses to my story (Doucet & Mauthner, 2008). It also felt important to me to step into the same vulnerable space I asked my participants to step into, to share the story of one of some of the worst days of my life to both bring about change and honor my daughter.

Writing a Narrative

In addition to analyzing the data from my interviews through writing an ethnodrama, I took the data from the questionnaires and restoried them into a chronological, second-person narrative that weaves together all the stories I received, attempting to account for all the possible twists, turns and emotions of experiencing

pregnancy loss as a teacher. To do this, I pulled up each code, which was essentially a plot point, and gauged if there were any similar experiences I could collapse into one potential option. Then I took stock of all the variance in each plot point—for example, all the ways participants experienced returning to work—and wrote them into one narrative section. For each plot point, I worked to include participant quotes that were too unique or too vivid to collapse into the more general narrative.

The story starts with trying to conceive and getting pregnant, moves through experiencing pregnancy while teaching—sharing or not sharing, dealing with physical and emotional challenges of the pregnancy—then turns to the loss story. Then there is the immediate aftermath of grief and trying to negotiate leave with the school. The story then moves into the emotions surrounding going back to school and the community reaction to the situation. Finally, the narrative ends with going back to work (or deciding never to go back to work) and the lasting impact of that experience on their identity.

My intention is to create a narrative of possibilities, to attempt to capture the uniqueness of each participants' experiences, while also attempting to condense over thirty stories into one narrative without losing the complexity of each. I landed on this approach after my initial readthrough of all the questionnaires, during which I realized that findings patterns was going to be impossible. The only common threads were participants' wishes for more tangible support—such as more bereavement leave, more flexibility and understanding from administrators and colleagues, more control of their experience.

But their actual experiences were incredibly varied.

Trends I hypothesized I would see prior to conducting my interviews did not materialize. There was no clear pattern of who left their schools and who stayed, of what types of schools were supportive or not, or of how participants shared their pregnancy or losses. This left me more interested exploring the particulars of each situation and how hard it was and is to navigate pregnancy and loss. As complexity theory posits, I could not remove each participants' story from their school environment, their local and state policies, or their type of loss. The complexities of each system impacted each participant's story of pregnancy and loss. Additionally, I was drawn to the idea of a second-person narrative to put the reader in the position of the participants, to help readers see (as best they can) how disorienting, confusing, and unexpected this experience can become.

Thinking with Theory

The final methodology I employ to analyze my participants' stories is *Thinking with Theory* (Jackson & Mazzei, 2012). This process sees theory not as a "thing," but as a generative act that complicates rather than simplifies the data (Vagle, 2014, pp. 142–143), similar to the earlier discussions of "theory [as] a starting point for understanding rather than an eternally applicable description to impose on the world" (Byrne & Callaghan, 2014, p. 110). To Vagle (2014), "thinking with theory is not about articulating a theoretical framework that is then used as a structure that filters what you can and cannot say in your analysis. It is more fluid and multiple" (p. 143). Similar to my reasoning for grounding my research in Arts-Based and Narrative research, *Thinking with Theory* allows for exploring the nuances and specificity of the data rather than

simplifying it; it allows for multiple readings of the same data to find the numerous possibilities contained within.

To do this, I will "plug in" (Jackson and Mazzei, 2012) my participants' stories with complexity theory and the concepts of disenfranchised and stifled grief (Doka, 1989; Eyetsemitan, 1998) and *misfit* (Garland-Thomas, 2011). *Plugging-in* is a non-linear analytic process that involves analyzing the same segments of data through the lens of different theoretical concepts. This process allows for the exploration of multiple meanings, possibilities, questions, and ultimately, for the creation of new knowledge rather than the simplifying of data to fit into previously known frameworks. This will result in a text that teases apart moments of my narratives in conversation with different theories and thinkers to find the multiple meanings therein.

To do this, I read back through my ethnodrama and narrative, first through the lens of disenfranchised and stifled grief (Doka, 1989; Eyetsemitan, 1998) and second through the lens of *misfit* (Garland-Thomas, 2011). As I read, I noted quotes that stood out to me as particularly striking, vivid, or important to the narrative. I then analyzed those moments through the lens of disenfranchised and stifled grief and *misfit*. Then, I did a second read through of the original writing from my participants—going back to my original codes in NVIVO under different "plot points"—looking again for moments I may have missed in my narrative. I again pulled those quotes into a document for each concept to then read through that lens. Finally, I explored these moments when participants' grief was or was not disenfranchised, and when they did or did not fit within

systems, to see if I could figure out what, if anything, in those systems moved them towards a more positive or negative experience.

Conclusion

In this chapter, I explained my choices to situate this work in Arts-Based, Narrative, and Feminist methodologies. I explained their deep compatibility with my theoretical framework of complexity theory, with my own background as a teacher and artist in theatre and playwriting, and with the pregnancy loss community. I then told the story of my work on this project, from participant recruitment, through interviewing and finally analysis through Arts-Based methods and *Thinking with Theory*. Through this chapter, I hope to have illustrated the ways this work straddles the line between traditional qualitative and Arts-Based methodologies much like I see myself straddling the line between artist and researcher.

Chapter 4: Analysis Part 1 – The Ethnodrama

Below is my ethnodrama generated from interview transcripts with six participants, four of whom identify as loss parents and two of whom experienced loss and now work supporting loss parents through advocacy work. As noted in Chapter 3, the goal of this work was to present my participants' stories in their full complexity and context. I also hoped to highlight how important sharing and hearing stories of loss in a support group can be for many loss parents' healing, including my own.

A few notes about the structure of and choices in this piece: first, the Facilitator is a stand-in for me and my role in interviewing my participants, as I shared openly about my own loss and about my research in our interviews. The scene headings align with the codes I used to organize the stories narratively into discrete plot points to weave the stories together more easily in this piece. Lastly, all dialogue is pulled directly from interview transcripts, except for some transitional dialogue and moments of connection between the participants. I modeled this dialogue after my one-on-one conversations with participants and what I experienced in my own support groups.

The Script

This piece is intended to be easily performed as anything from a staged reading to a full production. I envision this with a minimal set but creative use of lighting and sound design to create the ambiance of key moments.

CHARACTERS

Facilitator (white woman, mid-30s)

Erin (Latina, mid-30s)

Alison (white, late 30s)

Kate (white, mid-30s)

Jackie (white, early 30s)

Liz (white, early 30s)

Karyn (white, late 30s)

SCENE 1: INTRODUCTIONS

The stage is set with seven chairs in a semicircle. As the lights dim, Taylor Swift's "Bigger than the Whole Sky" plays.

GOOD-BYE, GOOD-BYE, GOOD-BYE

YOU WERE BIGGER THAN THE WHOLE SKY

YOU WERE MORE THAN JUST A SHORT TIME

AND I'VE GOT A LOT TO PINE ABOUT

I'VE GOT A LOT TO LIVE WITHOUT

I'M NEVER GONNA MEET

WHAT COULD'VE BEEN, WOULD'VE BEEN

WHAT SHOULD'VE BEEN YOU…

In the darkness, THE FACILITATOR walks to center stage. A spotlight hits her as she speaks, the music continuing softly underneath the dialogue.

FACILITATOR: This morning, I picked up my daughter's ashes from the mortuary, right after a mammogram but before I ran to CVS. I picked up her ashes, and I laid them on the passenger seat, safely nestled between my water bottle and some newly purchased Q-tips. Not the way I

envisioned driving my daughter home for the first time. The last time we were in the car together was months ago, when I felt her move for the last time. I didn't know that then. I would give anything to feel her tiny feet kicking inside me again. Now I can only see them in the hospital mold that's still sitting in my neon green Trader Joe's bag in her empty nursery. We left it there the day we came home without her. I've been wondering when I'll ever be able to use that bag again. I'd envisioned so many future moments in the car with my daughter—blasting some Taylor Swift and seeing her little head bobbing along in the backseat. Playing white noise and praying she wouldn't wake up from a much-needed car nap. Giggling about something funny that happened to her at daycare. Begrudgingly listening to an obnoxious kid's song for the thousandth time because it's the only thing she'll listen to without screaming. But I never pictured this—me sitting next to a tiny box, picked up from a warehouse in between inconsequential errands on a random Tuesday in October.

She sits in the center chair and gathers herself, waiting. The support group members—ERIN, ALISON, KATE, JACKIE, LIZ, and KARYN—trickle in, one or two at a time.

FACILITATOR: Thank you all for joining me today. I know it isn't easy to ask for help, to share your stories, so I want to applaud you taking the step to show up and be here. I thought we'd start with some

introductions, just to get to know each other a bit. Why don't we go around and share what and where we teach or taught when we had our loss or losses. Karyn, can you kick us off?

KARYN: Sure. (*To the group.)* Hi—I'm Karyn—I work at a public school in rural Vermont. It is a pre–K to six school. At the time of my loss, I was a Title One teacher, but I'm an academic coach now.

Facilitator gestures to the next woman in the circle to continue introductions.

KATE: I'm Kate—this is my ninth year in my position at a suburban school in New York. My first miscarriage was in 2019, so I was about five years in at that point—I've taught fourth grade for eight of the nine years; the year of the COVID shutdown, I taught fifth grade.

ERIN: Hi all—I'm Erin. My current title is lead teacher trainer. I work with our newest teachers at a virtual school in California.

LIZ: I'm Liz—I'm no longer in the classroom, but I taught in Washington DC at a public elementary school—first grade. It was my seventh year when I experienced the loss.

JACKIE: (*Waves.*) I'm Jackie. I teach in a very affluent district in New Jersey: lots of white-collar jobs, very high achieving students. I've been there for about ten years. When I had my first loss, I was a brand-new hire to my district—it was my third school since beginning teaching in 2010.

ALISON: I guess it's me—I'm Alison. I teach across multiple schools—usually two—as a dance teacher for an urban district in California.

FACILITATOR: Thanks all—I'm glad to be here with you. I've heard from each of you that while you've found some community after your losses, the specifics of teaching while suffering a pregnancy loss are unique. I'm hoping that this community can be one of support for you all. Before we get into the specifics of our loss experiences, I'd love to start with some easier questions, just sharing what our experiences were like at our schools prior to loss and through our pregnancies. Karyn – are you ok kicking us off again?

SCENE 2: RELATIONSHIPS PRE-LOSS

KARYN: Yeah – I will say, though, that this is a tricky question for me, because I had several miscarriages before I lost my son, Kalen. I'd been teaching for eleven years before my first loss; I had established relationships, since it's a small community, just one cohort per grade, and I grew up in the area. Most of the staff gets a job there, and then they stay for a long time. People live out their careers there. It feels more like a family. In fact, my mother-in-law was our school secretary.

KATE: I'm in a similar boat—I've had multiple losses—my first miscarriage was in 2019, so I was about five years into my employment at my district, but I'd been teaching for longer than

that. I've always had a very good relationship with the people in my building; it has felt like home to me since day one. I'm very lucky.

JACKIE: I'll join the chorus of recurrent losses. When I had my first loss—a missed miscarriage—I was a brand-new hire to my district, but I was already a star teacher. I only say that because things have changed so drastically since I started my advocacy work, but at the time, I was incredibly excited to begin in such a good school district, and teaching was a major part of my identity; I thought of little else other than my job. I was a teacher that all the kids wanted to have for English, but beyond that, I didn't really know any of the supervisors beyond polite conversation.

ALISON: I'm in a bit of an odd position—I have good relationships at my schools, but as an itinerant teacher, I jump around, so I can only build limited relationships because I'm only there for nine weeks at a time, but I see the same students every year, so it's like a reunion every year.

LIZ: It was my seventh year when I experienced the loss. I was at the same school my whole career until I left after my loss. I'm still very, very close to more than half of the families of kids that I taught. I private tutor a lot of my former students, which is nice, so my school community was absolutely great.

ERIN: I guess I'm the lone wolf who switched schools, but I've also been through multiple losses. At my first school, I was very, very involved. I was a drama and English teacher, but drama was where my heart was, I was there at six in the morning until ten o'clock at night some days, setting up, building sets with the kids. But in my three years there, I had five principals. The principal who was there when I left—we didn't have the best relationship, but my students loved me, and I loved them. I got along great with the other teachers. At my current school, I also have a positive relationship with my bosses and the other staff, but it's less of a community being online.

FACILITATOR: It seems like we were all starting off in a good place with our schools. Let's dive a bit into our time or times being pregnant at work.

SCENE 3: PREGNANCY EXPERIENCES

Throughout the following scenes, participants may get up and "act out" their monologues more and more as they become engrossed in their stories. They should be spotlighted as they get out of their chairs and use the space to tell their stories.

KARYN: I'll focus on my pregnancy with my son for the rest of our conversation. When I was pregnant, I remember feeling really excited. I felt like I was skipping down the hallways most days. I work with such young kids, so many of them didn't even realize I

was pregnant, but parents recognized that I was pregnant, so I was getting a lot of parent excitement and hugs and all this really positive energy. The community was really rallying behind me.

JACKIE: My high school students *definitely* noticed. There were a lot of rumors before I announced my pregnancy. I struggled to get through each class without calling for someone to cover for me as I battled nausea. I often had to leave my class unattended to run to the bathroom. I'm very small, so all my clothing changed. They knew I was drinking ginger ale at seven in the morning. All the clues were there. Overall, the environment created by staff and students was one of excitement. When they knew my baby shower was coming up, one boy bought me sparkling cider so I could "turn up." Another brought me a bag of oranges and said, "I heard these were really healthy for a baby." I had one student who always carried textbooks for me and move all the furniture whenever I needed it moved. They were all kind and caring.

LIZ: My pregnancy experience was weird because it was during virtual school, so many of my coworkers didn't find out I was pregnant until October 2020. Generally, it was nice because I didn't have to go anywhere. If I wasn't feeling well, I could lie down for ten minutes. Honestly, being pregnant was the happiest time of my

life. I didn't have the pressures of having to go to school every day…Everything had been absolutely perfect.

ALISON: I had a pretty different experience; because I had suffered other losses, I was hesitant to share that I was pregnant, so I kept it hush-hush until I started showing. When I did share, it was strange but also freeing. Like, Yes! I can share; I don't have to hide it anymore! It looked promising—I was further along than I'd ever been. There's just so much fear involved after you've suffered a loss; a pregnancy is not always joyful. You're just balancing the fear and still being happy. I had to keep it to myself for a long time but then to have the students celebrate me and ask me, "What are you having?" and "What are you going to name it?" Getting to do all those things I didn't get to do with the other pregnancies was a blessing to me.

ERIN: I was in a similar boat—even with my full-term pregnancies, I was stressed the whole way through. Physically, I was OK since I work from home; I can't imagine being nine months pregnant at a brick-and-mortar school. It seems brutal. My first pregnancy I was teaching in person, but I only knew I was pregnant for like six days before it ruptured – it was ectopic. My longest pregnancy, other than my full-term ones, was like eight weeks. Every time, I was

testing every day and getting blood work because of my ectopic pregnancies. It was just stress in a big way every time.

KATE: Because of the timing of my pregnancies, I had a very different experience than I feel most teachers would have. I found out about my first pregnancy at the end of October of 2019 and then found out at the beginning of December that I had had a miscarriage, so that was immediately pre-shutdown. My second pregnancy, I found out I was pregnant during the shutdown, so I was teaching from home when we were very new to remote teaching. Trying to juggle being pregnant again after a loss, and basically taking on a brand-new job was tremendously challenging. I found out in May that I had a miscarriage again and wound up having a D&C to end that pregnancy. Unfortunately, they didn't get everything out, which was a miserable complication, so I wound up having to take more time off, go back and have another D&C. It was a lot, all during remote teaching. My third pregnancy was my successful pregnancy with my daughter. We were back in the building, so my doctor basically said to me if any COVID cases pop up in your building, let us know. We had a case pop up right around Halloween, so from election day until I went on maternity leave in the middle of April, I taught from home. It was nice in a way, because I didn't have to worry about getting sick, but it was also

very isolating. Pregnancy after loss is tremendously challenging as it is, but to feel so isolated didn't make the loss anxiety any better. It did give me some flexibility to have therapy appointments at odd times during the day.

FACILITATOR: Thanks for sharing, everyone. Kate has opened the door for us, so if we feel comfortable, I think now would be a good point to talk about our losses—I know this can be both painful and cathartic, but I think seeing those similarities could be healing for us. Feel free to share as much or as little as you'd like.

SCENE 4: LOSS EXPERIENCES

As each participant shares, they should be spotlighted—either literally in light or spatially away from the group. There should be moments in each story where they are back in their loss rather than in the physical space of the support group. Participants can and should get up and use the space to tell their stories. Sound design can also be used to create the ambiance suggested in their stories.

ERIN: I can start—I talk about my losses all the time, because I know so many people don't. We had been trying to get pregnant for a long time and couldn't, so I was doing an IUI. I had taken a two week leave and my loss—an ectopic pregnancy—happened in the middle of that leave, so I just extended it. Then I had my son, and then I had another ectopic and then five miscarriages, and then I had my daughter. All that happened in the past six years.

FACILITATOR: Wow.

ERIN: Yeah. (*Pause; Deep breath.*) So back to my first loss. I was already on leave to get the IUI, but also to get some space from the situation with my principal. It was technically a mental health leave—it was our third or fourth IUI, and it worked. Then, less than a week later, my numbers were dropping. I went to the ER because of spotting, and they said I was fine, but then they noticed the trends in my blood work and realized it was ectopic, so they did methotrexate injections. And that was that. (*Pause; Another deep breath.*) After that, I was done. We were going to adopt. Then I got pregnant with my son. He is our only natural, to-term little miracle. Then when he was around ten months old, we weren't trying to get pregnant. We were going to start trying in a couple months, but we weren't the most careful, and I got pregnant but didn't know. I had what I thought was a period, so I didn't take a pregnancy test or anything. Then the period lasted a week and then two weeks and just kept going, but I still didn't think much of it. I didn't think of prolonged bleeding as an ectopic symptom, but figured I'd call the nurse line. When she heard my history, she said it could be an ectopic and to go to the ER immediately, but I thought that was silly, so I took a pregnancy test just to see, and I was pregnant! Almost eight weeks already, so that ectopic was big.

I talked to an OB who told me I needed to quit breastfeeding and get methotrexate—rather than a surgery—but it ended up rupturing anyway, so the methotrexate was for nothing. When it ruptured, I had won the Teacher of the Year Award, which I was really proud of, because I had a newborn that whole year, and I was being acknowledged for doing an exceptional job. At the meeting, I knew I had the ectopic already—I'd had the methotrexate injection the day before. That morning, I went in for bloodwork to make sure my HCG levels were dropping, and I got the results while I was in the meeting—the methotrexate didn't work. I needed to come to the ER immediately, so I bawled to my boss—who was amazing—and she said "Just go." And I'm like, explaining how I got blood works for results, and she's like "I don't care. Just go." As I was leaving, she goes, "Oh, and by the way, you got Teacher for the Year—we'll send it to you!" I told my husband that I was bummed I didn't get to hear my compliments! (*Laughs*.) At the ER, their solution to give me another injection, and I regret that, because then the next morning, I was in the car feeling some pain, but then it went away, so I'm thinking it didn't rupture. Then, a few days later, my stomach feels really bloated. It was the weirdest thing because it wasn't what they say an ectopic feels like. I should be in excruciating pain, but I just felt bloated, and every time I took a

step, it felt like jiggling. I told my husband I was going to the doctor, and when I got there, I had a liter and a half of blood filling my abdomen. I went into emergency surgery alone; my husband was with the baby, and my mom was running the LA Marathon. That was rough. Luckily the doctor who did my surgery happened to be our fertility specialist, so it was nice to have a familiar face. I'm glad I trusted myself because, I don't know what would have happened if I had waited longer. I had lost so much blood already. After that, it was five miscarriages, one after another. I got pregnant so easily, but I lost them all very early. Given the set-up of my school, it was actually tougher as an administrator than as a teacher. One of my losses was when I had just started this coaching role—I had to do a big whole staff training that teachers were not happy about. I was about eight weeks pregnant, and I was confident but then before the presentation I got an email saying my HCG levels were dropping. It was a miscarriage—I'd again lost something I was so hopeful for and then I had to go and do an hour-long presentation with a bunch of angry teachers. That was the hardest—having to cope with the loss while at work. With the rest, my boss has been very supportive, because I was telling everyone—I know everyone says don't tell people beforehand, but the second I see a positive test, I just start telling everyone. That is

how I coped with the anxiety. I need to talk about it, because if I lose it, I'm going to want to talk about it. The more support and people showing up for me, the better.

KATE: Thanks so much for sharing that, Erin. I had a similar experience. My daughter was my third pregnancy, and she is my only living child. I actually just had another miscarriage last month. It's odd telling this story now, because after I had my daughter, I felt like, Okay, I got better. I can do this—having a living child is a thing that I can actually do. But now, having gone through loss again, a lot of those old wounds get reopened. It's like you get comfortable with what your story looks like, and then everything changes. With each of my losses, my body never figures it out on its own, so I always wind up having to have a D&C. With my first loss, it was eight weeks when I found out that something was not right. They had me wait a week and come back and have another ultrasound just to confirm that everything was not viable, as they had anticipated. By that point, it was three weeks since growth had stopped, and then it was another week after that to do the D&C. The second one I went in at six weeks, five days, and there was a heartbeat. Everything looked good. The baby was measuring two days behind, but they said it wasn't a big deal. I went back at nine weeks one day, and growth had stopped a week before, so again, I

had a D&C at what would have been ten weeks. Then, I had my daughter. I had a planned and scheduled C-section at forty weeks, three days. Girlfriend was quite happy where she was. She was nine pounds, fifteen ounces. She's perfect. Then this last time, I went in at seven weeks, six days, and growth had stopped at five weeks, five days, and I had a D&C two days later. This was the quickest one. Now, they've sent me to a reproductive endocrinologist, because I now officially meet the textbook definition of recurrent pregnancy loss. I guess it takes three to check that box. The first two were due to chromosomal abnormalities, but this last one, I have no idea what happened because the baby had normal chromosomes. With the first loss, I was so baffled, like, I knew that miscarriages happened, but I didn't know of anyone at the time who had one. I found out afterwards that one of my friends had a miscarriage and thank God she reached out because I didn't know what to do with myself. When my doctor said we could do genetic testing to find out what happened, and I was like, Sign me up for that! Because I was just so baffled. I wasn't sure if knowing was going to make me feel better or worse and to be honest, I still don't know. The first one was trisomy two. The second was Turner Syndrome, and this last time, there was nothing abnormal, so I have no idea what

happened. (*Pause; Thinks.*) Actually, I felt better when I had a definitive answer. I can intellectualize that, but this time, if nothing was wrong with her, then what's wrong with me? That's something I've dealt with thinking since the very first miscarriage: what did I do wrong? What could I have done differently? After this most recent miscarriage, at the reproductive endocrinologist, they ran tests I didn't even know existed. They took twelve vials of blood from me, twelve vials of blood from my husband, and everything's normal, which makes me want to burn the world down because this is not normal! I have a follow-up scheduled so I can be like, What the heck happened? You almost find yourself wishing something was wrong so they can fix it.

ALISON: I definitely relate to that—I've had multiple losses as well, but I'll just share about my daughter, Elia. Because I'm older and have had losses, we were going to regular appointments. All the tests were coming back good. At sixteen weeks, we saw her, and the next appointment was going to be twenty weeks. We were just hopeful and excited. Then at the twenty-week appointment, we went to see the ultrasound tech, and she said, "I need to go talk to the doctor. Something's not looking right." We know what that means. She didn't look the same as she did the last time we saw her. Then the doctor came in, took us to a different room, and told

us our baby had passed. She died around the sixteenth or seventeenth week, right after we saw her. He told us you didn't do anything wrong. These things happen. He was like really amazing. Because I was further along, we couldn't do a D&C, so they scheduled delivery at the hospital. I had to wait three days, because the hospital was so busy. I was induced and delivered her eight hours later. It was just a really hard thing. The nurses told us, "I have to warn you, you're in the labor and delivery unit, so you might hear babies," but the whole time we were there, we heard nothing. We believe that was God protecting us in a way from the hurt and pain of hearing those sounds. The nurses took good care of us, but overall, it's a very traumatizing experience. (*Looks around at the other participants*.) Each type of loss is traumatizing. If you lose your baby in the toilet, that's traumatizing. If you lose your baby with the D&C, that's traumatizing. Everything is just the worst, because you had dreams, and they don't come to pass, so each one has been hard in its own way. We've had five losses total, each one at different times, but our daughter, Elia was the furthest along. The different reactions to my losses have been pretty shocking to me. With my earlier losses, people have said, "Oh, well, you'll have another kid," but with Elia, people have felt the grief alongside us. It's hard, though, because I felt grief when I lost

my baby at seven weeks. They just didn't see it because I wasn't visibly pregnant. We need to acknowledge that people at whatever stage of pregnancy have grief when they lose their babies.

KARYN: So true, Alison. I also had multiple losses before we lost our son, which was a very different experience. My water broke prematurely at twenty-four weeks. It was February, and we were hiking when my water broke on a Sunday morning, and then there was an ice storm. Thankfully, my in-laws live really close by, so they were able to get me the very small local hospital. They confirmed there that my water broke but told me I was not in active labor, so they waited out the weather to transfer me to a more regional teaching hospital with a NICU. They reevaluated me there and started monitoring me basically every hour. From there, we lived at the hospital; we met with specialists every day who celebrated us making it another day, because every day past when your water breaks your percentages get better, but then after ten days, I developed an infection. At that point, we had already established a plan with the NICU and our OB team to have a C-section, since he was transverse, so the moment—I mean, like literally the moment—that they said you have an infection, I was prepped for a C-section. At that point, I was twenty-five weeks and three days, and our baby was born alive. At first, he presented

really well for a micro preemie. He was almost two pounds, and his oxygen levels were awesome. They were optimistic, so he was stabilized; my husband went with him when they transferred him into the NICU. Two hours later, I got to meet him and our whole family had arrived, but they had to wait until the next day to meet him. Finally, around midnight, I was able to go to sleep. I was just going to rest and get ready for my family to meet the baby the next day. Just before one o'clock, when I had fallen asleep, a nurse came in and said that he was declining. I didn't even know what that meant. We were in a daze but then our doctor came and said, "You need to come to the NICU now." Mind you, my incision is barely closed so they wheeled us down and he—I don't know if actively dying is a phrase, but he was in the process of dying. (*Pause*.) And it was just devastating. It's still incredibly hard to think about, but I mean…it feels good to think about too, because I've been so consumed with so many other things lately…But at that point there were no more interventions to give him. An infection had flared up, and he became sick immediately; it was just so rapid, and because he was so premature, his lungs were underdeveloped. There was nothing more they could do.

We spent about seven or eight hours with him, just holding him, looking at him. It sounds gruesome to think about, but it really

wasn't. We brought him back to our room; we had him wrapped in blankets, and we spent time hugging him. He was cold, but it felt good to have that time with him. Then we stayed in the hospital for many days after that because I was super sick. We had amazing care; our nurses were phenomenal. (*Deep breath*.) And then we came home without a baby. We have photos from the NICU when he was alive, and we have photos after he died. And no one has ever seen any of those. There's one in my underwear drawer. In the morning, I open it and—I don't look at it every day, but there's a lot of days where I look at it and remind myself that he was real.

JACKIE: He was real, Karyn. I remind myself of the same thing with my son. (*They grab each other's hands for a moment. JACKIE takes a deep breath, looks to ERIN again and begins*.) I can also join the chorus of multiple losses—I had a missed miscarriage in November 2014 at ten weeks along. We were told the pregnancy was "no longer viable" at a follow-up ultrasound appointment. My miscarriage was right before Thanksgiving break—Tuesday night. I went to the appointment, got the news, and went to work Wednesday. They couldn't schedule my surgery until after Thanksgiving, so I had to go to work for well over a week. I thought I would be fine. No one knew I was pregnant anyway, and I'd only been working there for two and a half months. Then, of

course, my students were rambunctious, and I yelled, broke into tears, and then grabbed the first teacher I saw in the hallway, threw them into my room and walked out. She went off on the students; I remember being so embarrassed. Plus, those kids all thought I was pregnant, which I didn't find out until much later. Then, we became pregnant again, and I gave birth to our son, Richard, at thirty-three weeks five days in May 2016. Richard died from heart failure due to a fetal-maternal hemorrhage. He was born via emergency C-section and died one hour later. Because our blood was incompatible, he was Rh+ and I am Rh-, I was given RhoGAM after delivery but not enough. My blood developed antibodies, and my next two pregnancies were isoimmunized and incredibly high-risk.

LIZ: That's awful, Jackie. The trauma on top of trauma we deal with… (*Pause*.) Thanks everyone for sharing about your babies. Speaking of trauma on top of trauma (*Dark laughter*.), I can close us out. It was the end of November, Thanksgiving Day to be exact. I felt a radical movement—I know now that it was erratic, but at the time, it just felt like she was moving around. I felt fine, so I didn't really think anything of it. The day after, I had decreased fetal movement, then Saturday when I was back in DC, I realized I hadn't felt her the whole day, so I went to the hospital by myself. Her father and I

are not married, and we're not living together, so I didn't even tell him that I was going to the hospital. I thought I was just being annoying and freaking out about nothing. On my way out, I walked right past the hospital bag—I mean, everything was already done—we'd had our shower. The entire upstairs was just lined with gifts and diapers. I walked past all of that, thinking I would be home in twenty to thirty minutes. Then I was told she didn't have a heartbeat, then we went through the whole delivery. The only people that were allowed in the hospital were her father and my doula. My mom, my best friend, and her mom all immediately came down from Jersey. My game plan while I was pregnant was to have an unmedicated birth, so I tried to do that for as long as possible, but the more natural modes of induction didn't work—my body was just not having it. I gave into the epidural and within a few hours, she was here. What is so frustrating is that now, I'm a director at PUSH Empowered Pregnancy, and realize, if I had just been educated…I love reading stuff, right? So I read everything about pregnancy, but nothing I read talked about stillbirth and if it did, it was in relation to being high risk or having a pre-diagnosed condition or something like that, so to just know that this can happen when everything is moving along swimmingly is

nauseating to me. Then, as if that was not bad enough, everything with work started to just absolutely explode.

SCENE 5: SCHOOL POLICIES

FACILITATOR: That seems like as good a time as any to talk about what happened at work following your loss, but first I do just want to pause and acknowledge your babies and your losses. It isn't easy to share, and I hope that in sharing, we can both honor each other's losses and build strength in this community. (*Pause.*) Liz, would you mind sharing first what happened after your loss?

LIZ: Sure. I was approved for paid family leave back in October, so I submitted my paperwork from the hospital like I was supposed to. I explained to HR what happened and that I would be back the week of Valentine's Day. Then, I got a response saying, "You're no longer eligible for this leave." That was all—just, "You are no longer eligible for this leave." At first, I thought they must be confused. Maybe he thought I had miscarried? I mean, that is equally traumatic but different when it comes to this logistical crap, so I explained, "No, I delivered my daughter. I also had a surgery." I hemorrhaged after delivering Aaliyah because I could not deliver the placenta, so when I was leaving the hospital, I was told that if I start bleeding out in the next three or four weeks, please go to the hospital. At that time, it was still virtual teaching,

but I still needed time to heal my body. After going back and forth and reading the DC legislation—I'm the only one of my friends that didn't go to law school, so I'm sending it to everyone, asking, "Am I misreading this in my grief or do I not qualify?" And they all said, they didn't think so, that it could be interpreted in a lot of different ways, so I immediately got a lawyer. I thought one scary letter might make them give me the leave. That didn't work. The response was, she has no birth certificate, so if there's no baby, there's no leave. And I lost it, because—(*Pause; defiantly*.) there was a baby. That's what spurred me to post a picture of me and Aaliyah on Instagram, and it just took off. I didn't even have a lot of followers, but people were sending it and tagging people, and the next thing I knew, people from the news were calling me.

The night after I posted that picture, the DC teachers' union called me. I had already looped them into everything that was happening, but they had been unresponsive. Through all of this, not one person from DC Central Office called me to explain any of this. This was all through email. No one even responded in a timely fashion. Nobody called me or my lawyer to try to hash it out or to further explain their stance. Nothing. No one asked how I was—I mean, my kid is dead. How was nobody calling to say, "I'm sure you're super traumatized—let's figure this out." None of that. So anyway,

the union president called me and said, “I know exactly how you’re feeling. I had a miscarriage, but what you’re doing is causing problems. You calling out DC public schools on your Instagram is gonna get you in a lot of trouble. You should take the post down.” To which I said, “Fuck you. I’m not doing that and don’t ever call me again.” She said that she was getting calls left and right from teachers saying, “Why aren’t you doing anything to help her?” She basically said, “You’re causing problems. You’re gonna regret this. I know you’re so upset, but this isn’t the way to do it. They’re gonna come after you, and you’re making everybody look bad.”

JACKIE: That is absolutely ridiculous.

LIZ: Right? It’s especially frustrating because it’s not like they were involved in the first place. I was CCing them on everything, but no one was responding. I never even spoke to the union rep for my school. I’m close with my school union rep, but there wasn’t much she could do because other people just weren’t responding. It was almost like DCPS told the union, “tell her to shut up.” And obviously, I was not going to. And in terms of union protections, I could have filed grievances, but in DC that process gets nowhere one hundred percent of the time. I realized no one was going to help me, so I ended up draining my sick leave to stay out until the

week my doctors told me to—the week of Valentine's Day in February. Before all this, I had no knowledge of FMLA, but when DCPS cancelled my leave, they committed FMLA violations. I was so focused on the paid leave stuff, but they had completely cancelled everything, even unpaid leave, which they should not have done without proper documentation. I was told if you are going to be out for that long, you need to provide documentation, to which I said, I already did provide documentation. I delivered a child. I'm sorry that she was dead, but I still delivered her. Then they made me do the whole FMLA application all over again in which I had to explain, "I need this leave because my child died." That's really traumatizing, but the leave was never given, and even when my lawyer inquired about short-term disability, they were just like no, you have to come back to work. Originally, I was not going to use my sick leave, which is why I was so stressed. I was thinking, Oh, my gosh, when I get pregnant again, I'm not gonna have any sick leave. But there were no other options. There was no empathy. Even when the head of HR called, she gave no other solutions. She just said, "You don't qualify, because you can't get a birth certificate." And "oops, sorry, we cancelled your FMLA. You have to go through the whole process of reapplying."

It was so ridiculous because I could see it being a sticky issue if I wasn't already approved, but I was already approved. It was already budgeted for. It made no sense if the DC health department and the police are giving leave when people experience stillbirth, why is DCPS reading the law in such an inhumane way? Nobody could answer that question. Nobody still will answer that question, which is why we're still involved in a lawsuit. Because nobody wants to define the birth of a child, and I understand that. But I didn't choose to have Aaliyah die, and even if I did, that's not anyone else's business but my own. I don't know what was so hard to understand. In some ways, it was more complicated to revoke the leave. I was worried that my long-term sub was gonna lose her job. They ended up fitting her in somewhere else, but it shouldn't be my responsibility to have to worry. I should just be crying on this couch, figuring out the next steps for my everyday life, not thinking, what am I going to do about work? Why do I have to pay thousands of dollars to a lawyer? Why is this law not written properly? None of that was needed during that time at all. You need time for your body to recover! That is the hardest thing with this whole paid family leave situation is that we as advocates need to keep the argument to "our bodies need to recover." Because this country is not ready to talk about mental health yet, so the second

you bring in the mental health aspect, lawmakers are like, no, no, no, no. But if you talk about how I could bleed out right here in this classroom…That's what's changing the conversation, which I don't agree with. But if it's gonna get what we need to get passed, passed, then fine.

JACKIE: I'm so sorry you went through that, Liz. It's unsurprising we both ended up in advocacy, since I was in a similar boat with my district and union. I never even applied for paid family leave, which in New Jersey at the time was six weeks—now it's twelve—at eighty-five percent of your paycheck, but I wouldn't have qualified because if you're not caring for someone else, you don't qualify. I was just at the State House on Thursday arguing to change this. So, my contract stated that I could receive five days of bereavement leave for loss of a child. I was granted those five days. My teachers' union recommends that we purchase private disability insurance, and I received a one-time payment after giving birth. Other than that, there were no policies in place. Other than the disability payout, my leave was unpaid. That's why I took a summer job. No one talked to me about other leave options. In my district, you use all your sick and personal leave until they're exhausted. I actually didn't even ask for the bereavement leave.

Our secretary was very kind, so I realized she made the decision to put them in.

ALISON: Wow. I feel lucky that I had an amazing boss. I texted her what happened and asked her to call my schools to let them know I wouldn't be there the next day, and she said, "no problem." I felt lucky to have a boss that genuinely cares. She's been through her own grief, which contributes to her compassion. She helped me navigate what I had to go through next—helping shuttle things through HR and making sure I had all my ducks in a row, but she gave me time to grieve first before I had to do all the paperwork stuff. I knew for sure was that there was bereavement time, but it was just three days. There was no real medical leave. I basically took all the sick days I had. Then when I didn't have any more sick days, they were taking my pay. I did have a doctor's note and clearance to be out for an extended time—six weeks. I think it's so backwards—people who lose their children are going through postpartum just like other people who have delivered a baby that's living.

KARYN: Same—I am thankful I qualified for FMLA; it started when I was in the hospital. In Vermont, we don't have paternity or maternity leave; we only have FMLA, but you have to use your sick time concurrently. I took the full twelve weeks. I also was able to use

my three bereavement days. That brought me to the end of May, but I didn't want to go back, so I opted to take extended leave, which our school board approved it. Of course, that was unpaid. Technically, I was supposed to pay for COBRA, which is a nightmare, but I got an email from our HR person one day that said, "Your request for extended leave and insurance has been accepted by the school board." I didn't know what they were talking about, so I contacted my principal, and he told me our superintendent, who is actually my neighbor, wrote to the school board and requested that I not pay COBRA and that they cover my insurance per my contract. A lot of the time, small towns are hard, but in this moment, it was the most incredible gift I didn't even know I needed. My superintendent just made sure that we didn't even have to deal with it, and the board approved it, so instead of paying fifteen hundred dollars, it was like, four hundred. It was a small—no, actually—it was a big gift. People within the school community really stepped up.

ERIN: That's amazing, Karyn. Since my losses were early, I didn't qualify for any special type of leave. I didn't take any time off for any of them, other than that first IUI when I was already out on leave. I didn't even take a day off. Even when I left work with the ectopic, it was the day before spring break, so my surgery

happened over break. We have a bereavement policy, but it doesn't specify pregnancy loss. It says loss of a child, but it doesn't specify what that means. I didn't seek out any additional information at the time. Since I was working from home, it wasn't physically taxing, but emotionally, it was challenging, especially as an administrator. I'm on camera more, meeting with teachers. I'm in a very supportive role. I'm not evaluative of anyone, so teachers come to me a lot with their concerns. I'm always trying to be positive and supportive and keeping that kind of attitude was tough through everything.

KATE: Similar to Erin, I haven't qualified for any leave. The first time around I took personal days for ultrasounds and then two days for the D&C: Monday for the procedure, then Tuesday to recover, and I was back at work on Wednesday staring at a classroom full of successful pregnancies wondering why mine wasn't. The second time was during the shutdown, so I had a bit more flexibility. At that point, we were posting work in the mornings, and then had to be available if our students had questions, but again, it was just pretty much the same process as the first loss. With those first losses, I felt like I was in a fog, so I didn't even think to ask if I could use bereavement time. This time, I did check—I sent a message to the other two union reps in my building, and asked if I

could use bereavement days for this, since I have no personal days left. Unfortunately, the answer from human resources was you're not entitled to bereavement leave unless there's a funeral, so my husband said, "Screw it. We're having a funeral then." But I was like…I can't do that. This is bad enough on its own without having to manufacture a funeral. I shouldn't have to do that, so I didn't, but that is something that has been eating at me ever since.

SCENE 6: RETURNING TO WORK

Again, participants should use the space to enact parts of their story. Lighting and sound can be used to enhance key moments and/or create ambiance.

FACILITATOR: It seems like we all had some complications with leave, no matter how much or little time we were given. What was it like going back to work after your leave, and how did you decide it was time to return?

ALISON: I can start. My doctor offered to give me extended leave, but we decided that I would go back after six weeks because I couldn't be by myself all day. Physically, I felt back to my body, but I was tired. Grief is tiring. I wasn't physically active, so that was challenging, but emotionally is where it was really hard. When I think about it now, it brings me to tears because it was terrifying going back. I would sometimes take a half day because we have these half days for illness. Everything happened early in the year,

so I had to go through the rest of the year with the only the half days left. When I lost Elia, I was in the middle of my nine-week rotation, so when I was coming back, I had to move on to new schools, which was actually a huge relief—to not go back to the same schools where I lost her and have to explain. Nine weeks later, I did have to go back to one of my schools where I was before my loss, and it was terrifying. I would sit in my car until the very last minute. I would avoid people and stay in my room. I kept my head down and just did my job. I didn't want to have any conversations. I didn't want anyone to ask me anything; I was afraid of what the students would say. I felt somewhat protected because I was working with a new group of students, so they didn't know my story. The students that knew me and had celebrated with me…I tried to just avoid them. There was one time though when a student did ask, "Did you have your baby?!" And I said, "Yes, I did, but she passed away." Luckily, I was able to keep it together and just cry in my car afterwards. Every day was hard, though. I would have to call my husband and have him talk me through it. There were days I had to leave early. I had a panic attack one day when my boss came to visit, and I couldn't continue teaching. I never had anxiety before, but I had anxiety develop after she died. Counseling helped a lot, but the anxiety of "Who's going to say

something? Am I going to be triggered and have a meltdown in the middle of my class?" It caused a lot of fear.

JACKIE: I felt similarly, Alison—I took a summer job at my school cleaning classrooms with the custodial staff in July 2016—for financial reasons—as soon as I was medically cleared eight weeks after giving birth. It was very scary to return to the building because it was the last place I was blissfully unaware that my son was slowly dying inside of me. When the school year started, I was terrified. It was hard to have conversations about day-to-day mundane topics because nothing mattered to me at that time. I didn't know what to expect because I teach juniors and seniors, so I knew I would have some of the same students again. I hadn't seen them since I was pregnant, so I was anxious to see them again. My students were just as nervous, and none of us knew how to really talk to one another. Physically, I felt fine. I'd put lot of pressure on myself to present myself as normal: I lost the weight as quickly as I could, so I could fit into my work clothes again and look like myself. I used exercise as an outlet, so I looked like I had never been pregnant. I was desperate to look "normal" again. Then I basically threw myself into my work as much as I could to distract myself. It was hard to keep that facade up.

KARYN: When I returned to school in the fall, I had been in a lot of therapy, and I'd worked with my therapist to draft a letter to my coworkers that basically said, I'm coming back, and I want you to know that this is going to be really hard for me. We all expected that I would be returning later that fall after an extended maternity leave with a baby, and I wasn't. I encouraged them to not shy away from the topic—that Dan, my husband, and I really wanted to include Kalen in our conversations because he's our son. I wanted them to ask questions and talk about him. I said that if I cried, it was okay. At this point in my life, I just cry a lot. That was well received; people appreciated that permission and understanding of what I needed. I also decided I'm not staying beyond contract hours anymore, because I have a lot of things that I'm working on for myself, and I really need to care for my well-being and that means not going above and beyond even though that's the culture of our school. The other thing I did do was bring a photo of him in the NICU, alive with tubes and wires and all the things, into my room. I put it on a shelf in a prominent spot; it was an entry point to conversation. From other's perspective, they can see clearly, "she's including him as part of her life and wants people to know," and when students came in, it was amazing—they'd ask, "Who's that baby?" Like, totally normal, and I would say, "That's my son." "Well,

why does he have things on his nose?" Or "Why's his skin look like that?" And I would say, "Well, he was born really early, and that means that he had some health issues. There was trouble with his breathing." And they would ask, "Is he okay?" And I would say, "No, he's not okay; he died." And they would often say things like, "That's really sad." And I would say, "It is sad." But it was amazing for them to have those conversations with me, and no one ever said that I couldn't do it.

LIZ: I had an odd experience going back to work. After winter break, they had very small cohorts of kids going back to the classroom, and my principal had a lot of trouble getting teachers to volunteer to come in. My therapist suggested that I volunteer to go in to get out of my house, so not only did I volunteer to come back in person, but I volunteered to switch grades. I could make it through the day, but when I got home, it was a different story. It felt good to do something that I loved, something that reminded me of who I felt I would never be again. That was refreshing, but I would get home and be so tired, because I spent my whole day keeping it together, so then I would just be like a noodle when I got home and just muddle through until I would do it all over again the next day. After I did all that to help, I noticed my principal acting weird towards me. He had started out very supportive, but then, when I

was causing problems, I think he was told to figure out a way to get rid of me without it looking too obvious. During my eval, he gave me scores that were just below the scores I was used to getting; the past couple of years, I was rated highly effective, but now he gave me right below highly effective. In DC, this is a big deal, because when you're highly effective, you get a bonus. Also, we have this stupid stepladder for your salary, and it was my year to reach the very top step, but you have to get highly effective, so that also prevented me from reaching the top of the ladder. You also have to submit things that show your commitment to the school community, and he, despite all the evidence I gave for the highest level, refused to give me a four and only gave me a three. So now he's also involved in this lawsuit that I have with DCPS because I think it was obvious that he was told to figure out a way to get rid of me. After all that, I had a meeting with him to say I was leaving, but that I'm telling everyone I did not want to leave. Because, even with the initial situation with my leave, I still wasn't going to quit, but his treatment of me pushed me out, so now a lot of people hate him, which is fine with me. It just sucked because I was telling myself, despite everything that happened, at least I knew I was still a great teacher. If I was upset when I woke up in the morning, I handled it. From when I walked into that building to

the time I left, I was what I call "old Liz" with the kids. I know that for a fact, so to have someone that doesn't even know me—it was his first year as the principal—to treat me like that…

SCENE 7: INTERACTIONS WITH COLLEAGUES

FACILITATOR: That's so frustrating, Liz. Would anyone else like to talk about their experiences with colleagues or administrators? What they did that helped or hurt your transition back to work?

LIZ: I'll just add that even though I had issues with my principal, my colleagues are my family. We are very close. At least two out of the four teachers from every grade level were at my baby shower. That's the only reason I stayed teaching that long, because DC is one of the worst places to teach, not because of the kids or anything, but because of the systems. Even after leaving, I'm still very close to my colleagues. I told them when I left that if you take me out of the group chat, we're gonna have a problem, so I'm still in the group chat and know what goes on every single day. I'm also still so connected to my kids, so I collaborate with the teachers for the students that I tutor.

ALISON: I had a mixed bag since I'm in a weird place being at multiple schools. At one school, a lot of my colleagues sent cards, but they didn't really comfort me or check in on me. I think a lot of the teachers are either burnt out or have their own stuff going on. That

school is not as welcoming as other schools I've worked at. Only a few of my dance colleagues knew, but I was also vocal on Instagram, so the few that follow me knew. They were really supportive. One friend took me to this beautiful place in Pasadena called the Huntington Library and Gardens and gave me a necklace. She had a couple of losses herself, and that was really amazing. One of my colleagues and I had some tension in our relationship, but when this happened, she asked, "What can I do? How can I help you?" I had been asked to perform a dance at a women's conference, and I didn't know how I was going to do it. I couldn't choreograph when I couldn't even think properly, but she agreed to help me, so we choreographed and danced it together. It was so healing and so beautiful. My boss was incredible, not rushing me to come back or to be at a certain place. When I had an anxiety attack, she went straight to the principal and said, "Allison has to leave." She was my advocate, so I was super grateful for that.

KATE: I was also able to lean on my colleagues a lot during my losses. I was co-teaching during my first two losses, so my special education counterpart kept things afloat while I was essentially just completely checked out. I was relieved to know it was one less thing I had to think about. I could lean on her, so that I could really

focus on myself. Generally, I've felt lucky that I've had a lot of support—with this most recent miscarriage, the number of my colleagues that brought me gifts or just popped their heads in to say "What can I do for you?" It was tremendous. Then the day of my D&C, I was supposed to chaperone a fourth-grade activity night at school, so when my principal came in the day before my procedure, and I told her I had to take the whole next day to have a surgical procedure and asked, "What do you want me to do about my night duty tonight? What should I swap it for?" And she told me nothing. I was shocked—I asked, "What do you mean, nothing? This is my second required event—do you want me to do the carnival? I'm already signed up for the spring concerts, so I can't do that." And she said, "No, no, no, you're not hearing me. Nothing. You're not replacing it." And I'm still baffled and saying, "But that's not allowed!" And she says, "I'm telling you, it's fine!" (*Laughs.*) So, I've been very, very lucky—I work with a lot of wonderful people, and I have never felt forgotten by any of them in my grief.

KARYN: I mentioned my community helping me with insurance, which was huge. Something different I thought a lot about after my loss was how we talked about pregnancy as a school. Prior to Kalen's death, there was an assumption that if you were pregnant, there would be

a large staff announcement, and that stopped. A couple of coworkers seemed to realize that pregnancy doesn't always result in a living baby, which was profound for a lot of people. It was funny—well not funny—but we have a new teacher this year, a lovely special educator. She's young and just got married. And during my subsequent pregnancy, she was like, "Oh, my gosh, you're pregnant! I can't wait till I'm pregnant." And I was like, oh, she's not ready for this conversation, so I didn't even go there. Then the same week, she was like, "I don't understand why people at this school don't announce these sorts of things through email." And I was like, "I don't know!" She's not coming back next year, so I was just like, you know what? We're not gonna go there.

KATE: That makes sense. (*Laughs softly.*) Just after my loss last month, I was at school the day after my ultrasound and the day before my D&C, teaching like normal but knowing my pregnancy was over, when my building principal walked in and was like, "What are you doing here?" And I said, "Well, what am I going to do? Stay home and feel sorry for myself?" Wallowing has never felt good to me. Because of that, I also don't think it had any real effect on my colleagues or my administrators. My principal felt awful for me and checked on me, but due to the timing of my other three pregnancies, there wasn't a whole lot that my previous building

principal could do, partially because she had seven million other things on her plate trying to organize remote and hybrid instruction during a global pandemic and partially because I wasn't in the building.

JACKIE: My story is a bit complicated—When I had my loss, the superintendent had lost an adult child, so I felt very supported even though I basically just sent him an email and said, "I'm not coming back. You have to figure out the rest of the school year." I wasn't worried about losing my job. With my current superintendent, I would worry far more about that. When I lost Richard, my immediate supervisor for the English department came to the hospital to visit me. I lost my dad that same school year; he died in September, and Richard died in May. That supervisor was the only one who showed up to my dad's funeral, and she barely knew me. Another staff member came up to me and said, if you need somewhere to cry, you can always use my office. I did have really supportive people, but the thing that sticks with me most from that time after Richard's death is the silence. Only a few coworkers were willing to support me after my loss. Not a single administrator reached out to offer their support. The teachers' union in my school did absolutely nothing to offer support. When I brought this to their attention several years later, I was told that

they did everything correctly and that they were only giving me "privacy." Of course, when I got pregnant again, suddenly, I was popular again and okay to talk to again. Interestingly, they were okay when my dad died. Everyone seemed clear what to do in that situation. My union knew how to handle that. They did not know how to handle my baby dying.

SCENE 8: IMPACT ON STUDENTS

FACILITATOR: Obviously, as a teacher, colleagues aren't the only folks you interact with on a daily basis—what was it like coming back to work with your students?

JACKIE: I appreciate this discussion because the school community is intricate, and the relationships that the teacher builds are powerful. When one teacher has a loss, that loss is felt throughout the community—it reverberates. The teacher isn't the only person that grieves. The students grieve. Their parents grieve. The other staff members grieve. Everyone needs support. If the teacher is not shown support, then everyone else suffers as well. My high school students at that time are now twenty-five and twenty-six years old. They still think about my loss, about the last day they saw me pregnant and how they were told the news. The parents of those students did not know how to address the subject at home or offer support to their children. The immediate impact on my students

was devastation because they knew how excited I was. They had watched my pregnancy progress from September to May, and they celebrated every milestone with me. The school's guidance department was not notified or asked for assistance when breaking the news to my students, and it should be noted that we have a crisis counselor on staff and a big guidance department. Instead, my best friend at work, who was deeply grieving, was given the task of notifying all five of my classes—about 125 students. She was not offered any support whatsoever. The students knew I'd had the baby because I was far along, and I was out—and I was never out—so when students walked in and saw my supervisor and my best friend, they were thinking, this is gonna be good news. And it was heartbreaking. My supervisor kind of threw my friend out there and never talked. My friend said it was difficult because half the kids loved her and saw her as a support person and the other half hated her because she was the one that gave them bad news. It was really difficult for her the following year. My supervisor at that point was the same age as me, so maybe twenty-six. It was only her first or second year being a supervisor, so she had no idea what to do. They had never handled something like this before, so she thought, who better than my best friend? But that was the same person I was texting when everything happened,

so she's also grieving, but that wasn't taken into consideration. My friend didn't know how to answer students' questions, and then some teachers lied and said she made stuff up to answer the students' questions. It was very messy. Then, it had a ripple effect throughout the community, but students were never offered the option to talk even to their counsellor. In Jersey, we have trauma protocol through something called the Center for Family Services. They have a trauma protocol in place for every kind of loss, but not this. When Richard died, we had six weeks until graduation. I got a lot of emails from students and didn't really respond too much. On graduation day, one student took a selfie in her cap and gown at my door and sent it to me. One of my coworkers took over the one senior class that I adored, and I did sneak into one of their last classes through the side door because I didn't want to see anyone else. I just went in to say hi and show I was okay. I talked to one mom last year, because I taught her younger daughter, but I'd had her older daughter the year that Richard died. The conversation started because she asked about my advocacy work. I said, "Look, you don't have to answer this, but what was it like talking to your daughter about it? Because we are trying to create tool kits to support students, and as a parent, where did you feel like you didn't have support?" She told me her daughter was really sad and

she didn't know what to say. She said it was a lot sitting with her and comforting her. I know some families went to church a lot. Some sent in little presents. One boy's mom was pregnant, too, and I did worry about him after. I know he would check in on me via one of my other coworkers, but I always wondered how difficult that was for him. The students didn't really say anything when I came back to work, but I know they went to my friend and asked her for updates. She and I spoke a lot about how to handle it. I told her if they want to come to me, they could, but I don't remember anyone doing that. I do remember around the six-month mark was a really, really difficult day. I told the students at the beginning of the period, "I'm really struggling today. I'm going to let you guys work. I'm going to be here if you have any questions, but I'm going to grade, so I can focus on something else. I just need to get through today." And they were good. Some of them gave me these knowing looks at the end of the period, but that was about it.

LIZ: It was interesting working with the kids because a lot of them had seen me on TV after my story blew up, so they knew, but I'm sure their parents told them not to say anything. But I could tell that they would look at me differently. The fondest memory that I have is when a group of girls—the most badass girls in third grade—said, "We saw you on TV, and we're just really sad for you. We

hope you're okay." And one of the little girls made a picture of a baby with angel wings and a halo. I have it next to Aaliyah's urn upstairs in her room. That day is honestly the only day I remember from February to June of that year. Everything else? I couldn't tell you one other thing I did, taught, said to someone. I just remember that moment because I thought it was so cute. They're the best. After the loss, the families were great, not administrators, but families, so it was a very tough decision to leave. It felt like a second loss for me when I made the decision to walk away from it all.

KATE: Yeah, I don't think it had any real impact on my students. After the first miscarriage, I went home a lot of days feeling sorry for myself. I'm spending all day pouring every ounce of myself into other people's children not knowing whether I'll get the chance to do that with my own kid. The first two were hard in a different way than this one, because I wasn't a mom at that point, and I had no idea if it was ever going to work out, but I think the beauty and the pain of being a teacher is that there is no time to sit and pout. I was almost relieved to get back to my normal day-to-day routine because it distracted me and kept me from crying all day, as hard as it was. As sorry as I felt for myself, I was also grateful for the

kids I had that year, so I deeply hope that my students were not affected by it.

ERIN: I'm in a similar boat, Kate. In my current job I don't think it impacted my work at all. Like I said, I was very open about it with my colleagues, and they've been supportive. That first extended leave after my first loss impacted my drama kids. I felt a lot of guilt leaving them even though it was only for a few weeks. They were stuck with a sub, but they were amazing—very sweet and supportive and silly when I got back.

ALISON: I work with elementary students, and with my schedule, my students didn't know as much about my loss, but I think it did impact my interactions with them. I wrote a children's book a while back, and so sometimes I read that book to my students, and there's a part in the story where it sounds like the main character's mom dies, but she doesn't. One time one of my students started crying and said, "I just lost my aunt, I miss her a lot." I replied, "I just lost someone special too, and I miss her a lot." The whole class was witnessing this conversation between me and the student; I felt like since Elia died, these conversations are happening more with my students around grief, and their own losses. Even faculty members will share their stories with me, and I realized, gosh, people just want their grief to be witnessed and validated. Even

these little kids, at six, seven years old, have lost so much already. That's given me a new perspective on what people go through—it's not just me suffering, and we want to talk about our people, the people we love. It happened again, in another class: a boy stood up and shared how his dad died. He pulled a picture out of his pocket of him and his dad that he keeps. I was able to let him share about his dad with his classmates, and I don't know if I would have done that before. It has opened this whole conversation around how we all go through hard things, so we have to be gentle and care about each other. I'm not just there to teach dance; I'm there teaching humans who go through difficult things I might not even know about. That's been a beautiful gift that my daughter has given me.

SCENE 9: IMPACTS ON TEACHER IDENTITY

FACILITATOR: On that note, I'd love to hear more about how folks feel like this impacted their teaching or their identity as teachers.

ALISON: If I can elaborate a bit more, with my life as a teacher, it's really hard to separate your personal life from your professional life. You bring your experiences with you, your hurts, and your fears. I find that hard to navigate. If I'm having a hard day, how do I still be a good teacher? How do I still be present with students? How do I remind myself that my emotions don't dictate my worth as a teacher? I remember saying this a lot when I first went back. I had

to slow everything down. I used to have a ton of energy and enthusiasm, but then I just did everything at a snail's pace, because I had to survive and learn how to cope with the anxiety at first. The losses have really helped me to be more aware of what my body is telling me and to reflect that in the day. I more often let the students dictate how the lesson goes, reminding myself that I don't have to be in control every single minute. Before I was very "things have to go this way," but now I let the lessons breathe. If we don't get to something, then we'll just leave it for next week. I've really seen a difference in my practice, and I think that's what makes a good teacher: someone who can be reflective and say, "I was having a hard day, so I have to save this part of the lesson till next time," or "we had to stop and talk about grief, and that's okay." Not being so harsh with myself if I don't get it perfect, because I come from a performance background. I was a professional modern dancer, and in that world, you have to get everything right, and if you don't, you feel inadequate, so I was teaching that way. My losses have helped me to be ok if things don't go the way that you plan.

JACKIE: I really relate to that, Alison. I am a person who prefers to have control and a set plan in place. My classroom runs the same way. After losing Richard, I felt like I couldn't control anything other

than my work self, my teacher self. I threw myself into my work as a distraction, but also as a way to exert control. I lost any naivety I once had. I also refocused my priorities. I tried to care less about things that would normally make me stressed and upset.

KARYN: I kind of had the opposite experience—I think this experience made me steer away from wanting to be a classroom teacher, mostly because I still have a hard time engaging with parents. There's just so much small talk that happens with parents around being a parent and your children, and how parenting is hard. I just can't do it. In my role as academic support teacher, I am part of what we call educational support. They're these meetings that bring a team of teachers together to talk about a student's needs before referring them to special ed, and one of my coworkers, who I'm very close with outside of school, recognized that those meetings can be hard. She told me, "if you ever need to leave one of these meetings, you can just tell me you're going to the photocopier," and that was huge. In general, I am a much better advocate for myself in all aspects of life, whether it's medical, personal relationships—I think I just I try to get what I need.

SCENE 10: IMPACT ON PERSONAL IDENTITY

IFACILITATOR: What did you notice about identity changes outside of work?

ALISON: Personally, it's been a fight to remind myself of the truth, not the truth of what the world says, but the truth of what God says about me, which is I'm not broken, and I'm not deficient. I'm made beautifully. Losing children tries to steal your joy and your peace and everything from you, not just your child. I had to listen to affirmations and continually fight against feeling insecure. It's a struggle to move forward but not move on, to let this experience and all these losses, not make me a better human, but one who's more caring and compassionate. I think that's been huge for my identity. But obviously, I go into a room of women who have their children and their families, and it's still very hard. I get triggered a lot. I still cry a lot and try not to let their living children dictate how I feel.

KATE: I am a completely different person now than I was before my first pregnancy. I've always been an anxious person, but since then I'm always thinking, "Where's the other shoe and when is it going to drop? Something's going to go wrong." That something doesn't necessarily have to be pregnancy loss or pregnancy related, but something's gonna happen. That sense of constant vigilance and constant fight or flight is challenging. It has turned the volume up on my anxiety. You also learn not to plan things. You want it to go a certain way, but that doesn't mean it will. A lot of people,

especially people who this has never happened to, are in the mindset that being pregnant means you're going to have a baby. It does not mean that, and it never has for me. You know, there's something to be said about your first two pregnancies ending in loss. Thankfully, the third time was a charm. But boy, having two consecutive pregnancies end in loss and still not having a living child—that'll do it for sure. Plus, my first two losses were very close together, I had my first loss in December of 2019 and my second loss was May of 2020. Then I had my daughter in April of '21, so it was a lot in a very, very short span of time. But I can sit here, and I can focus on all these negative things, but one of the biggest things that I learned is that I am so much stronger than I ever thought that I could be. You know, I didn't want to have to be—I still don't want to have to be—but just the knowledge that I can get through something like this is pretty huge. During my latest pregnancy, my dad was trying so hard to be positive and saying, "It will all be fine," and I pushed back on that and said, "We don't know that." I'm not going to be negative, but I'm going to be realistic, and the reality of the situation is, I've walked away from a pregnancy with nothing, and I've walked away from a pregnancy with the most perfect human being I've ever met. And it's ultimately going to be fine no matter what the outcome is, because

I've seen that I can survive no matter what. So no, I'm not going to think positive, because I did that the second time around and then got punched in the face, so the piece that I tried to focus on the most is that going through something like this, even once much less three times, is that it teaches you how much you can hold, and it's a whole lot more than you ever imagined.

ERIN: I don't want to say, "Oh, it's made me strong and resilient," because, maybe this is cocky, but I feel like those things have always been part of me. I've always been a resilient person. If I want something, I'm gonna go get it. I wanted a baby, so I was gonna make it happen, but every single time was just exhausting. It solidified that never giving up is part of who I am.

LIZ: I hate to admit this, but if all that stuff with DCPS didn't happen, I wouldn't be a founding member of PUSH Pregnancy. I wouldn't have started Aaliyah in Action, because I would still be teaching. Despite Aaliyah's father and my mom being very, very mad at me for posting that picture and doing all these interviews and press, if that didn't happen, I don't think I would have been able to help the thousand families with Aaliyah in Action or help plan the first ever Stillbirth Prevention Rally with PUSH back in October. Sometimes I really wrestle with that because it's like, oh my god, this is all coming from the death of Aaliyah. But it has completely picked me

up and put me down on this other path—this path of stillbirth prevention—that I didn't even know existed. I'm happy that I can say that my daughter's life is meaningful because it's her story helping others. I wish that didn't have to happen, right? Like I wish this wasn't even a thing. I wish Aaliyah in Action didn't have to exist because we were saving babies' lives, and that stillbirth wasn't as big of a problem as it is in this country, but right now, that's not the truth. I think for parents that experienced this loss, their biggest fear is that nobody's going to remember their child. Nobody's going to say their name, so when I got involved with PUSH, I made a joke that I'll just be the Kris Jenner of stillbirth and stillbirth prevention, just putting Aaliyah's name everywhere, and that's kind of what I did. As long as I'm helping other people to feel less alone, I feel like I'm doing my job as Aaliyah's mom. I'm allowing her to work through me and doing what needs to be done. That makes me feel like the old Liz a little bit, and it makes me feel like I'm super busy being a mom, although in a different way than I had originally envisioned when I was pregnant. I do feel a small sense of happiness knowing that Aaliyah's story is what's helping another family down this terrible, terrible path.

SCENE 11: ADVOCACY

FACILITATOR: Jackie—I know you have also started an organization to support teachers—can you tell us more about that work and how you got into that?

JACKIE: I formed Start Healing Together in February of ’21. At that point, I had a three-year-old and a five-year-old and felt pretty good mentally. My grief seemed to be under control, like I knew we were done growing our family, so I could focus on this. I had attended a workshop that was hosted by my teachers’ union. The union in my immediate school is not supportive, but the broader New Jersey Education Association has been very supportive. Someone had hosted a workshop on how to support a coworker going through miscarriage and stillbirth. I attended just to see, and it was a lot of information I already knew. Then, they talked about how bereavement leave could be available depending on your contract. I realized I’d never thought about bereavement leave for my miscarriage and never actually asked for it for Richard. That’s when I started asking around about my files. Then, I went to my local union and said I want to get a group of teachers together to support you through figuring out this support, but they shut me down. Then there was a follow-up workshop I was supposed to attend. I reached out to the person who organized it, and I said,

there's no reason for me to attend. My local shut me down. I'm really disheartened. What's the point? He told me, "well, there's strength in numbers. Why don't you see if you can get some like-minded people together?" So, I sent out an email to a group of people in my school, and then they sent it out to other teachers. I ended up with twenty-two people who wanted to work together to help. Another English teacher, George—he's my vice president now—was a support person after Richard died. He was one of the people that didn't disappear, so I pitched him my idea. To be honest, I don't share this often, but after I was shut down by my local, I vowed that I was going to make this organization as big as possible to throw in their faces. There was initially a lot of anger, but it's led to good things. My husband got me on to social media, then it just exploded. I spent that entire first summer on phone calls and Zoom calls with every possible advocate and organization that would take a meeting with me. Every meeting ended with me asking, "Who can you connect me with?" That's how I grew my network, and now we keep expanding. Right now, it's just me and George, trying to do everything. But that was how we got started. Right now, we support educators experiencing pregnancy loss and infertility. We have a large network of about forty organizations across the country that we work with that depending on the kind of

loss, we can direct folks to the right support services. We work directly with educators, along with a support person, and ideally, at least one administrator to create a workplace plan while they are dealing infertility and loss. We also have tool kits for districts that include information about how to break the news to staff and a letter template for parents and how to break the news to students in an age-appropriate manner. We also have bereavement leave language. We do a lot of contract bargaining. A lot of it is just checking in on the educator every couple of weeks to see how they're doing and if they need anything. Speaking of that—Liz—has anything come out of your lawsuit with policies yet?

LIZ: In terms of union policies, no, but the DC council did pass an emergency bereavement bill that was retroactive to the day I delivered Aaliyah, so that was nice. I hate using the word nice, but that was welcomed. It provides fourteen days of leave for anybody in the city that experiences a stillbirth or death of a child under twenty-one. I was comforted knowing how many kids we lose to gun violence in this city every year that at least their parents would get some time off. At that same time, a lot of other DC agencies came out saying that they do provide paid family leave for stillbirth because the way the law was written is so crappy and open to interpretation. So, it turns out, DCPS had multiple options.

The chancellor was even asked about it at a town hall, and there was never a good answer. By October 2021, stillbirth was officially added to the paid family leave policy, so small wins. It didn't matter for me because I wasn't teaching anymore, but I got thousands of messages from people all over the country when everything went viral. I was just so shocked, especially with the other DC folks I talked to that so many other people had been through this, and they just took what DCPS said and kept it moving. The level of trauma was so great that they felt like they couldn't fight. And I felt like that a lot of days, but the Jersey in me would not let me give it up.

FACILITATOR: You mentioned earlier your organization, Aliyah in Action—can you tell us more about your work there?

LIZ: Absolutely. Aaliyah in Action provides self-care packages to families after loss. We largely do it through our hospital partnerships. We're partnered with over thirty-five hospitals right now throughout the country that have an inventory of the packages and give them out when needed. We purchase the package items, small little self-care things from women and black-owned businesses to reflect who Aaliyah would have been. Like I said before, I also work with PUSH where the work is more proactive. I'm the Director of Awareness, and our goal is to lower the

stillbirth rate by thirty percent. There are so many new studies and research and modes of technology that people are using overseas to lower the stillbirth rate that we are not using, so I'm very passionate about talking about American College of Obstetricians and Gynecologists' lack of care in the stillbirth prevention space. We're also opening rainbow clinics throughout the country for families to go through pregnancy after loss. I basically started with both organizations at the same exact time. I hope that because of the work I'm doing with PUSH, I will have to change the mission of Aaliyah in Action, because we won't have many people to serve. That's the goal. I've gotten feedback that the care packages help hospital staff because it makes interactions less awkward. And I hate to phrase it like that, but I know it can be tough for staff. So that's been some great feedback. The other one, which gets me every time, is that some hospitals have actually been presenting the package during delivery and have been using some of the items to calm moms down, which I never would have thought would be a thing. We ship packages all over the country, and grief has no timeline, so there are some people that I've sent packages to that had their loss over ten years ago. I've gotten emails saying, "I didn't know how much I needed something like this." And I always address the to/from card with their child's name—like,

mine would say “to Aaliyah’s mom,” because some people just don’t see or hear their child’s name, so when they see it on a card, which to the average person is just a silly to/from card, it changes everything. I honestly only thought we would be at GW Hospital, where I had Aaliyah, but it’s just completely taken off. I got the idea because when we left the hospital, we had the memory box, but I did not want to look at that. It would make me physically sick, so the idea with our package is that it’s not really focused on the baby. No offense to the baby, but it’s for the person that is in a very bad mental state trying to figure out how to make it until tomorrow. If I’m going to be sitting on this couch crying all day, my lips are gonna be chapped, and my skin’s gonna be messed up, so lip balm and a face mask might help a little; it is helping parents feel seen.

KATE: I really appreciate hearing y’all’s stories because I go back and forth—sometimes, I feel like it’s not worth talking to human resources about the issues with leave, but I know that pregnancy and infant loss are way more common than I would have ever believed before it happened to me, and I feel like it’s a conversation worth having. But to be honest, I have not gathered the strength to have it yet. And of course, as the union rep, I wonder, is this something I have to go through with the union first?

Would they rather just include this in the next collective bargaining process? There's so much politics to it. That's part of the reason why I have not gathered the strength to have that conversation, but the more time that goes by, the more I feel that there are more people in the district who would benefit from that change than I think there are.

JACKIE: I get that Kate—like I mentioned, it was years after Richard's death that I started Start Healing Together, so don't feel like you need to take on everything at once. Also, you are so correct about there being so many politics involved. There was—and is—a whole situation with my union and my organization. My union is led by a group of men that don't have any families. Plus, my school's very cliquey. If you're not in, you're out. Then, the administrators work very closely with those union reps, so when I decided to create Start Healing Together, and it went beyond just my high school—helping teachers across New Jersey and across the country—they got very mad. They said they would never work with me because I made them look bad. They took everything very personally. But just this school year, we had two teachers experience losses, and they reached out to me first. One of them is within their clique. I told them we can provide support services,

but we always say we will work in conjunction with your union. That pushed the needle a little bit more.

KATE: That's helpful to hear. I do feel like I'm on the path, because like I said, I've always been an open book. I think that the reason miscarriages and pregnancy and infant loss in general still feels really hush-hush is because pregnant people have been conditioned not to talk about it. I'm not going to do that. I'm not going to play by those rules, because I have felt incredibly lucky in my own experience of pregnancy loss to have never felt alone. I never felt like I didn't have support, so I'm going to continue to talk about this as many times as it happens to me because that's the purpose in all this pain. If I can open my big mouth and talk about these awful mountains that I've had to climb, then maybe somebody gets a roadmap from that. That's always been the goal.

SCENE 12: WISHES FOR SUPPORT

FACILITATOR: While we're thinking about organizing and policies, what do you wish would've happened with work in the wake of your loss?

KARYN: Honestly, I don't know how it could have been better. I mean it's never going to be amazing because it's just such an awful situation, but I would say that the majority of my coworkers tried in every way imaginable to be as supportive as possible. My administration and my superintendent really stepped up. I sent my superintendent

a thank-you note in the mail, even though she's literally through the woods. I think the small community piece played a pivotal role in all of it. I don't know if there were any other things that they could have done differently, but I can share something I was able to access that I wish more teachers were able to: I was able to take a significant amount of time off to focus on my mental health. I had some people say, you should probably get back to work. That might help you, but taking time was the best thing for me. I was in therapy, sometimes two times a week, I was receiving acupuncture, I was going for other body work, and it took up a lot of time. Plus, there were all the emotions that came along with it that were exhausting. So, when I talk with other people who are, for lack of a better word, rushed in this journey, I encourage them to take the time, if they can afford it. Explore as many therapy outlets as possible because it was truly such a gift for me and helped me learn so much about who I am now.

ALISON: I had a pretty good experience with my work too. The only thing I would change is that I wish people weren't afraid to come in to say I'm so sorry and give me a hug. That would have been appreciated. Nothing beyond that, just I'm here for you, and I'm sorry you're going through this. A lot of times people don't know what to say, so they just don't say anything. I understand, but I wish people

were more willing to be uncomfortable, show me that they care, and not be afraid of me.

KATE: I have an easy suggestion—in an ideal world, bereavement leave would not be dependent on a funeral. I would freely welcome the need for supporting documentation, a letter from my OB, or something like that, that says this person has experienced a pregnancy loss. Give them the bereavement days. I have no issue proving that what I'm saying is true, but I have never, in my life needed bereavement time more than when I've lost a pregnancy, so to not be able to use it is defeating.

ERIN: Absolutely, Kate. In a perfect world a bereavement policy that clearly states what counts because I never wanted to take days off since I was hoping to get pregnant again. I was saving my days for when I had a baby. Taking a day off for every loss would eat up all my time.

JACKIE: In an ideal world, I similarly would have had someone from my work contact me to let me know what rights were available to me. I would have been told immediately that I did not need to give a second thought to my work and that everything would be taken care of in my absence. Instead, I had multiple coworkers and students contacting me with questions and concerns mere hours after giving birth. When I was set to return to work, I would have

had my work contact me again to see what I needed put into place prior to my return. Instead, I was greeted with silence.

LIZ: A lot of the same—I would have come back the same time I did come back in February, but I wouldn't have had to fight for it, and I would have gone through the rest of the year doing something that I love—at that time, the only thing that actually made me feel anything. Having to go back and forth with the principal and just feeling like I was being targeted sucked because, at that time, I felt like the only place I could feel something was when I was with the kids teaching. Yet, I had this person that was just itching for a way to get me out. If you took that out of the equation, everything else went as well as it could have gone. I was team teaching with a good friend of mine. My best friend elected to come back to the building partly because she wanted to be in the building with me just in case. Everything with my colleagues was great except for admin. I don't know if there's right answer to how to support people in the aftermath of loss, because we all view things differently, but if admin isn't trained on the fact that things like this happen and how to interact, then some people just are not going to know what to do. I didn't expect a lot from the first man I interacted with—maybe a phone call to clarify things, but not necessarily show me empathy or cry on the phone with me, but just

to explain things in a way that was appropriate for someone who has just been through this trauma, to try to help them understand. That didn't happen. Then when it was escalated to the woman above him, I for sure thought that would help this situation, and it didn't. I was disappointed to see another woman say some of the things that were said via email and act with such disregard for the fact that my child had died.

ERIN: (*Thinking.*) It's hard to say what support to offer because everyone has such different needs. For me, my administration was so amazing with me; people listened to me, but there are some loss parents that might not want to talk about it. For me personally, allowing me to talk about it—I love when people ask me about my experience with pregnancies and offer a supportive ear. That has helped me a lot. It's also challenging, because the support I got from my administrator was a result of me putting myself out there, but I don't know if that's a safe recommendation generally. Some people don't want to disclose that information, and we don't want administrators asking, Is this a pregnancy loss? Or are you pregnant? What was great was that I never felt like I was bothering anyone by talking about it. Once I had opened that door and said I was open to talking about it, they were asking questions, checking in on me, offering to pick up slack elsewhere. So, if a teacher or

staff member shares that what they're going through, even just offering them breaks, especially if they're teaching back- to-back-to-back classes could give them a safety net. One day, you might feel fine and the next, you want to cry, so being able to call your principal and say, "Can you step in here so I can take a break?" would be really helpful. I never took my boss up on her offer. Even when I found out right before that meeting, she asked, "Why did you do the presentation?!" That wasn't an expectation she had for me. I wanted to see it through, but I think if a teacher is open to talking about their loss, listening and offering support—allowing them to step away from the extreme demands of the classroom—would be huge. A lot of the time, you don't need a whole day off or a week off. Sometimes you just need a moment.

JACKIE: Just to back up what Erin is saying, from my work at Start Healing Together, I've seen that there is no one size fits all approach; it is incredibly individualized. Every single person's story is different, and I can make as many templates as I can, but I'm always going to get someone who has something new that's going to teach me something. It's taught me that everyone handles grief differently. Some people that will say, I need support for a week. Other people, it's months and months. I can't tell you how many teachers I've talked to that have quit their jobs. They just couldn't handle it, or

they left their district to go work in another. It happens so much more frequently than I ever imagined, but no one talks about it. I do think the biggest problem is that right now, we are very reactive, and we're trying to be far more proactive. I have done a lot of trainings across New Jersey in conjunction with the union to try to train as many people as we can, so that when this happens at a school, they at the very least know who to contact. But I want to see a protocol in place from the top down in schools that says: we know what happens when a student commits suicide. We know what the protocol is. When a teacher has a pregnancy loss that the whole school is aware of, here's what we do. If there is a pregnancy loss, and the students were not aware, here's another avenue we take to address the needs of that teacher. Because way too many people go to work and pretend they're okay, but their job performance is suffering, and they're far more likely to leave a district because they're unhappy. Better support is going to equal better retention.

LIZ: If I can just share one more point—what I went through was especially disappointing because we, as educators, know how important it is to teach empathy and kindness. We lead with that during morning meeting. It's woven into the read alouds that we choose, and the crafts and activities that we do—it's all about

empathy and kindness. So, if we are judged, evaluated, and our salary depends on teaching things like empathy and kindness, why are the people in charge not held to the same standards? Why is this person not giving me the courtesy of a phone call and instead just being a straight up dick through email when I'm telling you my kid died? Why are you not practicing the very same things that if I don't practice, my salary goes down? That if I don't practice, I might get fired. Yet these people are just chillin' at the top, not doing a damn thing. The Chancellor, when he was asked about my situation in a town hall, that man rolled his eyes. You know what happens if a teacher rolls their eyes to a kid? You're getting written up, your score's going down, but that man can do it? And we're supposed to learn from him? I just think it's so disgusting how teachers are treated in this country. All the expectations that are put on us are too much, but in some ways, I can let some of them slide, because we do choose this profession because we love kids, and we want to just fix everything for them and be their everything. But that should mean that the people above us also have to show us those same things so that we're able to do that for the kids. It drives me crazy.

SCENE 13: WHAT TO KNOW ABOUT TEACHERS

FACILITATOR: Do y'all think there are other ways that this loss is uniquely challenging for teachers?

KARYN: In my experience, it's challenging going back into schools and witnessing typical families—people getting pregnant and having babies and coming to school and being able to talk casually about the struggles and triumphs of parenting. But also, day in and day out, witnessing families in distress—children in undesirable situations where maybe DCF has been involved. Those sorts of scenarios come up somewhat regularly, and I'm sitting here like, I just want to have a baby. I've now been pregnant three times. My son died in my sight, and I still don't have a baby yet. That's really hard.

ALISON: It's traumatic. You're not the same so there needs to be grace given, as there are times when the grief is so overwhelming that you can't even get yourself to your job. There's a lot of anxiety and fear that comes up. It changes the way that you see things and experience life. What people say and do can be triggering, so you don't feel safe. That's what I experienced. I never felt safe. Everything was a threat. There needs to be a lot of compassion and awareness about what you're saying around people that have suffered loss, like I couldn't go to the staff lunchroom a lot of

times because they would be talking about their children and that would be hard. I guess there just needs to be awareness that you just don't just lose the baby. You lose your dreams. You lose your hopes. You lose security. You're just a changed person, so we have to give people grace as they navigate that because it does get better. I've seen it improve even just by the end of the school year. My passion for teaching and learning about different dances was coming back. I was able to interact with my colleagues better. I couldn't contribute a whole lot in the beginning. Even speaking in front of people was terrifying. I lost a lot of confidence in myself, but I've seen the growth. I've seen the healing, but it's taken the whole school year really. I'm not there yet, but I'm getting there.

ERIN: It's important to stress the constant state of anxiety about what would happen next. It was such a roller coaster. Because with all those losses, there's hope and then being crushed over and over and over again, to where you're just completely emotionally beat up. And all of that happened after I had already said enough is enough. I remember one of the last times I got pregnant, I said, if I lose this, it's on to IVF. I can't do this anymore. And we did, and our first IVF round worked, thankfully. We got really lucky there. But every time I was pregnant, it was so much anxiety, but because you are pregnant you can't even take an Ativan! And then you

have a loss, then you're grieving. It's just hope, anxiety, grief on repeat for years. I think especially for administrators and parents to know: please give grace, hold an empathic space for teachers to be able to grieve and take the time they need to heal…or I guess, learn to cope is a better way to describe it. You have to give so much of yourself when you're teaching, and then so much of yourself is taken from you when you experience a loss, so there's not much left to give your students. I guess I want people to understand the toll it takes on a person to lose a child or pregnancy and then what it takes to what it takes to give all you can in the classroom.

KATE: Agreed, one hundred percent—It's tremendously challenging to lose your own child, and then have to go to work and pour everything you have into someone else's, especially when you don't have any children of your own. That was probably the hardest part of my first miscarriage, thinking I want to be able to do this for my own child. I want to be able to put time and energy and effort and love into my own kid, and for whatever reason, I can't, and all these adorable little faces are successful pregnancies. Why not mine? It's tremendously challenging to lose your own child and then have to go work with someone else's and pretend like it's fine. Teaching is very much a performance, and I have never needed those acting skills as much as I did when healing

from those losses. There are definitely days where the performance has not been quite as Oscar-worthy, but you make it work because you don't have another choice. There have been quite a few days where I have felt like, well, I couldn't get it done for my own kid, so let's make sure that we get it done for everyone else's. There have been quite a few days where that felt like a consolation prize. and I hate that because my students are not the consolation prize. But it gave me an outlet that I wouldn't have had otherwise. As hard as it was to be in a room with however many ten-year-olds having so very recently dealt with loss—it was almost a blessing. I hate to say that, but…I had to remind myself of why I do what I do. Why am I a teacher? Why am I trying to be a mom? This is why. As hard as that was, it was a blessing too.

JACKIE: Losing a baby when you are teaching children, regardless of their age, is such a unique and complicated situation. Most workplaces can give them an amended schedule or a certain amount of time off or a remote position, but there are no accommodations for teachers. I wish that someone had said to me that support was available or what rights were available, because I never once considered asking for anything for myself, and I wish I did. When you're in front of a group of kids, the smallest things would set me off that normally I would never care about. There's no room there—if your emotional

capacity is already at ninety-nine percent from grieving, teaching is gonna knock that to a hundred twenty. You have no space to step back.

LIZ: I'm not trying to shade any other occupation, but with teaching, we are responsible for everything. We are responsible for educating children so that they can become high functioning, contributing members of society. When you are pregnant, and you're teaching, I think that you always imagine your child being in that seat in the classroom, so when that is all of a sudden ripped away from you, to be teaching other people's kids and have that same responsibility, knowing that your kid will never be sitting in that chair and never have their first day of school, never have the last day of school, a field trip, a movie day…all that crap that so many parents take for granted. We see that every day as teachers. I know I'm biased, but I think there needs to be an extra level of empathy and consideration when we are communicating with teachers that have experienced loss, because it doesn't matter how long ago the loss was. It doesn't matter what grade level you teach. Their child is never going to experience what the twenty-plus kids in front of them are experiencing, and they're always thinking about that. Especially in the immediate aftermath, you have to think about how that person is going back to being a mother figure to all these

other kids in ways that they will never be able to do for their own, and that is really shitty. It needs to be considered a bit more.

KATE: Something I also think about is that the kind of person it takes to be a teacher—we are more likely to sit and peel those onion-like layers of this experience, because we're constantly looking for that light bulb, that moment where students' eyes light up and it clicks. I wonder if that makes it harder for teachers to handle because of the kinds of brains that we have and the way that we've trained our brains to think about and handled problems in teaching that then bleeds into the rest of our lives. I've spent a lot of time in the last three and a half years looking for that one thing, that one piece of all of this, that's just gonna unlock all the rest of the pieces—the light bulb moment, the thing that makes sense of all of this, and with pregnancy loss, it just isn't there. That has certainly not stopped me from looking. I don't think that's exclusive to teachers, but I'm sure that there are many more teachers who have gone through things like this and are doing the same thing. It's like my teacher brain gets confused—what do you mean this didn't work? My checklist is perfect, and I still didn't get the right outcome? But I got all the questions right!

JACKIE: I can add a bit of information about why teachers leave their schools post-loss. It usually ends up being like two things. Either,

they can't imagine returning, so they just don't. Or it's a toxic environment, and that is far more common. It's administrators asking for lesson plans knowing they're about to go into surgery or knowing that they're deep in grief and putting a letter in their file because their classroom management is not the same as it used to be. There's just a lack of humanity, a lack of seeing them as worthy of support because, like Liz said, social-emotional learning has been this huge initiative for students, but not for teachers at all. Like we talked about before, it is so hard to offer individualized supports because everyone's job is different. You may have a specialist teacher who sees six different grades every single week. How do you manage talking to all those students, provide the proper support services and not upset parents? It's very, very tricky. A district I'm trying to work with said it's a teacher's personal life, so it doesn't belong in the classroom. Or they don't want to mess it up, so they will tell the teacher it's their job to handle it or ignore it. There have only been a handful of times I've spoken with someone whose administrator went to Google to even look up what to say, how to provide support, and then try to put that in place. I've only spoken one person whose supervisor immediately went to the guidance counsellor and said, "What do we do?" and then created a plan together. In a school where there

are just so many fires to put out, especially now, that one individual person's grief is just not worth it.

SCENE 14: CLOSING

FACILITATOR: (*Deep breath*.) Well, with that, we reached the end of our time for today—like I mentioned, I know these discussions are not easy, but I hope that there is some comfort in the community we've started to build here.

KATE: I think so—thank you everyone for being in community with me. In terms of the grief and the pain, pregnancy loss feels like a club nobody ever wanted to be in, but it's a club nonetheless, you know what I mean? It feels like there's a camaraderie there, so thank you.

The lights fade as the women hug and mingle as they walk out of the room, leaving the FACILITATOR alone again. She speaks as she starts stacking chairs.

FACILITATOR: Charlotte—it's been a full year without you and a full year of me missing you every day. There is so much you should've done by now. You should have gotten through your newborn stage. You should be a squishy baby with rolls and a bright smile eating her very first birthday cake. My phone should be full of photos of you—sleeping, playing, laughing, sleeping. Doing nothing but being cute and mine. I should've gotten to dress you up like a pumpkin on Halloween and introduced you to our whole family in

your sparkly jumpsuit at my sister's wedding. You should've just gotten back from your first trip to the beach and have outgrown most of the clothes I bought for you. You should've made friends at daycare and grown so much that it takes my breath away every time I look at you. You should've been forced to dance around the living room learning to take on my love for pop music. You should've found some solid foods you love and some you definitely hate, because you are, after all, my daughter. Most of all, you should be here. You should be here because you were so wanted and are so loved. You should be here because I don't know what it means to be your mother without you here. You should be here because it hurts to miss you today just as much as it did a year ago and because I know I will feel that way forever.

LIGHTS OUT.

Chapter 5: Analysis Part 2 – The Narrative

Below, I present a multivocal, second-person narrative of pregnancy loss among teachers, compiled from thirty-eight email questionnaires. To present a thematic analysis or any writing that diminishes the complexity and diversity of the stories I collected would be a disservice to the wide range of experiences among my participants. No two participants had the same experience; their geography, the specific context of their school, their process of trying to conceive, their previous pregnancies, losses and/or living children, their relationships with colleagues, administrators, students and families, the timing of their pregnancy and loss in relation to the COVID-19 pandemic, their individual medical histories, the types of losses they experienced and so many more individual factors influenced their stories.

For that reason, I have chosen to use Narrative Inquiry's three-dimensional inquiry space as a guide to telling their stories collectively (Clandinin & Connelly, 2000). The three-dimensional research space is made up of interaction (personal and social dimension), time (the past, present, and future), and place (situation). They have also written that there are "four directions of any inquiry: inward and outward…the internal conditions…and the environment…[and] backward and forward…[the] past, present and future" (p. 50). Thus, my interviews and questionnaires focused on a linear telling of participants' experiences—getting pregnant, being pregnant, their loss, and its impacts on their identity and school community—as well as their environment or the systems they operated within—the type of school, its geography, their relationships within the school

community—and finally their inward feelings, the outward environment's impact on their experience and vice versa.

In this telling, I recount their individual experiences as one collective, linear experience organized by the plot points I used in coding the data. I tell this story in the second person to put the reader in participants' shoes as much as possible, and I highlight the multiplicity of ways this story could go. I include quotes directly from participants to highlight the nuances of certain stories, and I speak more generally when multiple participants have described a similar moment of experience. I do not attribute specific quotes to individual participants, as I do not want the reader to become fixated on what specific incident happened to which participant or attempt to piece together specific participants' stories. Rather, I want the reader to see all possibilities at once, overwhelming them with all the potential experiences that could emerge. I also employ the use of footnotes in this chapter so as not disrupt the narrative while also providing additional insights into my findings. Specifically, I footnote instances when it feels relevant or useful to share the number of responses associated with certain descriptions.

The one code I did not include in this narrative is "wishes for support," which I have included in the conclusion along with commentary about the possibility of changing school systems. Interestingly, that is the only code where clear themes and trends exist in the data, which are also supported by previous research on grief, pregnancy, and infant loss among employees. I will lay those out more plainly.

The Narrative

Congratulations! You're pregnant! As someone who works with children or young adults, you may have always pictured yourself as a parent, and now you feel that longed-for dream is about to finally become a reality. You may be especially grateful for this pregnancy after a previous loss or after years of infertility treatment. Perhaps you got pregnant through simply trying to conceive with your partner or perhaps this comes after multiple failed rounds of IVF. Either way, you are now pregnant, and you are nervous but thrilled. This baby is likely very much wanted and already loved.

Relationship to Work Before Loss

Prior to your pregnancy, it is likely that you have been teaching for a few years[2] and have developed a strong teacher identity.[3] You have been making a name for yourself in the district and genuinely enjoy the work of planning engaging lessons, mentoring students, and supporting the school community by leading clubs and volunteering for school-wide committees. You routinely work after regular school hours and take pride in that dedication. Not only do you happily identify as a teacher, but you also have a strong connection to your school and school community.[4] You may even work at a school you attended as a student, identifying as a community member there for over twenty-five years. You have good working relationships with your administrators, strong connections

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[2] Among participants, three had been teaching 1–3 years; twenty-five had been teaching 4–11 years; and nine had been teaching 11+ years before their loss.

[3] Nine participants noted specifically having a strong identity as a teacher.

[4] By far one of the most common experiences: thirty-one participants described having a strong connection to their school prior to their loss. Only three noted having negative relationships with their school prior to their loss.

with students and families, and supportive relationships, even some deep friendships, with your colleagues. You anticipate this will continue no matter your life circumstances, as when you've experienced grief in the past—losing a parent or sibling—your community has been supportive and understanding.

Pregnancy at Work

The stress of deciding when to reveal your pregnancy has started weighing heavily on you. You could be looking forward to sharing the news with colleagues, and especially with your students, but you could be unsure of when would be the best time. You may be reluctant to share—trying to hide the pregnancy as best you can—until, finally, your body reveals your secret, which you are secretly excited about. You may want to keep the news hidden but need to disclose it, as you are dealing with difficult symptoms like fatigue or nausea for which you need accommodations or at least understanding. You could choose to share the news right away, knowing you will need support if you experience a(nother) loss or because you are too excited to keep it private. You might tell administrators or colleagues you interact with daily for support and legal protection[5]—but know that it could open you up to a difficult conversation:

> I had a conversation with my principal where she asked if I would announce at our Christmas party. I said no, I wasn't comfortable yet. She then told me some story about how Darth Vader from Star Wars only turns bad because he is trying

[5] As attorney Daphne Delvaux explains, parents need to formally disclose their pregnancies to benefit from workplace discrimination protections (Shepard-Ohta, 2023.).

> so hard not to turn bad. I took that as her saying I try so hard to not lose the baby that I am stressing myself out and maybe that's why I keep losing the baby.

You could also wait to share when you are in the generally accepted "safe" zone of the pregnancy, usually after twelve weeks. You might be avoiding all these complications around sharing because you are teaching virtually, so your very observant students are less likely to find you out.

Hopefully, you are having an easy pregnancy.[6] Perhaps the "structure of [your] schedule and the location of [your] classroom [makes] taking more frequent bathroom breaks easy." Perhaps accessing the bathroom—both because of distance and because of a lack of coverage for your classroom—is nearly impossible:

> I had terrible morning sickness that lasted all day. I had a really hard time controlling my anxiety about the morning sickness and needing to get to the bathroom to throw up when students were in my classroom. My elementary school students are not supposed to be left alone, and I knew I could radio down for coverage, but it never came fast enough. I was also worried that fifth graders would question why I was throwing up or running to the bathroom and how to answer those questions early on. I could only control the nausea with Jolly Ranchers.

Maybe you got pregnant during remote teaching due to the COVID-19 pandemic and are thus teaching from home, making it possible to lie in bed and take frequent bathroom

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[6] Nine participants noted easy pregnancies; ten specifically called out being excited.

breaks without worrying about who will watch your students. On the opposite end of the spectrum, you may be forced to work in person during COVID-19 with no clear safety protocols to keep you and your unborn child safe.

You are also likely dealing with morning sickness and extreme fatigue, often without being able to reveal to anyone how you are feeling. This is likely exacerbated by the intense physical and emotional demands of teaching. You may describe yourself as "incredibly stressed out and very overburdened by managing doctor's appointments, scheduling subs, [and] dealing with anxiety, on top of teaching in a new school."[7] If you are pregnant after a previous loss, you could have additional challenges, such as severe anxiety and stress, difficulty sleeping, and an inability to think far into the future. You could be actively avoiding receiving congratulations or any positive reactions from others as you navigate your complicated feelings about being pregnant again. On top of all of that, you are starting to wade through the bureaucracy of figuring out how you will access leave when your baby arrives.

Even if you are physically fine, you could be fighting off invasive questions from colleagues and families coupled with intense anxiety after previous losses. You might make it unscathed through most of your pregnancy and then find that your body just gives out at thirty-four weeks when you find yourself "in pain constantly and literally [unable to] walk without being in pain. [You] teach sitting down, and students [have] to

[7] Twenty-one participants coded instances of negative pregnancy experiences prior to loss.

come to [you] if they [have] questions." Unfortunately, you might just be miserable the whole time:

> My skin hurt; meat tasted funny. My balance was really off. I fell hard twice, very early in my pregnancy. I was diagnosed with gestational diabetes and was dealing with the highs and lows of that.

Hopefully, you aren't dealing with additional medical complications during your pregnancy that necessitate frequent doctor trips for monitoring, as this adds not only stress but logistical complications to your weeks. This medical complication could be experiencing heavy bleeding from a subchorionic hemorrhage or, in extreme cases, being put on bedrest due to fetal growth restriction or preeclampsia—a potentially fatal condition. Even if you aren't fully bedridden, you may have some physical limitations that make teaching challenging:

> Two weeks before my loss, I started spotting and my doctor urged me to keep my physical activity at an absolute minimum. I explained this to my principal who supported me in sitting for the majority of the day, but this was a challenge as an elementary school teacher with students who need you all the time. This also piqued my anxiety because I couldn't explain why I needed to sit all the time [to my students].

Medical Trauma of Loss

At some point during your pregnancy, you learn something has gone wrong—it may happen before you even know you are pregnant, or it could be days before your due date. No matter when it happens, it is surprising and devastating, physically and

emotionally, as pregnancy and early infant loss, unlike the loss other of loved ones, often involves both emotional and physical trauma. No matter what stage of pregnancy you are experiencing your loss during, the physical and medical trauma is considerable. Medical trauma might be a carryover from years of infertility that continues with the need to manage multiple doctors' appointments to deal with recurrent early loss—constant blood draws, multiple surgeries, and/or extreme blood loss. You could have a ruptured ectopic pregnancy—a potentially lethal complication—that then leads to multiple failed methotrexate injections which then lead to extensive internal bleeding and emergency surgery. You could experience a painful miscarriage at home that leaves you bleeding profusely, dizzy, and managing what to do with the remains of the life that was, just hours ago, growing inside of you:

> The physical pain of the cytotec miscarriage was excruciating. I ended up in the hospital and required IV painkillers. I have vaginally delivered two full-term babies and my Cytotec miscarriage was still more painful than either of my vaginal deliveries of full-term babies. After my miscarriage, I kept bleeding on and off for months, and bloodwork finally showed that I had not fully passed all of the fetal tissue. At this point, three months after I initially took the Cytotec, a D&C was scheduled.

You could also, horrifyingly, experience these things while at work.[8] Your strong teacher identity and ties to the community could even make you feel guilty for leaving, even

[8] Eight participants noted going through their loss while at work.

though you are experiencing a debilitating medical event. You may think to yourself, "It [is] more important that I stay at work in active miscarriage to have sub plans perfect and complete than go to the doctor." The work you do coaching or mentoring students could push you to stay as well:

> I had my miscarriage as I was coaching a volleyball game. I started bleeding, and I had to run off the court into the locker room to the coach's office, where I lost the baby on the toilet. [Afterwards] one of my athlete's parents drove me to the hospital.

You could also be worried about losing your job if you don't fulfill your work obligations, even if your school is supportive. You may continue working due to your own high standards and potentially unhealthy relationship with teaching.

Even if you don't physically experience your loss at work, you may have to deal with emotionally difficult news about your pregnancy at work.[9] You may learn of fetal abnormalities or plummeting HCG levels indicating an impending miscarriage and then need to step into your classroom and put on a happy face for a classroom full of children.

Even if you avoid experiencing any medical concerns while at work, the medical trauma of loss is often significant enough to interrupt your work life in some way after the loss. You could experience a placental abruption or hemorrhaging after birth leading to extreme blood loss. You may go through hours or days of labor knowing your child is already dead or endure pre-term labor after which you watch your child die in the NICU.

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[9] Five participants received upsetting news in their middle of their workday.

No matter how you lose your pregnancy or child, it is likely to include some physical pain and/or trauma.

Emotions During Loss

The medical trauma of loss you now carry is very likely to be coupled with emotional trauma. If you are like most loss parents, you will be surprised that this has happened to you, despite the statistics indicating that pregnancy loss is common. You are likely overcome with frustration at the lack of answers for what went wrong. Even if you had been pessimistically anticipating a loss after experiencing recurrent losses or infertility, you will likely describe yourself as feeling in a fog, in a state of deep sadness and shock. You may feel utterly empty, lost, and alone, working hard to even put one foot in front of another. You are likely angry, ashamed, numb, or simply crushed by grief. You could even be plagued by suicidal ideation and PTSD. It is truly "a traumatic, soul-crushing experience":

> The grief was all-consuming. I dealt with suicidal ideation. It felt like such a battle to just keep living. Getting out of bed, or trying to eat something, felt like herculean tasks. I oscillated between a dark, sorrowful place to utter numbness…I remember feeling alone. I remember feeling empty. I remember feeling like no one understood and that no one wanted to try.…The world keeps moving on, even though we feel like we are stuck.…My mind and heart could not get in sync with reality. I think I also felt like I had to accommodate everyone else. Everybody wanted to come see me, to give me a hug and make me feel better, but I just

> wanted to be alone. I didn't want to see anybody, and I still have a lot of people that are mad at me for that.

You could also be dealing with these feelings of intense grief alone, as you never told anyone you were pregnant, because of COVID-19 or because you were worried about sharing too much with your students. In any case, no one may know what you lost because no one knew what you once had.[10]

Impact on Identity

Whatever your situation, you are now forever changed by the experience of pregnancy loss. In the wake of this experience, you may see strengths you always knew you had surface to support you or realize that you are stronger than you thought you were. The experience, however, is more likely to leave you vulnerable. You may see yourself becoming more anxious, more introverted, or more focused on the unfairness of the world. You will likely experience struggles with your identity as a parent—feeling like you lost the right to call yourself a parent or feeling like "an invisible mother" if this was going to be your first child. You may become obsessed with getting pregnant again, letting the idea of trying to conceive consume your every thought. You might struggle to know who you are at all, experiencing a loss of self-confidence or a feeling that your body is broken. You could feel a loss of control and drift away from your religious belief as you wonder if "God [is] telling [you] that [you weren't] meant to have children." Even

[10] Fifteen participants noted that no one at work knew about their loss.

if you do have living children, you will likely always feel that a part of you and your family is missing.

Not everything is about what has been lost, however. You may feel you are now more empathetic and more willing to sit with other people in their pain and grief. You may find yourself reinvigorated politically charged up about the fight for reproductive justice. Perhaps you describe yourself as a "softer, more vulnerable person," someone who is more aware of the preciousness of their living children and more comfortable with complex and messy feelings. No matter what your feelings are, you know you are completely changed.

Challenges with Leave

After enduring the mental, physical, and emotional trauma of loss, you are likely looking to take some time off work. Unfortunately, you are going to encounter a lot of confusion about what type of leave you qualify for, when you qualify for it, and how to access it. You cannot always rely on your HR representatives and/or administration to help you navigate the process. They could do anything. They could revoke your previously approved of leave, they could not help you figure out what leave you would qualify for, or they could be incredibly helpful as you sort through all your leave options.

After any kind of loss, you may be able to access between three and five days of bereavement leave, but this is more likely to be offered to you if you experienced a stillbirth rather than a miscarriage.[11] Pregnancy loss is unlikely to be specified in your

[11] Eleven participants mentioned having five days bereavement leave; three mentioned having three days bereavement leave, all post stillbirth or TFMR. Only mentions with miscarriages were to note its lack of availability.

bereavement policies; in fact, your school could require you to have or attend a funeral to qualify for bereavement leave. Stillbirth is often seen as more of a "death" than miscarriage, so you are more likely to be granted those days, sometimes without asking, after a later-in-pregnancy loss. You will still have to "provide detailed lesson plans for those days" though. Even if you aren't ready to go back to work, you may feel guilted into returning because there is not a qualified substitute to cover your classes, or because you don't want to use all your banked sick leave, especially if you hope to get pregnant again in the future. You may also have some fears about being hired back and not want to look bad by taking too much time off.

The most likely outcome is that you will use some, if not all, of your sick leave after your loss.[12] After a stillbirth or later TFMR, you could be using your sick leave on its own or running concurrently with Family and Medical Leave (FMLA), which offers unpaid job protection for up to twelve weeks if you are lucky enough to qualify. If you've been teaching for years, you have likely been saving up quite a bit of time in the hopes of using it for a long, paid maternity leave. In a worst-case scenario, you may need to drain your sick leave simply to protect your job after your leave is revoked because your stillbirth means you no longer qualify:

> There were no set policies [at my district] and the state of New Jersey would not recognize maternity leave for a stillborn baby. The exact words were, "he never took a breath, so you do not qualify." I took my five death in the family days and

[12] Twenty-two participants mentioned using sick leave on its own of concurrent with other leave. Seven mentioned fully draining their leave—one used 11 years of banked time off.

> luckily, I had a short-term disability policy I paid for so I was able to do that with some sick days I accumulated.

After a miscarriage, sick leave is likely your only option, which is bittersweet as you were, as noted above, trying to save up your sick leave for when you brought home a living child.[13] No matter the type of loss you have endured, if your remaining sick leave does not give you adequate time to heal, you hopefully have a strong enough financial cushion to take unpaid leave.[14] You may also be able to wrangle some medical leave if you have a doctor's note, but again, this will likely be unpaid:

> I still honestly have very strong feelings over the fact that we as teachers have no access to paid leave other than our sick time. I started feeling like this after I had my girls prematurely, and my husband and I were both extremely impacted by the lack of paid leave which is why I got so passionate about it and was advocating for change before my son passed. I still get very frustrated and fired up about it when I talk about it.

If you work in a small private school, you might be lucky enough to be free of some bureaucracy[15] and be able to access all the leave you need:

> I feel that my ideal scenario happened with both losses. I was given carte blanche to take as much time as I needed and was never pressured to return sooner than I deemed appropriate. I took a week and a half after the ectopic pregnancy to

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[13] Eight participants mentioned taking sick or personal leave post-miscarriage as the only option.
[14] Six participants mentioned taking unpaid leave at some point.
[15] Only one participant described a situation like this, of teaching in a small private school.

> recover from the surgery and then two days plus a weekend to recover from the D&C. For me personally, I took the time off that I felt I needed to begin the emotional and physical healing process and then it was good to be back at work and back in routine.

Other options that could be offered to you are disability leave or private disability insurance.[16] This could get you some additional time off or give you a payout to cover your expenses while you are on unpaid leave. Disability leave could also help you navigate a system where pregnancy loss is unmentioned in your school's leave policies:

> My district does not have any leave set aside for pregnancy loss. My psychiatrist wrote a letter to my district on my behalf, noting that because of the severe anxiety and depression I experienced as a result of my loss, I could not return for the remainder of the school year.

You could also rely on the generosity of your colleagues or administrators to donate leave.[17]

Unfortunately, teaching is a difficult job to fully check out of even when you are on leave. Your colleagues could email you about trivial student concerns; a sub could email complaining about missing quizzes, lesson planning, or grading. As you a prepping for surgery, your administrator could remind you that grades are still due. Even if everything is covered, you may still worry about the impact on your students of having

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[16] Two participants mentioned private disability insurance and three mentioned disability leave.

[17] One participant mentioned receiving donated leave from colleagues so she could stay out the remainder of her school year.

a sub who may not be qualified to teach your content area for weeks or months while you recover.

While you may wish for flexibility in returning to work, this is incredibly rare in teaching. Unless you happen to work at an online school or are teaching during a global pandemic, the likelihood of being able to return to work virtually, with a flexible schedule or a reduced workload is low. If you are extremely lucky, you may be able to access half days offered by the district or arrange to have a sub in the room who lead teaches for two weeks while you ease in emotionally.[18] Additionally, you will likely be on your own in finding mental health support after your loss.[19]

Returning to Work

Once your leave time is up, it is likely that you won't feel emotionally ready to go back to work, but financial obligations will override your emotions.[20] You could be fearful of reentering the building where you experienced your loss or anxious about dealing with questions and comments from colleagues and students: "I cried the whole way to work and was considering taking the day off because I just couldn't imagine how I could teach that day…I was such a mess and just so full of grief." You could enter what feels like an emotional roller coaster: feeling like you are in a fog and struggling to focus; isolating yourself from colleagues and hiding in your room to cry; or feeling physically

[18] These were the only two examples of participants being offered flexibility in returning to work.
[19] Two participants noted being offered support in finding mental health counseling or resources.
[20] Nine participants specified not being emotionally ready to go back to work after their leave time ended.

and emotionally empty, like a zombie. You try to be there for your students but are, at best, "present but detached:"

> When I returned to work on Monday, I felt somewhat out of body. Trying to reconcile being pregnant one moment and not the next. There was a situation that escalated with a student coming off the bus. He was kicking and hitting another staff member, so I went to assist. He was kicking me, and I remember thinking to myself, "Go right ahead. I have nothing to protect anymore."

Things that used to be easy, like managing a classroom, now feel incredibly difficult due to your trouble with emotional regulation and sleeping. You are also potentially dealing with panic attacks and beginning to develop PTSD.

On top of your emotional struggles, you may still be experiencing lingering physical effects of your loss. You may still be shedding lochia—blood, tissue, and mucus—for weeks post-partum; or you may be passing clots for weeks after a miscarriage. You could be dealing with physical pain from surgery like a C-section or a D&C:

> Every time I returned, I was told I could still possibly be bleeding, but I was unable to wear a tampon due to the procedure, so I wore pads or period underwear. I had cramps...as well as hormone changes…[that could] leave me easily overstimulated, sad, angry, and irritable at any turn.

You also may be emotionally and physically dealing with your breast milk coming in, stuffing cabbage in your bra to dry up the painful reminder that you should be nursing your living child right now. You could also be battling the physical symptoms of

depression, like extreme weight loss, as you struggle to take care of your body in the wake of this trauma.

While going back to work is challenging in any profession, your school feels like a constant trigger; you are "trauma poked" by everything around you. Teaching presents some work-specific and community-specific challenges that other professions may not face. Maybe this was the last place you were happily pregnant, and you are now having to avoid schoolwide baby showers and pregnant colleagues. You may struggle with juggling who knows and who doesn't know about your loss, making the topic feel like an elephant in the room every time you see a family walk into the building with a baby. You want people to know how you are feeling while simultaneously dreading the pity you see in their eyes when they talk to you. You may find yourself getting angry at parents you feel aren't appreciating their children when all you want is to be a parent. Mostly, you struggle to spend the day pouring your love into other people's children while you long to do that for your own.

Given the predominantly female workforce and the constant interaction with young families, especially if you teach in elementary school, it can feel like there are pregnant folks everywhere, whether they be colleagues or your students' parents. To build community, your school may send email announcements or hold baby showers—sometimes in combination with mandatory staff meetings—for expecting parents. If you work with older students, you may also teach pregnant students.

As a teacher, you are also, of course, surrounded by children. Going to work makes you face your loss constantly; "you can't set aside your grief. It's front and

center." It's "thrown in your face" every day that other people have living children, and you don't, making work feel like a nonstop trigger:

> It's hard to work with children when your own has died. Sure, I didn't lose a high schooler, but I lost the idea of one. I have a student named Lydia [my daughter's name] for the first time this year. That's a little knife to the gut each time I see my class list.

You may "feel the losses the most…when [you] see students interacting with their parents, like seeing a kid running into their parent's arms at the end of the day."

These feelings of grief may also turn into guilt, as you feel you are letting your students down if you need to miss work, adjust your workload, or drop some after-school responsibilities. You may lament that your students have been left with a less patient, lower-energy teacher, as you simply have less of yourself to give. Through this time, you may also find yourself feeling invisible—that people don't see you as a whole person:

> It's really hard to do a thankless job when your heart is broken. Trying to give all your heart to the job, to your students, to the families and be given nothing kind back. Then going through the worst secret grief at the same time. People forget that teachers are people. We have real lives, real families, and personal goals.

Things that were already hard about teaching now feel impossible. Dealing with your grief and PTSD, feeling generally emotionally depleted, while needing to help other people through their emotional challenges is almost too much. Sadly normal parts of the job, like a training about active shooter scenarios, with its discussions of dead and dying

children, could cause you to flee the room in a panic. Despite all this, you tell yourself you just have to put a smile on your face and get back to work.

Community Support

When dealing with this type of grief and trauma, you hope that your community will support you through the process and does whatever they can to help.[21] Your work community may be able to offer you tangible support, emotional support, and support in communicating the difficult news to others in your orbit. Most often, communication support comes from administrators. In the best circumstances, administrators ask you what you need in terms of communication—they may offer to tell the staff, parents, and students in the way you want, so you do not have to relive or retell the story multiple times. They could also email the staff with best practices for how to engage with you and bring in a counselor to tell your students about your loss in an age-appropriate way. If you ask for space, administrators may be accommodating.

Administrators are also in a position to offer you tangible support during and after your leave. This could look like sending flowers, dropping off a meal, or taking you out to dinner to talk through how you are doing. In extreme cases, they may visit you in the hospital or tell you not to worry about anything, even sub plans, while you are out on leave, protecting you from unnecessary communication. In some cases, they may even step in to sub for you themselves or work out flexible working arrangements for you:

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[21] Twenty-one participants noted having supportive administrators and twenty-eight mentioned having supportive colleagues and school communities.

> My principal at the time was a white male. We had an incredible relationship before my loss, and after my loss I respected him even more. He made sure that I didn't feel pressured to come back to work. He also allowed me to work from home for the entire school year after that!

Once back at school full time, administrators might check in with you to see if you need quick breaks during the day or step in if you are on the verge of having a panic attack; they could even let you leave for the day, no questions asked, if things get particularly challenging. Some principals may do this from a place of personal understanding, having experienced a loss themselves:

> I was very fortunate that my school was so understanding and let me do what I needed to do. It's all still a blur, but my principal completely understood—she shared with me that she too had a miscarriage and D&C. She didn't even let me make sub plans; she told me to stay home, grieve, and heal. She let me handle telling the students and sharing my loss with staff the way I wanted to and was completely supportive in helping me share that information with our community. I am so thankful for her and for the support of the students and staff through that time. They even sent me flowers while I was home.

While they do not hold as much institutional power, your colleagues can also have a positive impact on your return to work.[22] Similar to administrators, colleagues may offer to help in whatever way they can. While on leave, they may drop off a meal or

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[22] Again, this was a very common code: twenty-eight participants noted having supportive school communities.

organize a meal train. They could attend your child's funeral or send flowers. They could start a GoFundMe fundraiser to help you cover medical expenses or they may raise funds for the NICU in your child's honor. They may also step in to tell your students about your loss, sometimes even turning it into a lesson about grief. They could help locate a sub who can adequately fill your shoes in your absence and help transition that sub into their role. When you return to work, they may share their own stories of loss and check in with you while also giving you the space you need. They could give you a physical space to cry in their empty classroom or just remind you that they are there to care for you: "I had one teacher friend that, without asking, brought me a coffee every Monday morning and just left it on my desk. I am still so grateful for all of them."

If you are lucky enough to experience this level of support through your loss, you will likely come out of this experience with a strengthened relationship with your school community.[23] Feeling loved, supported, and understood by colleagues can solidify already close relationships or turn work relationships into deep friendships. It may lead to increased trust and respect for your administrators and even open the door for you to advocate for better policy support for teachers going through loss, like adding bereavement language to the teacher contract. It could even solidify your decision to stay at your school well into the future:

> The support from my coworkers and administrators strengthened my relationship with them. After suffering three losses, I have gained new friendships outside of

[23] Ten participants noted the experiencing having a positive impact on their relationships at school.

work because of their support. It also solidified my decision to stay at my school where I am so supported, even though I live over an hour away from my school. I am okay with making that commute because I know that no matter what struggle I may face in the future, I will have full support from my coworkers and admin.

Lack of Community Support

Unfortunately, you are not guaranteed a soft-landing pad after your loss, even if you had a supportive school community before your loss.[24] Your colleagues could contribute to your feelings of invisibility by completely ignoring you and your loss when you return to work: "Our admin didn't even send a card. Nothing. I worked there for eleven years and nothing." You could text to tell your principal that you are actively miscarrying, and their response could simply be "ok" with no follow-up. They could give you a hard time about taking your leave, implying you're taking too much time off, or ask you to work during your leave to complete a formal evaluation or submit grades:

> [My principal] pulled me into his office when he determined that I had taken too many days off. According to my employment agreement that wasn't the case, but he still tried to bully me into saying I'd stop taking days, even though some of the time off I was taking was due to the counselling he advised me to do. This was really frustrating and made a rift between me and the admin. I don't treat them with the same candor anymore.

[24] Eight participants mentioned having negative experiences with administrators and eleven noted unsupportive school communities. Of those, thirteen previously had good school relationships, and nine said it negatively impacted their previously strong relationships.

They could also fail to account for your grief in your formal evaluations, causing your scores to go down, which could impact your pay or professional standing.

While you might wish to commiserate with colleagues, they could instead leave you in the lurch. They may treat your loss as contagious or just never acknowledge it, leaving you feeling like you are on "an island of sorrow." They may, infuriatingly, be silent about your loss when you return to work despite the fact that they contacted you mere hours after giving birth to ask a question about a minor student issue. Alternatively, they could want to be supportive but say all the wrong things, asking you awkward questions or reassuring you that "you can always get pregnant again." This may feel especially hurtful when you previously felt like a valued member of the community:

> Even though I had been part of the school for over twenty-five years and literally would have done anything for this school to thrive, they didn't seem to care about helping me with "uncomfortable things" that are a reality nowadays.

If you teach at a religious school, this could also cause complications with the intersections of your grief and your faith. Uncomfortable comments may be more inflected with messages about faith, with colleagues assuring you that "God has a plan" or that "this is what was meant to be." Your principal could lead the staff in prayer in your honor, despite you no longer believing in prayer's power. You could be deeply uncomfortable by the suggestion from a colleague that your baby is now in "limbo" since they were unable to be baptized. There could be discomfort and judgment from colleagues who are confused by the overlap in abortion and miscarriage care, all of which

could cause you to question not only your place teaching at a faith-based institution but your faith itself.

This could all be exacerbated by ongoing communication challenges around your loss. If your school has a policy of only telling a select group of students about your loss, you could be facing uncomfortable questions about your baby constantly. Your school could also have no policy at all, leaving you to navigate the taboos and trauma of deciding when and how to tell your colleagues, students, and families. In extreme cases, HR may require you to say nothing:

> One policy that our HR department strictly enforced on my school was not telling any of my students or families what had happened. Everyone thought I was gone and enjoying my time with my baby. They specifically told my coworkers that they could lose their jobs if they spoke about my loss with any of our families. They considered this a HIPAA violation.

You may be left feeling like an outsider to the community, as if people just see you "as the lady whose baby died." People you used to consider friends are now simply work colleagues, as you question whether you really matter to them or if they just don't fully understand the magnitude of your loss:

> I felt very differently towards certain staff members for their comments. One staff member said to me, after I had birthed a living child, "You see God taketh and then God giveth." I no longer speak to that woman. People also only acknowledge my living children now. I don't always correct them when they say two kids instead of three to avoid awkward situations, but it cuts me deep.

Impact on & Actions by Students and Families

While most employees in similar circumstances would only need to deal with how their loss impacts their management and their colleagues, you also must deal with the ramifications of your loss for your students and their families. You must navigate their reaction to your loss in ways that are age-appropriate and acceptable to your school policies and students' families:

> My students were impacted at different levels. Some weren't terribly bothered; some were more bothered by the fact that they had a different teacher for the rest of the year, and some were very worried about me and felt very destabilized. One boy sent me periodic emails the next school year telling me how sorry he was that Baby Tic Tac had died and [wrote] that he missed me.

Your students may be incredibly supportive, maybe even more supportive than the adults around you. They could experience some form of grief alongside you. If you were pregnant during the school year, students may have grown increasingly invested in your child, tracking its growth and progress alongside you, sometimes even as a class reward. They might also witness a medical emergency and be fearful. They may grieve for you as their teacher and grieve having you as a teacher if you take an extended leave. After your loss, students may join your more supportive colleagues in sending cards, gifts, and thoughtful notes. They might also provide loving support and thoughtful questions as you transition back into work:

> I remember the first day back I scheduled a lab for my students to do… It did not go the way I hoped, but my students were so kind. They seemed genuinely happy to see me and kept saying, "It's okay Ms., we'll help you."

Students and families may be devastated for you, knowing how excited you were to grow your family. They were with you celebrating every milestone, so after your loss, they may check in with you regularly to see if you are ok:

> Two of my high school students whom I had in seventh and eighth grade shared that they saw it on Facebook, as I was friends with one of the girl's older sisters. They shared they were worried about me and didn't know how I was getting through musical rehearsal like I was. That conversation meant so much to me.

Some students may not know what happened until you share with them later, but these students may still offer some needed support with that disclosure:

> Last year I felt comfortable sharing with some classes, and I really don't think we give kids enough credit sometimes. They asked so many thoughtful questions about Sonja. I've even had students tell me about the passing of their own siblings to miscarriage or later losses.

With this reaction, you may soon feel that your "students love me more than my colleagues and my administration:"

> When my class started a few days later, I knew that I had to tell them about my loss because I had already told them I was pregnant right before the summer break. I sat them down on the first day and said I had sad news. I told them about how I was pregnant when we went off on summer break but then the baby had

> died, and I am no longer pregnant. I found telling my class so much better of an experience and so much easier than telling so many adults because none of the kids reacted with…any of those cliches that honestly hurt so much. I was taking it as a learning opportunity for my students, and I told them that it's something that made me really sad and would continue to make me really sad probably forever, so if they ever saw me feeling sad or maybe crying or something then that's probably why. They were welcome to give me a hug if they wanted or just continue on, because I was working through all my feelings. My students were really understanding and loving and told me they were sorry and, "Oh man, that sucks." All of the things that I really wish were the only responses I got from adults. I was a little bit worried about sharing with my class and getting backlash from parents, but I didn't. The few responses I did end up hearing from parents were all very supportive and loving. No one got mad at me for sharing about this sad truth.

Being around students may also be a positive emotional escape from a terrible experience:

> Being with my students was my saving grace though. They helped take my mind off things and help me get back into a routine. Their smiling faces and positive attitudes immediately lifted my mood when they walked into the classroom.

Students' families may also provide solace—they may help explain what happened to their students and prompt them to write cards or send notes. They may also provide some kind words of their own:

> I remember with great love the parent who emailed me and told me that I wasn't going to be the same teacher anymore because I wasn't Lydia's mom before and now I am. It was such a kindness for her to acknowledge me as a parent. Since Lydia was my first, very few people did that.

You may also be able to use this situation as a learning opportunity for your students. Maybe your students found out on social media and brought it up with you, starting a conversation about how you are the first person they know who has experienced a miscarriage. You could use it to open a conversation about grief and how they can work through and handle grief in their own lives. You may include your child in your class introduction, using it to raise awareness of pregnancy and infant loss. Families may comment that this conversation has a real impact on their kids. You can also model for students talking openly about what type of support you need and how to give it, showing them that this is something they can do when they are going through challenging times as well.

Unfortunately, circumstances may dictate that you leave your students in the dark, or they—just like adults—may not know how to react to such news. You may withhold information because you feel like it is inappropriate to share with young students. Thus, they may become another trigger, asking you if you had your baby or if you have kids. They may know but choose to not say anything or act like it didn't happen. You may be unsure how to address all this with your students, as the guidance for telling them falls to their parents and leaves you in the dark about what is being shared and how to discuss it appropriately.

Impact on Teaching Role and Identity

This jumble of grief, support, retraumatization, and attempts to return to normalcy leave your teacher identity forever changed. You may find yourself losing your passion as a teacher—maybe you need to pull back on work time, sticking only to contract hours so you can focus your energy on your well-being and manage your now-limited emotional capacity. Maybe you finally give yourself "permission to be at best a B/B+ teacher… [no longer] aiming for perfection." What once felt like a calling now feels more like a job as your priorities shift. You may take less work home, feel more disconnected from your school community, or realize that your life outside of work is more important than anything happening in your school building. For the first time, you feel you are losing your love of teaching, or at least, your grief is masking it. You start to feel that you could leave classroom teaching and see an identity for yourself outside of teaching:

> With teaching—I lost a TON of confidence. I had been on a roll with my career and [was] starting to be a stand-out in the band directing community, but since this happened, I feel like I second-guess myself a lot more.

You could, on the other hand, see teaching as a positive distraction from grief. You may be someone who struggles with being idle and needs that sense of normalcy; work becomes a positive escape, something else to focus on besides your loss. You find yourself giving more grace to yourself and your students. You focus on creating a joyful classroom environment, as you prioritize students feeling loved, safe, and seen. Even in the best circumstances, however, every time you look at your class, you see a more than

twenty positive pregnancy outcomes sitting before you; you are forever reminded of the baby you didn't have and the child they will never become.

Perhaps it all becomes too much, and you realize you need to leave teaching, maybe just for a time and maybe for good.[25] It could be that your mental health has left you in a place where teaching is just not physically or emotionally sustainable. You may have left your role while pregnant, anticipating caring for your expected child full time and just never returned. It could be that the toxic work culture, both before and after your loss, made you feel so undervalued that you could no longer continue working in that environment. Even when you know it is the only decision you can make, it feels heartbreaking:

> It was very hard for me to essentially experience a dual loss of identity as a mother-to-be and as a teacher. Being a great teacher was one of the parts of myself I was most proud of from age twenty-two to thirty-two. Suddenly, that part of me felt completely inaccessible. But I knew I simply did not have the capacity to manage my own psychological needs with the grueling demands of a full-time teaching job.

You take solace in the fact that you aren't alone. Activists say this is an all-too-common experience after loss:

> It ends up being like two things. It's either they can't imagine returning, so they just don't, or it's this toxic environment…That is far more common:

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[25] Nine participants left teaching completely. Seven left who described previously having a strong connection to their school community.

> administrators asking for lesson plans…knowing that they're about to go into surgery, but requesting things of them or knowing that they're deep in grief [and] putting a letter in their file, because…their classroom management is not the same as it used to be. So, there's just a lack of humanity, and the lack of seeing them as worthy of support, because socio-emotional learning has been this huge initiative for students, but not for teachers at all.

Your life may now seem to revolve around your loss so much that you have to take action. You want to support other parents through this process and make the loss of your child mean something in your life and the lives of others.[26] You could start an organization to support other teachers through infertility and loss [27] or an organization that sends care packages to mothers in the hospital after a loss.[28] You may join existing organizations like PUSH Empowered Pregnancy to advocate at a national level for stillbirth awareness and prevention or you may start locally, advocating for more inclusive bereavement leave language at your school and in your union contacts. You could organize walks to raise money or start a blog or Instagram account to build community or share your story. You may have left teaching, but your need to help others and support communities never left you.

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[26] Seven participants turned to social action; of those seven, two started organizations themselves.
[27] Start Healing Together
[28] Aliyah in Action

Conclusion

In this chapter, I wove together the stories of my participants into one second-person narrative in an attempt to capture the distinct and diverse experiences that exist for every "plot point" of pregnancy and infant loss. Because each participant exists in multiple complicated, overlapping systems, what emerged for each of them was unique, contextual, and intricate—hence the move away from thematic analysis and towards an attempt to capture the nuances of the data. Even so, this story does not scratch the surface of the possible ways this experience can play out for teachers in the US K–12 system education system.

While the experiences were unique, what is obvious from this story is that when considering the workplace, there are some key variables—in each school system and at many levels—that pushed participants towards having an overall positive experience or variables that caused participants to have an overall negative experience. Because of this, when asked about wishes for support, my participants offered remarkably similar ideas. In the next chapter, I turn to a larger analysis of the systems in which my participants operated, before sharing their wishes for support in the concluding chapter.

Chapter 6: Analysis Part 3 – Thinking with Theory

While Chapters 4 and 5 explored my participants' stories through different narrative structures, specifically an ethnodrama and a second-person story, this chapter will draw on my participants' experiences, along with different theoretical concepts, to analyze the complex structures at play. Specifically, I will utilize *Thinking with Theory* (Jackson & Mazzei, 2012) to tell a story of schools as systems without space for women's bodies or emotions. I will then explore how that lack of space is further exacerbated following pregnancy and infant loss.

I conduct this analysis through the macro-theoretical framework of complexity theory to acknowledge the unknowable number of variables at play in each participant's experience. Specifically, I use the concept of *emergence*, the notion that what comes out of complex systems lacks a clear cause, to tell the story of moments when a lack of emotional and/or physical space emerges for participants from the interactions among the myriad systems of which they are a part: their school systems, political systems, medical systems, and cultural systems, in addition to the ever-present system of patriarchy. I argue that the complicated swirl of these systems interacts to create this lack of space for gendered bodies and emotions in workplaces, generally, and schools specifically. Additionally, I discuss how the concept of emergence justifies my work being descriptive rather than prescriptive and allows for a discussion of how human agency plays a key role in these moments of emergence.

With emergence as a groundwork, I read my participants' interviews and questionnaires through the concepts of disenfranchised (Doka 1999) and stifled grief

(Eyetsemitan, 1998) and *misfit* (Garland-Thomson, 2011), utilizing *Thinking with Theory* (Jackson & Mazzei, 2012) to further tease apart the data. I start with disenfranchised and stifled grief, specifically considering how the silence around grief in the workplace, wider cultural silence around grief following pregnancy loss, and stigma around female emotions in the workplace create a systemic silencing of loss parents' emotions in schools following their losses. I then explore how the agency of those around loss parents creates moments of intervention that allow space for this grief. I engage in a similar analysis with the concept of *misfit* (Garland-Thomas, 2011), exploring how the systemic lack of space for and stigma around women's bodies—and the maternal body specifically—combined with the physical realities of school systems leaves little physical space for loss parents both during pregnancy and after a loss. Finally, I end this chapter with the story of how these experiences of disenfranchisement, stifling, and misfitting radicalized some participants into action.

Choice of Theoretical Concepts

Complexity theory and the concepts of disenfranchised and stifled grief and *misfit* weave well together to build an understanding of participants' experiences. As noted earlier in Chapter 2, my participants are always moving through and interacting with multiple systems—in both a physical sense and an emotional/cultural sense—which are creating their experience. The way that they as individuals—who can also be read as systems in and of themselves—move through the larger systems of which they are a part can be either smooth or sharp, as Ahmed (2017) describes. Systems may move and make space for loss parents' bodies and emotions or butt up against them, creating friction,

tension, and discomfort. These moments can be described as moments when participants *misfit* (Garland-Thomas, 2011) which can lead them to experience disenfranchised (Doka 1999) and stifled grief (Eyetsemitan, 1998), ultimately leading participants to have a negative experience at their school in light of their experience of loss. When loss parents do fit—when they move easily through a system, when a system accommodates their bodies and their grief, or when individuals attempt to make space for loss parents or grease the wheels of their interactions with a hostile system—it can allow parents working as teachers to move more easily through the experience and potentially reaffirm their place at their school and in their profession. As complexity theory argues, there is no one moment, person, or variable that can guarantee a positive experience, given the uniqueness of each loss parents' experiences, the complexity of the myriad systems with which they are interacting, and the agency of all the individuals involved.

The goal in analyzing these interviews and questionnaires through complexity theory and the concepts of disenfranchised grief and stifled and *misfit* is to see the moments when intervention (or lack thereof) into systems creates moments of tension, discomfort, anger, and re-traumatization or moments of connection, gratitude, and understanding. Thus, this chapter will not point to a concrete list of actions or policies that can be implemented to ensure loss parents have a positive experience at their schools. In the next chapter, I will delve more deeply into participants' suggestions for actions, but with the caveat that no one intervention can guarantee a positive experience; rather, I hope to explore how complex these situations are and how overlapping and

intersecting systems create multiple opportunities for positive and negative outcomes to emerge.

Complexity Theory's Concept of Emergence

For this analysis, it is important to return to the discussion of complexity theory, specifically, the idea that, given the multiplicity of systems intersecting in each participant's experience—school systems, political systems, medical systems, bodily systems—and the multitude of variables at play in my participants' stories—their type of loss, previous pregnancies or infertility, their specific job, their existing relationships, their schools' culture and policies, their state's policies, their administrators' understanding of those policies, their students, their students' families, the wider gendered expectations in their space, our cultural conversations around pregnancy and loss and on and on and on—it is impossible to pin down what variables caused different outcomes in their stories. It is the constant swirling of interactions within wider systems that left each of my participants with their individual experiences. This does not mean, though, that there are no causal links buried in the swirl of these interactions.

> Complexity theory accounts for this tension with the concept of emergence: The combination of multi-factor causality, occurring through time, in the absence of a central, generative force… from a complexity perspective, things 'emerge' at certain points in the history of a set of multiple interactions through time, simply as a result of the interactions, rather than as the result of 'deep,' generative causal structures. This is partly what makes emergence, to some extent at least, unpredictable; what emerges will depend upon what interacts, which is at least

> partly determined by chance encounters and changes in environments. Emergence, however, though unpredictable, is nonetheless also constrained. (Haggis, 2008, p. 173–174)

As Haggis notes, emergence can be unpredictable, but it is not quite chaos or a theory that says anything goes; "the causalities involved in the interactions may be untrackable, but what emerges from them is not 'mysterious,' in this sense: it is consistent with the nature and histories of the interactions involved" (Haggis, 2008, p. 174). In other words, we cannot predict the outcome of a situation, even if we were to know exactly the conditions and "constituent elements" of a particular environment (Mason, 2008b, p. 36). This became clear when I looked for trends in my data but found none. The type of school, the type of loss, the relationships that existed before participants' losses—none of these had any correlation with a positive or negative experience, if I could even neatly categorize an experience as essentially good or bad. Again, as Haggis (2008) notes, this does not mean that *anything* could emerge, "as emergence is ultimately constrained by certain features of the system itself…and by the system's interaction with (and partial constitution by) factors and systems beyond its own boundaries" (p. 167). For example, problems with leave often emerged in systems that lacked clarity around leave or when policies were not inclusive of pregnancy loss. This, however, did not mean that participants were always denied leave, as sometimes an administrator or HR representative stepped in to offer support when policies were lacking.

As this example illustrates, the concept of emergence, importantly, accounts for agency, which in the case of this analysis, leads to my conclusion that even if structures

are built that push loss parents towards negative experiences, individual agency can and does interact with those systems, recursively over time, to impact both participants' experiences and the structures and systems themselves. Byrne and Callaghan (2014) engage with Bourdieu's thinking to discuss the role of agency within complexity theory, arguing that agency and structure are always interacting with each other, rather than existing in separate containers. Additionally, they argue that actions taken collectively over time can create structures that in turn can be influenced by agency, creating an ongoing relationship between structure and agency. This recognition of both structural causation and the causation of individual human interactions allows for accepting:

> Irregularity and unpredictability…as being a 'structural' aspect of the interactions that are to be investigated; these features cannot be 'evened out' or ignored. This unpredictability is not random 'noise' or chaos but is part of the structuring dynamics of this type of system. The causal paths involved in multiple interactions through time may be too varied, too fast, and too simultaneous to ever be tracked or observed, but this does not mean that such causal paths are absent. It does mean, however, that researchers have to accept limits to what can be described or explained (and perhaps redirect their attention to effects, as indicated above). (Haggis, 2008, p. 168)

Put another way, it is important to note that complexity theory differs from chaos theory, in accepting that just because the variables may be multiple and thus difficult or impossible to track does not mean that there are no causal relationships working within the system. Thus, in this analysis, I ask, what has emerged from the systems with which

my participants are interacting as they have experienced pregnancy loss? As I see what emerges, I can speculate about systemic variables at play and surmise as to their interactions, but I will not claim to lay the outcomes at the feet of any one variable in particular. I am analyzing the intersecting systems as a whole in an attempt to understand what is at play in my participants' experiences. My exploration of disenfranchised and stifled grief and moments of misfitting is an attempt to focus on effects, to see what experiences emerged for my participants through their interactions with various systems. I do this to follow Haggis' (2008) argument:

> The interactions [within systems] are multiple and multiply connected, and it is the multiplicity of the interactions through time that produces effects. Causality in this situation cannot be reduced to single or limited numbers of factors, as the factors are all crucially implicated in relation to each other. Byrne (2005b) has suggested that the impossibility of tracking these multiple interaction histories suggests a shift from a focus on cause to a focus on effects. (p. 167)

Multiplicity of Taboos: No Space at Work for Maternal Bodies and Emotions

For this analysis, I separate my discussions of the stigmatization of the emotional and physical experience of pregnancy and infant loss; however, these emotional and physical experiences are obviously intertwined and often compounding within work systems. Both Acker (1990) and Trethewey (1999) write about the ways female bodies and emotions are viewed as excessive and out of place in the workplace. These bodies are then further marginalized in pregnancy and loss as both pregnancy and loss experiences create additional physical and emotional excess in relation to the bodily experience of

procreation. Acker (1990) argues that "the concept of 'a job' is…implicitly a gendered concept…[and] already contains the gender-based division of labor and the separation between the public and the private sphere" (p. 149). Acker posits that the ideal worker is abstract and disembodied and thus excludes "and marginalizes women who cannot, almost by definition, achieve the qualities of a real worker because to do so is to become like a man…[or to be] a bodiless worker who occupies the abstract, gender-neutral job, has no sexuality, no emotions, and does not procreate" (p. 150–151). Acker goes on to explain that this leaves no space in organizations for evidence of human reproduction or open expression of emotions,

Trethewey (1999) similarly notes that "historically, discourses of professionalism have privileged formal terms such as male, public, mind, and rational over their informal opposites—female, private, body, and emotional" (p. 426). This marginalization is not just policed from outside women's bodies, but embodied within themselves, as Trethewey found:

> Female professionals described their own bodies and the bodies of other women in terms of spillage, slips, leaks, and excess.…women's bodies overflow via pregnancy, menstrual bleeding, emotional displays…the excessively sexual or undisciplined body draws attention to the otherness of the female, private body in the masculine, public sphere of work. (p. 438)

In Trethewey's argument, it is not just the physical or emotional but the excess of both in conjunction with each other that ultimately is out of place in the workplace. This overlap can be seen in many quotes and examples from my participants, wherein discussion of

emotional and physical challenges was intertwined. For this analysis, I teased them apart, but for participants, these experiences are all part of one complicated whole. Moments where they were given space to heal physically also allowed them to heal emotionally and vice versa. The lack of space for emotional healing in turn left them with little space for physical healing, and it may be impossible to tease apart led to various stigmatizing experiences.

Systemic Disenfranchisement and Stifling of Grief

I start with an analysis of the lack of space for emotional excess through moments of the emergence of disenfranchised (Burden et al., 2016; Doka, 1989; Epstein-Gilboa, 2017; Hazen, 2003; Lang et al., 2011) and stifled (Eyetsemitan, 1998) grief. As noted in the Chapter 2, these dual concepts emerge when grief is not recognized or not allowed to be felt or expressed fully. Doka (1999) explains that *disenfranchised grief*:

> recognizes that societies have sets of norms—in effect, 'grieving rules'—that attempt to specify who, when, where, how, how long, and for whom people should grieve. These grieving rules may be codified [in systems such] as personnel policies…. Such policies reflect the fact that each society defines who has a legitimate right to grieve, and these rights correspond to relationships, primarily familial, that are socially recognized and sanctioned. However, these grieving rules may not correspond to the nature of attachments, the sense of loss, or the feelings of survivors and hence their grief is disenfranchised. (p. 37)

Thus, disenfranchised grief only emerges from the interaction between a grieving person and systems that do not allow space for that grief. Given the lack of cultural and political

recognition of the impact of pregnancy loss, the grief caused by this loss often becomes disenfranchised loss (Burden et al., 2016; Epstein-Gilboa, 2017; Hazen, 2003; Lang et al., 2011). A related term is *stifled grief*, which Eyetsemitan (1998) claims can include disenfranchised grief but also includes any grief "denied its full course" (p. 4710). As noted in Chapter 2, this type of grief is common following pregnancy loss (Doka, 1999, p. 38) and is especially likely to happen in the workplace (Eyetsemitan, 1998; Porschitz & Siler, 2017).

Disenfranchisement and stifling of grief, then, emerge from the intersections of multiple systems. As discussed at length in Chapter 2, pregnancy and infant loss is underrecognized as a source of grief in our wider culture, and most workplaces rarely handle employees' grief about any loss adequately. For example, bereavement leave is often only three days and must be taken immediately after a loss, leaving employees with little time to handle more than the logistics of a loss (Swanson et al., 2007). Then, the overlapping cultural systems of patriarchy and Western work culture find public discussions of pregnancy taboo. Combining the taboo around grief with the taboo around pregnancy further pushes discussions of pregnancy loss to the margins of the workplace discourse. In policies, this often looks like not allowing employees to take even the small amount of bereavement leave following a pregnancy loss, as it is rarely spelled out in policies as a loss worthy of leave (Gagnon & Beaudry, 2014; Keep et al., 2021; Macdonald et al., 2015; Meunier et al., 2021). In fact, as recently as January of 2024, California became one of the only states to mandate inclusion of pregnancy loss in bereavement leave policies (Yu, 2023).

The cultural norms that deny grief (generally) and that deny grief around pregnancy loss (specifically) then intersect with patriarchal ideas that stigmatize female emotions in the workplace, leaving female employees with even more stigma around their emotional reactions to loss. Trethewey (1999) lays out the ways that women employees are "well aware that demonstrations of excessive emotions [are] dangerous and damaging to women's professional credibility" (p. 441) and says that "any emotions not fulfilling organization goals…are viewed as… 'other,' excessive, and inherently female" (Trethewey, 1999, p. 442). Relatedly, Porschitz and Siler (2017) discuss this divide in their reflection on their miscarriages at work:

> The socially constructed, 'imaginary' dividing line between 'public' work life and 'private' home life felt like it was made of concrete in the case of our miscarriages. The most important personal thing that we were going through for several weeks, months, did not exist in the workplace and never would (in contrast to a pregnancy where one eventually has to 'come out'). Miscarriage is incredibly common, yet it is almost completely unrecognized in 'public' life. (p. 573)

These strands of patriarchy and work culture, unsurprisingly, also operate in schools. Grumet (1988) argues that this denial of women's emotions has long been central to the teaching profession:

> Women of all classes who ventured into teaching must have experienced the collision of their needs, personalities, and expectations with this feminine version of the Protestant ethic. We find the doctrine of self-control and denial of emotions

extended into those traits listed as desirable in the 1928 Commonwealth Teacher-Training Study. (p. 52–53)

Thus, participants are swimming in workplace systems that stigmatize and silence grief *and* simultaneously operating in a wider cultural system that silences discussions of pregnancy loss. These systems intersect with systems of cultural and workplace discourse that paint women as overly emotional. Schools also operate within these systems, and because teaching is a feminized profession, teachers are often caught walking a tightrope when managing their emotions. They are simultaneously celebrated for their female-coded emotions when they are associated with good teaching, such as when they show nurturing and caring towards students, while being judged for displaying emotions related to their own lives and losses. All of this leads to the emergence of experiences of disenfranchised or stifled grief in schools following pregnancy and infant loss.

Participants' Disenfranchised and Stifled Grief

Throughout the proceeding stories, I found moments of disenfranchisement and stifling of grief for my participants. Jackie, a high school teacher who lost her son in her third trimester, said, "the thing that sticks with me most from that time after Richard's death was the silence…not a single administrator reached out to offer their support. The teachers' union did absolutely nothing to offer support." She contrasted this experience with when her father died earlier that year; when her father died, Jackie's colleagues knew how to respond and give her space and support, but the grief over the death of her son was not recognized in the same way. These interpersonal slights were then compounded by the fact that because of policies about who was entitled to family leave,

she had her leave revoked and needed to return to work over the summer to make ends meet. She was not given space for her grief in the interpersonal social systems of her school or within the policy space at her district; these two systems also intersected with each other, as the lack of policy around pregnancy loss can leave colleagues and administrators unsure how to address or respond to a loss.

There were multiple other instances where district policies disenfranchised my participants' grief. Kate, an elementary teacher, was unable to access leave to process her grief, as she was told she was not entitled to bereavement leave unless there was a funeral, deeming her miscarriage not enough of a loss to qualify for leave. Liz, also an elementary teacher, had her leave revoked because she did not have a birth certificate for her daughter, as her state only provides death certificates for stillbirth (Bhave, 2017). These city and state policy slights were then often compounded by interpersonal slights that further stifled participants' grief. Liz was frustrated that during her interactions with HR, no one acknowledged her loss. She wished she would have received a phone call or any human interaction from the HR department in her district that acknowledged her daughter had just died.

The structure of the teaching profession, including the emotional demands of the job, also stifled grief. Suzy, a middle school teacher, remembered "feeling like my experience and grief were automatically much more public than it would be for a nonteacher, between students and their parents being impacted. I also remember that in teaching, there's always this 'the show must go on' aspect, regardless of a global pandemic and intense personal loss." Others noted the emotional labor of teaching

combined with their grief, making teaching untenable unless they fully squashed their grief. Suzy later explained that teachers "cannot do the emotional labor required of teaching if our reserves are low because of our own lives. Because of what I've been through, I don't know that I'll ever be in an emotional place that I can go back to teaching." Mandy, an art teacher, talked about the emotional expectations placed on teachers:

> I'm expected to be 'on' one hundred percent of the time. As an art teacher, I aim to be a welcoming, nurturing, and calming presence in my school, so all of my students are open to creating their own artwork in our studio space. It is really challenging to carry an impossibly heavy weight of the death of a child and fill this role.

Hillary, an elementary physical education teacher, further emphasized the intense emotional load of teaching, which can leave little space for processing personal trauma:

> As a teacher, your first job is to be an emotional support system for your students. Your students rely on you to hold all of their emotional baggage as well as their educational needs. This is not the type of job in which you can go to work and shut yourself in an office and just do the job. You must put on a performance for your students, and after a loss you barely have the strength to think positive thoughts, much less carry the emotional wellbeing of twenty plus students (or in my case the entire school of eight hundred students).

Because of this burden, she argued that "there *has* to be a better way for teachers to come back to work after a loss," because the current system is emotionally untenable.

Others discussed the emotional challenges of simply being around children as stifling: Danielle, a special education teacher, lamented that the "reminder that others have children, and you don't, make longing for your own children even harder." Hillary described:

> Absolutely hat[ing] school after my loss. I lost my passion for teaching and for my students. I didn't want to love on them anymore because I only wanted to love on my daughter. I felt disconnected from my community because nobody truly understood what was happening. I got many condolences, but it was very short-lived. I was also mad at my school because they left me hanging with telling my students, so when I returned, I was forced to relive her death in every single class.

Brooke, a 5th grade teacher, noted that another challenge is students' age, which can make it difficult to share with students about this type of loss. This left teachers unable to acknowledge their grief with the people with whom they spent most of their days:

> I spend more time with my students than my own husband. If my mom or dad or my living child had died, I wouldn't feel ashamed to share that news. However, losing a pregnancy is not the same, even though there is nothing to be ashamed about [for] having a miscarriage. We often have to "lie" about our loss which is extremely invalidating. We also have to put on a "happy face" and perform for our students while grieving internally.

Finally, some participants noted the stifling nature of guilt in teaching—their losses left them feeling like they were failing their students or their school communities

since they could not operate at one hundred percent. Heather, a kindergarten teacher, noted that she stifled her own grief because of this guilt:

> I actually thought I'd come to work and do the performances at night until my colleagues told me, "Absolutely not," and I felt guilty about letting all the kids and families down, but we rescheduled the performance for another time, a month later. The performance was a bit of a mess when it did happen, and I felt guilty about that too.

She went on to explain, "the problems I had stemmed from putting my job above everything else and feeling guilty that I was letting kids and people down."

Often, space to emotionally process grief was only found only through accidents of timing. Some participants lucked into their losses happening over school breaks—long weekends, winter, or spring break, or over the summer— incidentally giving them time to grieve. Participant Erin had this happen twice, first as a teacher and later as an instructional coach. Her first loss happened when she was taking a pre-arranged mental health leave, and she later had an ectopic pregnancy the day before her spring break started. Overall, though, systems tended towards the disenfranchisement and stifling of grief if left to operate without individual intervention by actors within the system.

Supporters' Agency in Creating Space for Grief

While the experience of disenfranchised and stifled grief emerged for many participants, for others, space for grief emerged when agents within systems intervened to create space. Participants rarely named entire systems that were set up to support their grieving but rather described individual actions that supported them, from finding space

in a colleague's classroom to cry, to being given a coffee every week, to having an administrator step in to teach a class when the participant was about to have a panic attack.

Despite her generally negative experience, Jackie noticed that her school's secretary had quietly given her bereavement leave without Jackie asking or even knowing she had done it. Alison, a dance teacher, similarly talked about how her boss helped her "navigate what I had to go through next—helping shuttle things through HR, and making sure I had all my ducks in a row, but she gave me time to grieve first before I had to do all the paperwork stuff." Maybe most dramatically, when Karyn, an elementary teacher at a rural school, took unpaid leave and should have had to pay for COBRA insurance, her "superintendent just made sure that we didn't even have to deal with it, and the board approved it, so instead of paying fifteen hundred, it was like, four hundred dollars. It was a small—no, actually—it was a big gift." These interventions both created emotional time and space for grieving and also validated participants' losses as real and recognized.

Brittany, a music teacher, described getting much needed recognition and support while having an anxiety attack a few weeks after her loss:

> My grief was catching up to me and I needed to go home, something I truly never do. I called my admin up to my room and said "Hey, I'm not going to make it through the rest of the day. I need to go home." She saw my face and said, "Absolutely. We've got it," and let me leave. I'll never forget her taking over in that moment.

Again, Brittany was given both recognition of her pain and tangible support she could use to heal. Prior to returning to work, another music teacher, Kelly, celebrated her principal for recognizing the weight of her grief completely, having had her own loss in the past:

> She didn't even let me make sub plans. She told me to stay home, grieve, and heal. She let me handle telling the students and sharing my loss with staff the way I wanted to and was completely supportive in helping me share that information with our community. I am so thankful for her and for the support of the students and staff through that time. They even sent me flowers while I was home.

Giving her time and space away from work allowed her to focus on grieving, while the flowers recognized the reality of her loss. Other examples of allowing participants space to grieve and recognizing the weight of their grief included an assistant principal who stepped in to sub for the rest of the year in distance learning, and a principal who sent out guidelines to staff members about how to engage with the loss parent upon her return to work. Additionally, multiple participants described feeling seen by receiving flowers, cards, and monetary donations; other discussed how folks checked in on them and shared their own stories of loss. All these actions helped participants feel acknowledged and able to grieve publicly. While systems tended towards disenfranchisement, these individual acts of agency within the systems opened space for grief and healing.

Lack of Space for "Unruly" and "*Misfit*" Bodies

In addition to the lack of emotional space for grief within the intersecting systems surrounding my participants, there was also often a lack of physical space for their embodied experience of loss. Even before their losses, participants often dealt with the

stigma and lack of space for pregnant and maternal bodies while pregnant. Their losses then played into narratives around pregnant and maternal bodies being out of control. Their post-partum bodies were then prone to leakage—bleeding lochia, leaking breast milk, spilling tears—attracting additional stigma. Additionally, the physical demands of teaching left little space for physical healing or accommodation, creating a situation where they became "a square peg in a round hole, [as] the problem with a misfit…inheres not in either of the two things but rather in their juxtaposition, the awkward attempt to fit them together" (Garland-Thomson, 2011, p. 593)

Garland-Thomson's (2011) concept of *misfit* provides a useful framework to explore this lack of space, as this concept:

> elaborate[s on] a materialist feminist understanding of disability by extending a consideration of how the particularities of embodiment interact with their environment in its broadest sense, to include both its spatial and temporal aspects…[it] offers an account of a dynamic encounter between flesh and world. (p. 592)

Because Garland-Thomson's writing comes out of disability studies, it is incredibly useful to the discussion of pregnancy and pregnancy loss, as pregnancy and pregnancy loss can be disabling events. At their best, pregnancy and loss include changing bodies, discomfort, and often, the need for minor accommodation in a workplace; at their worst, pregnancy and loss may require a complete reworking of the structure of a person's role to accommodate their physical needs.

Importantly to this project with its framing in complexity theory, Garland-Thomas (2011) explains that no person is inherently a misfit. The classification depends on the interactions between environments, systems, and individuals:

> Misfits are inherently unstable rather than fixed, yet they are very real because they are material rather than linguistic constructions. The discrepancy between body and world, between that which is expected and that which is, produces fits and misfits. The utility of the concept of misfit is that it definitively lodges injustice and discrimination in the materiality of the world more than in social attitudes or representational practices, even while it recognizes their mutually constituting entanglement. (p. 593)

Thus, it is not the person *who* misfits or who is, in and of themselves, *a* misfit, but rather it is the relationship between the person and their environment that *produces* a misfitting; "misfit, then, reflects the shift in feminist theory from an emphasis on the discursive toward the material by centering its analytical focus on the co-constituting relationship between flesh and environment" (Garland-Thomson, 2011, p. 594). This concept allows me to explore, as I did above, the ways in which instances of misfitting can emerge from interactions between my participants and their surrounding systems, along with moments of intervention that created space for them to better fit.

Byrne and Callaghan (2014) explore similar ideas of embodiment in relationship to systems in their work on complexity theory through interpretations of Bourdieu. They argue that to Bourdieu:

> Structures do not simply exist as external to, and imposed on, actors but are embodied within them. What we perceive and how we interpret the world is shaped by our experience of it, not simply cognitively, but as we interact with it bodily. Our relationship to the social is therefore embodied. (p. 111)

As discussed earlier, exploring embodiment in relationship to systems when discussing pregnancy loss is vital as pregnancy and loss are inherently physical, not just emotional, experiences. Just as my participants desperately needed time and space to heal emotionally, they also needed time and space to heal physically. There are additional parallels between female emotions, grief, and the female and pregnant body.

Just as all grief is taboo in workplaces, all female bodies could be argued to misfit in workplaces and schools. Trethewey (1999) explores how women's bodies are often seen as other to professional bodies; female bodies are described as excessive and overflowing, while a professional body must be under control. Thus, women's bodies are a "professional liability [that must be kept] in check…[leading] women to discipline their corporal selves in the name of professionalism" (p. 445). Grumet (1988) notes similar cultural norms in schools that "ignored female sexuality.…the repudiation of the body was a blight that fell upon the curriculum" (p. 53). What seems excessive and dangerous about the female body is that which is "most connected to their seemingly 'innate' femaleness, including pregnancy, menstruation, emotional displays, and dress, [anything that] suggests…their status as sexual(ized) beings" (Trethewey, 1990, p. 437).

It follows, then, that the aftermath of a pregnancy loss is a stigmatized time as it is a moment when women's bodies are especially "constructed as uncontrollable,

uncontained, unbounded, unruly, leaky and wayward" (Carter, 2010, p. 993). Carter (2010) emphasizes the double bind that women are in around their bodies following pregnancy loss as "contemporary literature on childbearing and the body reveals an ideology in the United States that views pregnancy and childbirth as periods during which women lack control over their bodies" (p. 993), but "paradoxically, childbearing women are also subject to a cultural mandate to assume control over bodily functions through the notion of individual responsibility for fetal outcomes" (p. 994). Thus, women's bodies are deemed dangerous or stigmatized during pregnancy because they are uncontrollable yet may be further stigmatized as responsible when their bodies "fail" to produce a child.

The notion of an out-of-control pregnant body can be traced to the "ever-present threat of breakdown of bodily containment" (Carter, 2010, p. 994). Pregnancy is seen as a time when "a woman's body is at its most 'open, vulnerable and leaky' (Kitzinger, 2005, p. 38)….[which can] evoke disgust and 'fears of fluidity and seepage' (Wolkowitz, 2006, p. 91) in some workplaces" (Gatrell, 2011, p. 160). These fears or tendencies towards disgust have real implications on women's working relationships as "liquids connected with reproduction are associated by employers with poor health and maternal unreliability" (pp. 160–161). The emergence of stigma and disgust then pushes women to attempt to "erase" their bodies at work through "secrecy and silence—avoiding announcing or discussing pregnancy at work—and supra-performance—the requirement for pregnant employees to perform above and beyond normal standards" (p. 158–159). Gatrell (2010) further found:

> Little effort was made by employers to integrate pregnant bodies at work and it appeared that the pregnant body was tolerated only on the basis that women contained and concealed the physical effects of pregnancy, so that workplace norms were not disrupted….These unwritten rules support the notion that pregnancy may be tolerated at work only if women manage to exercise control over their pregnant bodies. (pp. 165-178)

The stigmas and associations of the female bodies with loss of control could be argued to loom over the postpartum period, especially following a loss, when leaking blood, breast milk, and tears is incredibly common, creating more moments of misfitting. Porschitz and Siler (2017) exemplified this misfit after their miscarriages; their "embarrassing and traumatised 'leaky' female bodies [were] pushed into dark corners and/or out of the workplace entirely" (p. 572). Even women who don't experience loss are pressured "re-assert control during the postpartum period to 'get the body back'" (Carter, 2010, p. 994) to quickly erase any memory of their pregnant body. Birthing parents experiencing a typical post-partum period, however, may be able to spend some of this vulnerable time away from work, while many of my participants were forced to endure this post-loss period at their schools.

Participants' Moments of Misfitting

Experiences of misfitting emerged for participants during both their pregnancies and their losses. In addition to the larger cultural forces in workplaces that lead women to hide their bodily experiences of pregnancy and loss, schools and school systems are particularly difficult places to deal with the physical ramifications of pregnancy and loss;

rigid bell schedules, requirements to stand all day, regular interaction with children and families, mandatory attendance at work-sanctioned baby showers, and a lack of privacy or necessary space to handle the physical ramifications of loss all have the potential to exacerbate the physical challenges of pregnancy and loss.

As noted above, moments of misfitting began for many participants during pregnancy, as the physical requirements of teaching intersect with the physical challenges of being pregnant. Jackie noted that she "struggled to get through each class without calling for someone to cover my class as I battled nausea. I often had to leave my class unattended to run to the bathroom." Two participants who worked with students who had physical outbursts noted being worried about managing students' bodies while also protecting their and their children's bodies. Kelly described her physical challenges:

> Physically I was kind of miserable. My skin hurt. Meat tasted funny. My balance was really off; I fell hard twice very early in my pregnancy. I was diagnosed with gestational diabetes and was dealing with the highs and lows of that….having to test and eat and all of that while at school and while teaching.

There are few opportunities to easily step away, take breaks, or even sit down while teaching, leading to these instances of misfitting.

After loss, participants continued to experience physical challenges that were incompatible with teaching and school structures. Andrea, an elementary teacher and instructional coach, discussed how the impossibility of taking breaks added to her difficulties teaching; "depending on the role you have in the school system, it can be very hard to have the freedom to take time away from your students." Similarly, many

participants noted the logistical difficulties of dealing with post-partum symptoms while teaching. Phyllis, a high school English teacher, described how she "was still bleeding lochia when I returned to work, which was a difficult reminder that I was in the postpartum period without having a baby at home with me." Laura, a high school teacher, remembers her "milk came in right before I went to work that Monday, so I stuffed my bra with cabbage. I kept excusing myself to change it out during the day and to go change my pad." Brittany was "still passing clots for days and days after my D&C." The physicality of teaching and the difficulty of leaving their classrooms made dealing with this bleeding and leaking challenging, especially if participants did not want to regularly announce publicly what they were dealing with to colleagues and students.

This speaks to another physical challenge specific to teaching that Leah noted: her discomfort with "how on display we are [as teachers]." Jackie alluded to this when she discussed how, despite physically feeling fine upon her return to work, she still felt a lot of pressure to get back to her physical normal:

> I lost the weight as quickly as I could, so I could fit into my work clothes again and look like myself. I used exercise as an outlet, so I looked like I had never been pregnant. I was desperate to look "normal" again."

This feeds into the discussion of women needing to control their bodies after a time when they felt out of control. Leah, a math and science teacher, also discussed how rapid hormonal change left her feeling out of control; her post-partum hormonal changes "could leave me easily overstimulated, or sad, or angry and irritable at any turn."

All these moments of misfitting were particularly well described by Grace, a high school teacher:

> I think it's hard to go through a second- or third-trimester loss in any profession, but the word that comes to mind for me for teachers experiencing this kind of loss is "incompatible." We expect so much of teachers. We expect our teachers to be on their feet, all day long, with no emotional or physical needs—this is nothing less than martyrdom. When we suffer an incomprehensible loss, no one knows what to do. There isn't a backup plan. I felt like I had to choose myself over my students, and as someone who truly loves teaching, this was an incredibly painful thing to do. But I didn't see another way to manage my recovery.

Andrea further describes the consequences of these moments of misfitting; "if the last few years have taught us nothing else it's that teachers are resilient—but at some point, they need to make sure their emotional and physical needs are being met or they are going to burn out." As these participants illustrate, the systems of schooling and the teaching profession leave little space for physical healing and leave loss parents feeling like misfits in their schools both during pregnancy and after loss.

Interventions to Help Participants Fit

Interventions in the system to create physical space for healing were much rarer than times when space was created for grief. Some participants, however, had material realities, like teaching from home during the COVID-19 pandemic, that allowed them to fit, even if the larger systems tended towards misfitting. Erin specifically called out her perceived privilege to be working from home during her pregnancy as she couldn't

"imagine being nine months pregnant at a brick-and-mortar school. It seems brutal." Similarly, Liz noted that her pregnancy coinciding with the COVID-19 pandemic was nice:

> I didn't have to go anywhere. If I wasn't feeling well, I could lie down for ten minutes. Honestly, being pregnant was the happiest time of my life. I didn't have the pressures of having to go to school every day…Everything had been absolutely perfect.

For participants who were not working from home, it seems physical space was much harder to create than mental or emotional space, given the rigid physical structures of schooling. Only one participant, Hillary, noted being offered flexible working arrangements when school was in person, and one other, Tamara, \discussed working part-time when teaching on Zoom. Physical accommodations when returning to work were rarely mentioned. Most participants who felt supported physically or who returned to work in strong physical condition were able to take their full family and medical leave or were able to take unpaid leave due to disability insurance or other means of financial support, thus not interacting physically with the school system while they healed. Others felt such a disconnect between their physical needs and teaching that they simply left their roles.

Disenfranchisement and Misfitting Leading to Advocacy

These moments of disenfranchisement and misfitting produced experiences for participants that, in some cases, prompted them to take action to change or influence the systems in which they were operating. This follows from Garland-Thomson's (2011)

argument that “the experience of misfitting can produce subjugated knowledges from which an oppositional consciousness and politicized identity might arise” (p. 597). Pollock et al. (2020) argue that this happened to bereaved parents who became “agents of change…[and] advocates [that] challenged the system that was stigmatizing them (p. 172). Two of my participants, Liz and Jackie, both started organizations and became fierce advocates for both the prevention of stillbirth generally and the support of employees experiencing infertility and loss specifically.

After the stillbirth of her daughter, Liz was denied family and medical leave, pushing her to publicly call out her school district. When the district responded to her publicity by trying to push her out of her job, Liz filed a lawsuit against the district. Additionally, after she left teaching, she started a non-profit that sends care packages to loss parents and joined the national advocacy organization PUSH Pregnancy as an advocate for stillbirth prevention. Jackie stayed in teaching, but as a reaction to the lack of support from her union and administrators, started a non-profit focused on supporting teachers experiencing pregnancy loss. Both Jackie and Liz had experiences of personal intervention into systems to help support them through their losses, but the overwhelming experience they had was of disenfranchisement and misfitting, leading them to seek systemic change. Other participants have sought to change contract language to include pregnancy loss in bereavement leave policies, have organized charitable events for pregnancy loss prevention, and have shared their stories publicly in the hopes of changing the wider culture of silence around pregnancy loss.

Conclusion

In this chapter, I explored the emergence of disenfranchised and stifled grief as well as moments of misfitting for my participants. To do this, I first explained the concept of emergence in complexity theory and the ways in which it is difficult to pinpoint causation when examining complex systems filled with human agency. Instead of seeking out causation, I worked to examine moments of emergence from those systems through the concepts of disenfranchised and stifled grief and *misfit*. I then explored how the systems my participants operated within tended towards experiences of disenfranchisement, stifling, and misfitting. I argued that it was often only with the intervention from other agents within those systems that my participants were able to fit within those systems and take time or space for their physical and emotional. From this analysis, it seems that creating emotional space within school systems was easier than physical space, given more participants noted being offered the former than the latter. I also note that these are intertwined phenomena despite my teasing them apart for this analysis. In my closing chapter, I will again draw on my participants' experiences to share their suggestions for support that could help more positive experiences emerge for future loss parents.

Chapter 7: Conclusion

Bringing this dissertation to an end is bittersweet. I began this project when I was deep in grief, only three months after the loss of my daughter. I write this now eighteen months after her loss and four months after the birth of my son, Casey. In the day-to-day joy and drudgery of parenting a newborn, I have had less space to actively remember and mourn Charlotte. I've looked at her photos less often, felt the sudden and unexpected sting of grief less frequently, and felt more at peace with my identity as a parent now that I have been lucky enough to welcome a living child into my life. In many ways, working on this project has been my connection to her memory, and with its end, another daily reminder of her life and death will fade into the past.

As I discussed earlier, one of the goals I had in embarking on this research was my healing, and in many ways, I have been successful, which makes ending this project easier. I have been able to rewrite the broken narrative of my pregnancy with Charlotte and include this as a final chapter, one that hopefully creates good in the world and aids in the healing of my participants. With all this said, I hope that the writing of this conclusion is not the conclusion of this discussion or of research around supporting teachers through personal loss. Teachers give so much of themselves to their students and communities; they deserve care and support in their hardest moments, both to keep them in the profession and more importantly, to acknowledge their humanity.

With all that being said, this conclusion will both reiterate the major purpose and findings of this study while also attempting to share what changes I believe are possible in school systems and what it would take to bring about those changes according to

complexity theory. As part of that discussion, I will share my participants' wishes for support, which I gathered through interviews and questionnaires, as those wishes were the only element of the data that showed any themes or trends. I will then highlight what I found to be the challenges unique to teachers as opposed to other employees experiencing pregnancy and infant loss. Finally, I will lay out the limitations of this work and areas of potential future research on this topic.

Purpose and Findings of Study

The purpose of this study was to explore the embodied and emotional experience of teachers who lost pregnancies and/or infants while working as K–12 educators. My goal was not to find specific themes or to definitively problem-solve about how to make this loss experience more tenable—hence my looking at teachers' experiences through the framework of complexity theory. By analyzing teachers' experiences through the lens of systems and with the acceptance that an unknowable number of variables were at play in the emergence of their experiences, I hoped to share the nuanced and complicated journeys that teachers went through in their original contexts and all their complexity. I found that the systems that converge in K–12 schools leave little room for the emotional and physical experience of pregnancy loss unless there is intentional intervention by agents within those systems. These interventions can leave teachers feeling supported and seen through their loss, while the lack of these interventions leaves teachers little room to heal from their trauma. While some of my participants' experiences align with the existing literature on workplace challenges after loss, there are experiences unique to teaching that are incredibly difficult to navigate.

This effort builds on my previous work exploring teacher demoralization and the ways that school systems are not set up to allow teachers to thrive personally and professionally (Pinkham-Brown, 2024). It also builds on the literature around supporting employees experiencing pregnancy loss and supporting teachers experiencing grief, narrowing in on a population—teachers growing their families—that is under-studied in the educational literature and underserved by our school systems. It comes at a moment when both teachers and people who can get pregnant are under attack in the United States. Teachers are increasingly under scrutiny for what and how they teach, in addition to facing intense burnout following four years of teaching during a global pandemic. People who can get pregnant are operating in a two-tiered medical system following the fall of *Roe v. Wade*, where even medical care surrounding miscarriage and pregnancy prevention are under attack. These forces are converging to make the experience of pregnancy and infant loss incredibly challenging for K–12 teachers.

Summary of the Study

I began this work by situating my research in the literature on pregnancy and infant loss. I first explored the impact of loss on parents and the ways in which support or the lack of it can impact their long-term mental and physical health. I then turned to the literature on supporting loss parents in the workplace, a space where discussions of pregnancy and infant loss are often most silenced but still very needed. Next, I explored the small body of literature on teacher grief and on experiences of pregnancy and infant loss among employees whose experiences may closely align with K–12 teachers—college professors and obstetric healthcare professionals.

I grounded my work in complexity theory, a framework that asks us to consider the open systems at play in the experiences of my participants. This framework is not focused on isolating specific variables that cause certain outcomes but rather is focused on describing the full context of the situations under study. This framework is particularly useful to my work, where each participant is operating in a different school, district, and state and thus an entirely different cultural and political milieu. Each participant also had an incredibly specific loss experience impacted by their previous fertility journey, their living children or lack thereof, the timing of their loss, the difficulty of their pregnancy, and so much more. The data can only be understood in the context of all these variables, making complexity theory an appropriate framework for this study.

Next, I moved into my Narrative and Arts-Based analysis of the data through an ethnodrama and a second-person narrative. These dual narratives were an attempt to showcase individual stories and the myriad ways in which the experience of pregnancy and infant loss can play out for educators. I hoped to highlight the powerful words spoken and specific moments shared by my participants to allow readers to understand how no one story is the same and thus, that there is no clear blueprint for support through this experience. These narratives were organized not by theme but by plot point to show that at every point in the journey—getting pregnant, teaching while pregnant, loss, returning to work—the story can play out in incredibly different ways.

My final analysis was grounded in the concept of emergence or the notion that from the swirl of complex systems comes an incredibly wide variety of experiences. I then utilized *Thinking with Theory* to explore when moments of disenfranchised and

stifled grief emerged, moments when participants felt their grief was not acknowledged or given space to be processed within their schools. Next, I used the concept of *misfit* to explore similar moments of emergence when participants did not have space to heal their bodies after a loss. Finally, I then explored how the others operating in the systems around my participants were, at times, able to use their agency to intervene and create space for participants' bodily and emotional healing; I also found that creating space for emotions was seemingly easier than creating space for loss parents' bodies.

What Change is Possible? Inertial Momentum in Complexity Theory

As I noted in Chapter 2, this is a descriptive rather than a prescriptive project—I do not claim to know what systems or set of variables will ensure parents experiencing loss while working as teachers are supported appropriately in their workplaces. While looking at the stories of my participants, however, we can see examples of what Mason (2008b) calls inertial momentum in systems, a concept described in response to the criticism that complexity theory does not grapple enough with power. Mason (2008b) argues:

> Inertial momentum is inextricably related to the phenomenon of power. The power of an existing dispensation or social arrangement to sustain itself and to increase its purview of influence or control is directly related to its inertial momentum, to the aggregate weight of the phenomena of which it is constituted. And this aggregate is the result of the number and scale of the elements and agents that constitute the social arrangement and of the degree of complexity of the interactions among them. (p. 41)

While we cannot predict the type of experience any one person will have given the complexities at play in their experience, the inertial momentum on the side of variables that tend towards a positive or negative experience do have sway over that experience. For example, while not a guarantee, a loss parent going into a loss experience with strong professional relationships at a school with well-trained administrators and strong bereavement and medical leave policies is much more likely to have a good experience. In other words:

> Power, in the light of complexity theory, [is] the directional course of the phenomenon that enjoys the dominant inertial momentum over other competing phenomena. The prevailing power structure will sustain and indeed increase its dominance by virtue of what can be simply and analogously understood as the snowball effect. (Mason, 2008b, p. 40)

This highlights why the cultural norms stigmatizing grief, loss, and female and pregnant bodies can lend weight to personal interactions, school-level policies, and personal experiences—it helps tip the scales of these variables at different levels making a negative experience more likely.

We see this in the stories of my participants. Karyn, for example, had inertial momentum on the side of support, which helped push back on systemic forces that could have disenfranchised her grief and caused moments of misfitting. While she still faced similar challenges to other participants—needing to take unpaid leave and returning to a school where discussing pregnancy was a norm—the relationships and specific variables in her school system lessened the impact of those systems. She lived in a small, tight-knit

community; her mother-in-law was her school's front-office secretary. She was neighbors with the superintendent who used his power to have the district cover her insurance costs while she was out on unpaid leave, making that unpaid leave slightly less financially difficult. These gestures then let her feel comfortable enough to bring a picture of her son Kalen into her office, leading her to have additional positive interactions with students, during which they were able to acknowledge her child and give her space to make Kalen's existence real. This did not take away the pain of her loss, but it did allow her to keep working in her school and feel supported in doing so.

Contrast her story with Jackie's. The specifics of the timing of the death of her son in the same school year as her father made clear the differences in how each loss was handled by the people and systems around her. Even though she experienced kindness from a woman at her district who quietly gave her bereavement leave, this kindness did not offset the disenfranchisement and misfitting she experienced when she was unable to access family and medical leave and was thus forced back to work over the summer to make ends meet. Even with supportive friends, the lack of support from administrators and the teachers' union, alongside her statewide policies failing to recognize her loss, radicalized Jackie into political action. While she still teaches at her school, the relationships with those who did not support her remain broken.

These stories highlight Mason's (2008b) and Byrne and Callaghan's (2014) arguments about what is required for change to occur in complex systems; given the complexities at play in any one person's experience of pregnancy and infant loss, there is not just one change that can guarantee a good experience. As Mason (2008a) notes,

"research cannot deliver the kinds of clear and simplistic lines between evidence and practice or policy that is all too frequently demanded" (p. 12). About efforts to change struggling schools more broadly, he adds, "at the risk of stating the obvious, it takes more than the efforts of one energetic teacher to affect the inertial momentum of a weak school that sustains its weakness autocatalytically" (p. 42). Put another way, "there are simply too many variables and the relative significance of each (even if we could identify them all) is generally too difficult to assess from a knowledge of initial conditions, to predict clear lines of effect between intervention and result" (Mason, 2008a, p. 12). Byrne and Callaghan (2014) similarly argue:

> There is no simple direction of causality in any sense for complex systems. The complex can cause the simple. The aggregate level can have causal implications for the microelements which constitute it. Wholes have implications for parts. Intersected systems have causal powers in relation to each other. Cause operates in any and all directions. (p. 190)

What, then, if anything can bring about change or move school systems towards better supporting teachers through pregnancy loss? While Mason (2008b) discusses change in schools in relationship to general excellence around student learning, his ideas are still relevant here, as the complexity of the school system remains the same. His vision for what it takes is clear:

> Massive and sustained intervention at every possible level (including even those factors that, from a knowledge of initial conditions, appear trivial) until the phenomenon of learning excellence emerges from this new set of interactions

> among these new factors and sustains itself autocatalytically. And despite complexity theory's relative inability to predict the direction or nature of change, by implementing at each constituent level changes whose outcome we can predict with reasonable confidence, we are at least influencing change in the appropriate direction and surely stand a good chance of effecting the desired changes across the complex system as a whole. (p. 46)

In other words, we *do* know what small actions and policies participants have claimed helped or could have helped them through their experience. The implementation of one or two of these interventions does not guarantee success in supporting all teachers experiencing loss given the massive set of variables at play; however, implementing numerous supportive actions and policies at multiple levels builds momentum in a positive direction. For example, training principals in supporting teachers through grief can only do so much if there are no policies in place that allow teachers time and space to heal emotionally and physically following a loss. Time and space to heal only do so much if, when teachers reenter their classrooms, there is little to no acknowledgment of their loss.

This need to focus on multiple variables at once also applies to the agency/structure debate and dichotomy. There needs to be a focus on both the structural factors and the influence of human agents when trying to generate momentum towards large scale change as "new properties and behaviors emerge not only from the elements that constitute a system but from the myriad connections among them" (Mason, 2008b, p. 48). Lemke & Sabelli (2008) argue that changes in school systems intersect and interact

at multiple levels; actions of individual teachers at a classroom level can reverberate at school and district levels and vice versa, thus requiring complementary changes and actions at multiple levels to enact positive changes. Because of this, two teachers operating in the same school could have wildly different experiences depending on their personal relationships, their type of loss, their timing of loss, and their interactions with students and families. Even with momentum on the side of positive support, any number of experiences can emerge. All of this to say, while I will offer suggestions for support, none are guaranteed to produce positive outcomes. That does not mean, however, that they are not worth implementing.

Wishes for Support

With the idea of inertial momentum and change in complexity theory as a giant caveat, I would be remiss if I did not share the wishes expressed by my participants for support for bereaved parents working as teachers in K–12 schools. This was the only part of my data that showed any consistency in answers; despite their myriad experiences and wildly different amounts of support offered in each of their cases, their wishes and suggestions were almost always identical. They fell broadly into the following categories: 1) training for how to support employees through grief, and grief around pregnancy loss specifically; 2) more clarity around leave and more options for leave; 3) flexible work allowances; and 4) individualized support.

First, many participants wished there were training, especially for administrators, and systems of support built into their schools to support teachers through grief. Many noted their schools had extensive protocols for the other traumas and emergencies that

may befall teachers and students but that few administrators or HR professionals had any clear protocols for how to handle their losses. Additionally, they wished for clarity around communication—both how their news would be shared with colleagues, students, and families and when they should or shouldn't be contacted about work-related issues while they were on leave. They wished there was a clear hand off of responsibility to a substitute teacher or to another colleague, so they did not have to worry about lesson planning, grading, or writing IEPs when they were grieving and/or physically unable to work. As one participant explained, "I wish that the entire school community would have let me be a person, a grieving mama first and foremost, that the academic and professional concerns and responsibilities would have been a very clear secondary concern to my own personal well-being." As part of that communication, they wished there was an easier way to communicate topics to avoid when engaging in small talk or ice breakers, noting that family planning and babies were frequent topics of conversation with little acknowledgment of the pain these topics caused participants to feel uncomfortable and unseen.

Next, almost every participant wished for more clarity around leave and the ability to more easily access that leave. First, many wished they had been granted bereavement leave through a policy that specifically included pregnancy loss at any stage. Those who were granted that leave wished it had been longer than three to five days. Many, especially those who had previously been granted family and medical leave in anticipation of a live birth, wished that coverage was granted even after a stillbirth or infant death. Many wished they had not had to drain their sick leave as their only option

for paid leave, especially for those who wished to be pregnant in the future, as they worried this lack of leave would limit their ability to take off necessary time if they had a living child later. Given the complications around leave, some simply wished someone would have laid out all their options or helped them find creative solutions to access leave. Finally, they wished that they could take leave without guilt from supervisors or colleagues. One participant put it most plainly:

> To expect a teacher to teach while they are laboring, contracting, bleeding, and losing a child is truly horrifying and a disgusting reminder of the broken education system in the [United States]. Pregnancy loss needs to be treated as what it is: the death of a child. For me personally, I wish I would've been given bereavement for a time of my choosing. As I shared, I truly wanted to go back to work to distract myself, but once my grief started to evolve, I needed a break a few weeks after.

Relatedly, upon returning to work, many wished for more flexible work schedules or accommodations to help them ease back into their roles. These requests included allowing more frequent breaks, being given a lower teaching load, or letting them skip nonessential, non-teaching tasks—such as bus duty, club moderation, or lunch supervision—so that they could solely focus on their core job functions. Most of all, participants wanted individualized support that made them feel seen as people. These asks were often small and simple: a wish for someone to check in with them about how they wanted their news communicated; an administrator meeting with them before they returned to work to ensure their transition back was smooth; an end to schoolwide

pregnancy and birth announcements as standard. Importantly, each participant had a different ask or need in this category; what connected them was simply the desire *to be asked* what they wanted or needed.

Perhaps unsurprisingly, all these requests are supported by the literature on supporting parents, and employees specifically, through pregnancy loss. Research supports all of the following: meeting parents where they are and asking about what they need: sharing/not sharing information as parents request, lowering work hours or work load, giving more breaks, letting parents choose to do their normal work, asking someone else to break news to colleagues/students/family, and not assuming how parents feel about or will be dealing with their loss (Cosgrove, 2004; Epstein-Gilboa, 2017; Komaromy et al., 2012; Lind & Deveau, 2017; Lindemann, 2015; Parsons, 2010; Porschitz & Siler, 2017); acknowledging the depth of their loss, validating and allowing space for their emotions (Davidson & Stahls, 2010; Epstein-Gilboa, 2017; Hazen, 2003; Lang et al., 2011; Maitlis & Petriglieri, 2019; Peel & Cain, 2012); offering tangible support such as employee assistance programs, flexible work arrangements and flexible expectations upon return to work (Gagnon & Beaudry, 2014; Maitlis & Petriglieri, 2019; Meunier et al., 2021; Rose & Oxlad, 2022; Schoonover et al., 2022); providing education for managers and employees on how to respond to others' grief (Hazen, 2003; Porschitz & Siler, 2017); allowing parents to develop the communication plan for and informational boundaries around sharing their loss with colleagues, students, and families (Maitlis & Petriglieri, 2019; Steimel, 2021); providing parental and/or bereavement leave (Human et al., 2014; Murphy, 2012; Porschitz & Siler, 2017); using leave language that

is inclusive of all genders, sexualities, family formation method and gestational age of loss (Rose & Oxlad, 2022); and giving the option to take bereavement leave beyond the immediate aftermath of a loss (Schoonover et al., 2022).

Challenges Unique to Teachers

My initial hypothesis for this study was that there would be unique challenges to teaching while experiencing pregnancy loss. I expected to encounter clearer patterns of experience from which to build a clear narrative of what it looks like to be a teacher and experience loss. While I deviated from my original plan by instead exploring the unique stories of my participants, I would be remiss to not at least point out, more succinctly than I did in Chapter 4, some ways in which teachers are unique from other employees in navigating loss at work, especially considering the research above on how to support employees through loss.

As noted in the literature review, studies on healthcare professionals working in maternity wards (Musodza et al., 2021) point to the specific challenges of working around babies, pregnant people, and families after experiencing a loss. While my participants did not universally have negative experiences due to working with children all day, the experience of interacting with children and families every day came up in every story. One participant felt a pang of grief at seeing her daughter's name on her class roster. Another couldn't help but think of the chair in her elementary school classroom that would never be filled by her son. Another participant noted the ache she felt seeing students run into their parent's arms at the end of the day. Others, however, gained strength and support from their students. Some noted that teaching allowed them

to feel maternal or reminded them that they would be good mothers one day. Others heard from students and families about losses they suffered and felt less alone. In all cases, working with children daily added a unique dimension to their loss story that those working in more traditional jobs do not have. Similarly, the feminization of the teaching profession also impacted many participants. They noted that many of their colleagues were in their family-building years and that their schools often held baby showers or sent school-wide announcements about pregnancies and births. Even after their losses, these rituals continued, making some participants feel alienated or dismissed in their grief.

The structure of schools and the role of teachers also created unique challenges in heeding the advice of the literature above. While other workplaces may be able to easily offer employees a way to ease back into work with a flexible schedule and remote or hybrid work, teaching is often seen as an all-or-nothing endeavor wherein taking time off from work is sometimes more difficult than showing up. While the COVID-19 pandemic allowed some participants to work from home, traditionally, this is not an option for teachers, and working part-time may feel like too big of an ask, leaving them without this research-supported option in returning to work.

Limitations

While I am confident that much useful information can be gleaned from the stories my participants shared, the biggest challenge and limitation of my study is that the majority of my participants identified as white, cisgender women, thus limiting the full range of possible stories. This falls in line with a gap in the literature more broadly, as noted in Chapter 2 (Layne, 1997, 2003; Murphy & Cacciatore, 2017). This is an

especially frustrating gap as black women in America are at the highest risk of maternal and infant mortality (Mukherjee et al., 2013), making it extremely relevant to understand their experiences. Racism is also endemic in US school, medical, and cultural systems, contributing to both that increased risk of infant and maternal mortality, and one could hypothesize, worse treatment when returning to work because of those same racist systems. I had hoped to compare the experiences of white participants with those of Black, Indigenous, or People of Color (BIPOC) but was unable to recruit a significant number of BIPOC participants within my limited timeframe. This was likely due to the pool from which I was pulling, women who frequent Instagram's loss communities. I did specific outreach to potential participants of color who filled out my initial survey to invite them personally to participate, but I only received one additional participant from that outreach.

Areas for Further Study

Building on the above limitations, I think it is important for future studies to focus on the experiences of Black, Indigenous, and People of Color who can get pregnant to understand a wider range of experiences. I would argue that understanding the experience of those most marginalized by the intersecting systems impacting those experiencing pregnancy and infant loss can only benefit everyone experiencing loss, no matter their identity. Additionally, a scholar in those communities may be better able than I was to find participants and hear and analyze their stories. The same holds true for queer and gender non-conforming loss parents – this community deserves specific research, ideally from a researcher in the community. Additionally, I received questionnaires from two

non-birthing, straight male loss parents but narrowed my focus to birthing parents only. A study of male, non-birthing parents who experience loss while teaching could build on the relatively recent research on male loss parents generally and in the workplace (Miller et al., 2019; Obst et al., 2020, 2022).

In addition to a more specific focus on different identities, more research could be conducted on specific school and loss types. A majority of my participants were employed in traditional public schools, as opposed to charter schools and private schools. From my relatively small sample, I found no discernible difference in their experiences but with a wider sample size, there could be some important differences stemming from the different types of systems and policies at play in charter and private schools. Similarly, my study encompassed a wide range of loss types. Future research could delve deeper into specific types of loss to explore the unique challenges around accessing leave and the type of space given for emotional and physical healing after a stillbirth versus miscarriage versus an early infant death. The leave available, the understanding of the depth of grief, and the physical realities of each of these losses are very different and deserve to be teased apart more fully than I was able to do here.

Finally, future research could explore this work from a more purely legal or policy perspective. Union contract language, district, and state policies, as well as individual interpretations of these contracts and policies by administrators and HR professionals have an outsized impact on teachers' experiences. In the United States, there is currently a lot of political enthusiasm around passing more protections for people experiencing pregnancy loss, with states passing specific legislation to require the

inclusion of pregnancy loss in bereavement leave language and of stillbirth in the qualifying events for coverage provided by the Family and Medical Leave Act.

Hopes for This Research

At a practical level, I hope this research will shed much-needed light on the changes that must be implemented at multiple levels—from interpersonal relationships between teachers and administrators to state and federal policies around bereavement, medical, and family leave—to better support teachers and families suffering from pregnancy and infant loss. I also hope this adds to the much-needed literature around supporting teachers through grief more broadly. Teaching is an incredibly physically demanding and emotionally taxing job, and those who take on that role deserve support and care to sustain themselves in it. For that to happen, space must be made for the emotional and physical needs of all teachers, not only those experiencing personal hardship and grief.

Coming back to where it all began, as I stated in the introduction, my initial hope for this research was my own healing. When I lost my daughter, I vividly remember sitting in my bed, feeling, contradictorily, a heavy emptiness in my arms, feeling the weight of the body that wasn't there. I felt a deep longing to take care of someone. I felt intense confusion over who I was in that moment—was I a mother or a parent at all? I wondered how I could move forward in that liminal space and make sense of my confusing grief, grief that was unlike anything I had experienced before.

When the idea for this study came to me in my support group two months later, I felt that weight lift ever so slightly. I saw a path toward healing in a way that was specific

to me. I find comfort in learning and research, in seeing published evidence that my experience was not unique: that I was not alone in feeling that phantom baby in my arms and wondering how I could possibly move forward without my daughter. I saw the possibility of healing in the idea of being able to connect and commiserate with other teachers, as I had for my entire career, and then elevate their vital stories and experiences. I never aimed to find a silver lining in something that would never be alright, but I did want to create meaning and purpose from my pain and take the opportunity to make this project not just something I had to get through but something I could heal through.

As I write this, eighteen months after the death of my daughter, I am not fully healed. Even though I now have a living child, there will always be a hole in our family that will never be filled. This project, however, gave me purpose and a path to move forward over these last eighteen months. In connecting with other teachers and loss moms, I felt instantly seen, and I hope I was able to offer the same to each of my participants. This project could never fully heal me, but it has, as I hoped, created something good out of something terrible. While I would rather have my daughter than this dissertation, writing this has brought me back to myself and closer to her, and if that is all it ever does, it will have been a success.

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Appendix A: Recruitment Images

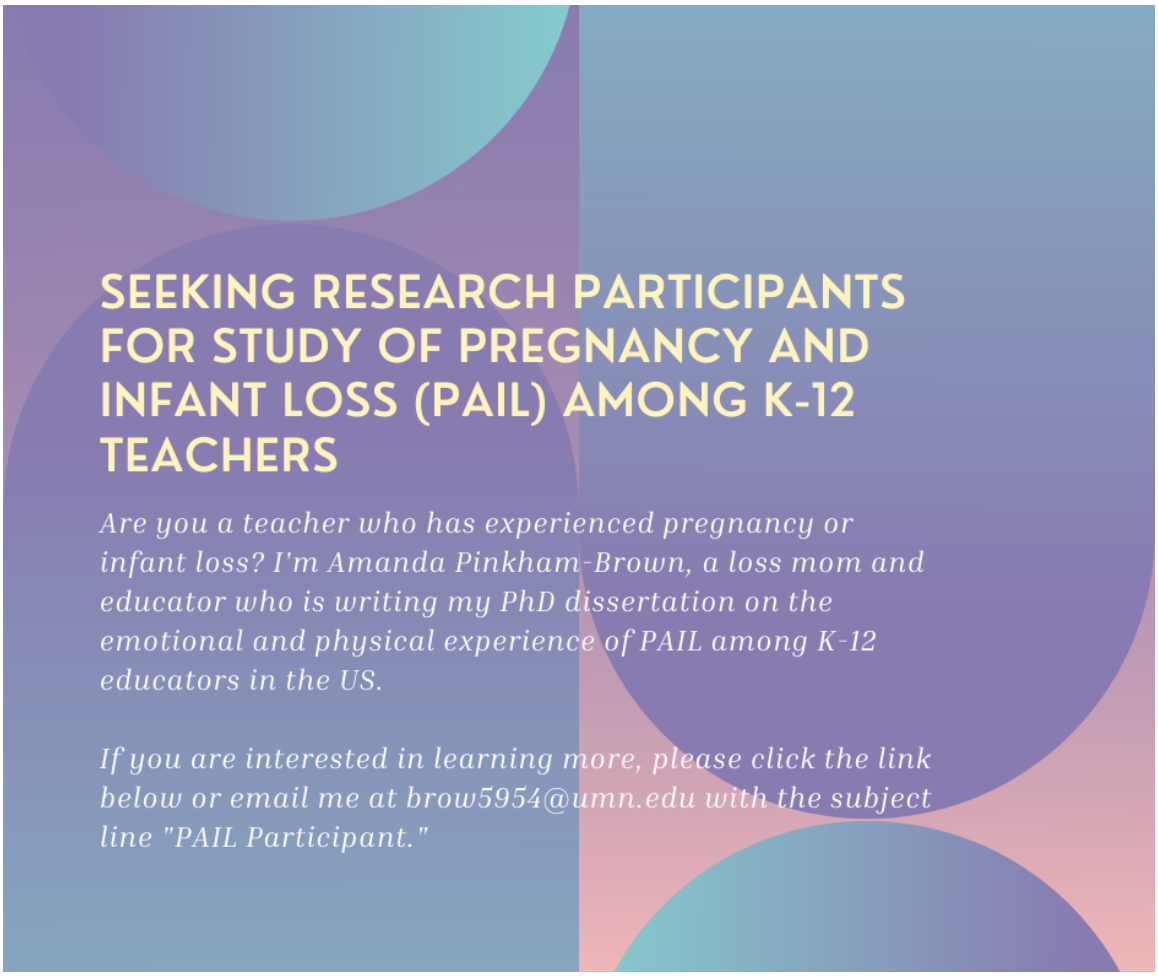

Figure 1: Seeking research participants, recruitment image 1 of 2

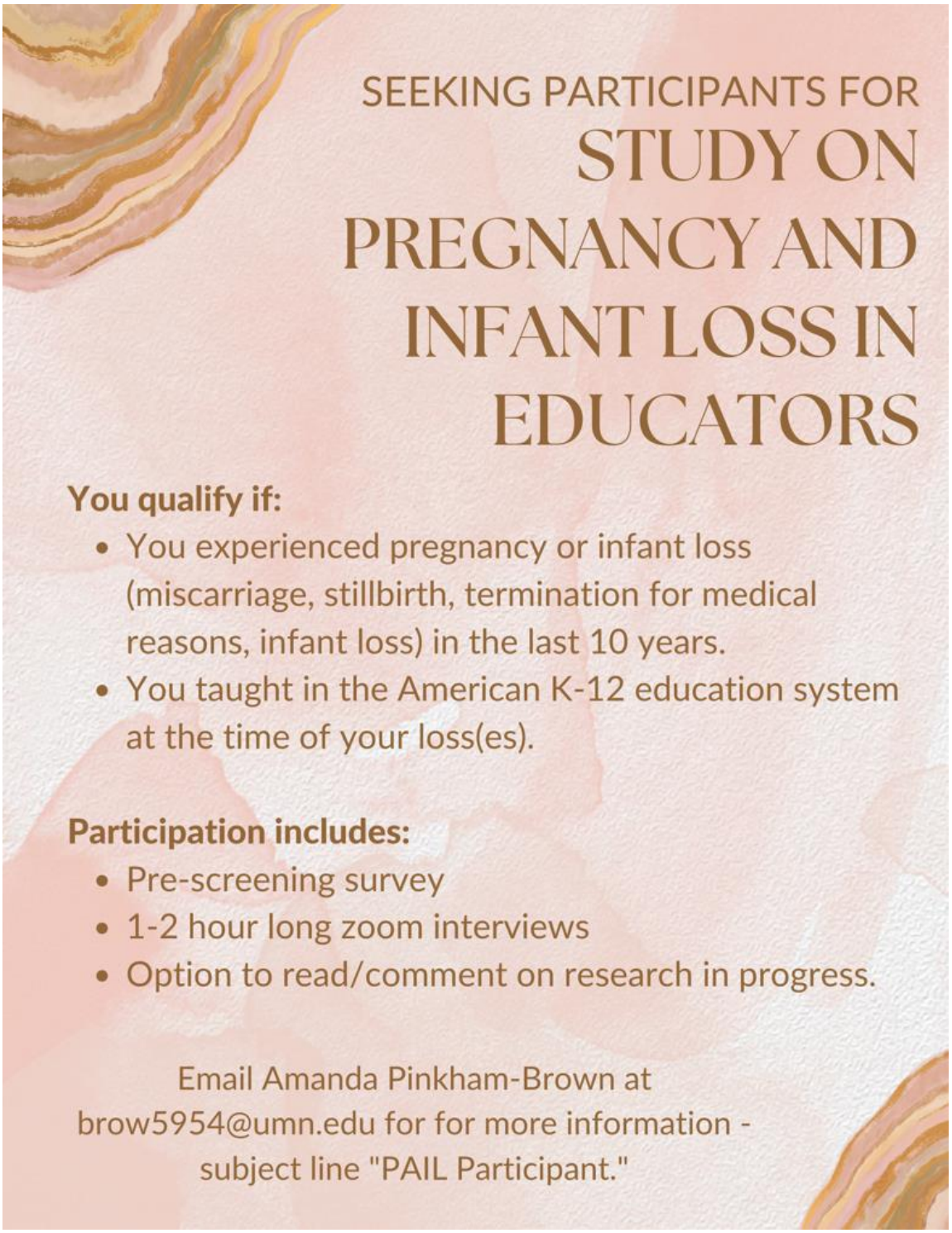

Figure 2: Seeking research participants, recruitment image 2 of 2

Appendix B: Recruitment Letter

Thank you for your interest in my research! My name is Amanda Pinkham-Brown. I am a Ph.D. candidate in Arts in Education in the Department of Curriculum and Instruction at the University of Minnesota. I am conducting research to explore the embodied and emotional experiences of teachers who have experienced pregnancy and infant loss (PAIL). While research exists about teachers experiencing grief and workers experiencing pregnancy loss, no research focuses on the specific experiences of educators who have endured pregnancy and infant loss. The working title of the research study is "An Arts-Based Exploration of Teachers' Experience of Pregnancy and Infant Loss." This research is supported by the University of Minnesota.

I am currently recruiting participants for this study. If you have experienced pregnancy or infant loss as a K–12 teacher from 2012–the present, you are eligible to participate. I am interested in the ways that gender, sex, race, and class potentially impact this experience, so am looking for a diverse array of participants. I come to this topic as an educator who has experienced pregnancy loss—my daughter was stillborn at 36 weeks in the summer of 2022; as such, I hope to partner with participants as peers in the loss community to bring these stories to light.

If you are interested, there are two steps. First, you can fill out the interest survey to share basic information, including your willingness to engage in a longer interview and what topics you feel comfortable discussing. Participants will then either be invited to answer more detailed questions via email or in 1-2 one-hour interviews(s) on Zoom. Interviews will be recorded using the Zoom record function or a digital voice recorder and stored on a password-protected device. All the transcripts of the interviews will be anonymized. Interviews will be scheduled at a mutually beneficial date and time.

You can choose not to participate in this study, or leave the study at any time, and it will not be held against you. Consent forms can be changed at any time.

Efforts will be made to limit the use and disclosure of your personal information, including research study and data materials, to people who have a need to review this information. Organizations that may inspect and copy your information include the IRB and other representatives of this institution.

If you have any questions or would like to participate in the research, please fill out the participant interest form or reach out via email to brow5954@umn.edu subject line "PAIL Participant."

Appendix C: Initial Survey Questions

Pregnancy Loss in Educators: Participant Interest Form

The first page of this form is to insure you qualify for the study. If you do qualify, you will be taken to a second set of questions to prepare for an email or Zoom interview. As such, the questions on the first page are all required, but on the second page, you can answer as you feel comfortable.

* Indicates required question
Email*
What is your name? *
What are your pronouns? *
Are you over 18? *
Have you experienced Pregnancy or Infant Loss in the past 10 years? *
Pregnancy and Infant Loss (PAIL) encompasses miscarriage, stillbirth, termination for medical reasons (TFMR), and infant death. If you are unsure, please describe your loss in other.
At the time of your loss, were you employed as a teacher in the American K–12 education system? *
If you are unsure, explain in "Other."

Interview Preparation
The following questions are to help prep for a potential email or Zoom interviews. These are meant to gauge the basics of your background, your loss, and your comfortability discussing various aspects of your loss. Feel free to answer questions as you feel comfortable. All answers will be kept confidential and secure.
What is your current age?
What is your racial and/or ethnic background?
What is your gender identity and sexual orientation?
What type of loss(es) did you experience, and when did you experience them?
What was your role(s) in the K–12 education system at the time of your loss(es)?
Are you still employed in that role?
If not, what is your current role?
What number pregnancy was your loss(es)? (Ex: First of three, Second of Two, etc.)
Do you currently have living children?
Below are potential topics that could be discussed in an email or Zoom interview. Please check the boxes next to topics you *are comfortable* discussing.

- Getting pregnant
- Experience of pregnancy at work
- Loss experience (general)
- Loss Experience (detailed)
- Experience of loss in personal life
- Experience of loss at work

- Impacts of loss on-going on career/work

Please note below any particular topics or questions to avoid that may be triggering to you in conversation.

Are you willing to participate in this study via 1 or 2 1–2 hour long zoom interviews about your experience?

If not chosen for a zoom interview, would you be willing to participate in the study via a more detailed questionnaire about your experience?

Do you have any questions about this research project?

Appendix D: Email Questionnaire & Interview Script and Questions:

I am interviewing you today to learn more about your experiences as someone who experienced pregnancy or infant loss while working as a K–12 teacher. The purpose of my study is to explore the emotional and embodied experience of pregnancy loss among teachers, the ways teachers story and make sense of that experience, the impacts of the institution of the school on you and your loss's impact on your school as an institution and community. The findings from this study may be used for future publications and/or conference proposals.

During our interview, please let me know if you want us to repeat or restate a question. If you do not wish to answer a question, you can just say, "I want to pass on the question." I will try to stick to the topics you noted you were comfortable discussing in your initial form, but again, feel free to not when you do not wish to discuss a topic or question. The recording can be stopped at any time.

Do you have any questions before we begin the interview? [After answering questions or if there are no questions]. I am going to begin recording now so that we can begin the interview.

Starting points:

How are you coming into this interview (Physically, emotionally)? Are you still teaching? If so, where? If not, what are you doing now?

1. How long had you been a teacher before you experienced your loss?
2. What were your relationships with teaching, your school, and the school community prior to loss?
3. What was your experience being pregnant as a teacher? (Emotional? Physical?)
4. Can you tell me, as much as you are comfortable, about your loss and/or your child?
5. Did your school have any set policies around loss, grief, family, or medical leave that you were able to access? In general, how did your school policies impact your loss?
6. How did you feel (emotionally and physically) returning to work after your loss?
7. What impact did your loss have on your students? Colleagues? Administrators?
8. What impact did this loss have on your identity?
9. In an ideal world, what would have happened after your loss?
10. Did your loss lead to any changes in your relationship with teaching, your school, and the school community?
11. What do you remember most about the time soon after your loss?
12. What do you want people to know about teachers experiencing PAIL?
13. Do you have any questions for me?

Potential Follow-Up/Probing Questions

1. Can you tell me more about that aspect of your experience?
2. Can you tell me more about how that felt?
3. Are there any details you wish to share that you haven't shared already?
4. Can you say more about that?

Appendix E: Consent Form

Title of Research Study: An Arts-Based Exploration of Pregnancy Loss in K–12 Teachers

Investigator Team Contact Information:

For questions about research appointments, the research study, research results, or other concerns, call the study team at:

Investigator Name: James Bequette Investigator Departmental Affiliation: Curriculum and Instruction, University of Minnesota Phone Number: 612-625-5286 Email Address: bequette@umn.edu	Student Investigator Name: Amanda Brown Phone Number: 614-209-6075 Email Address: brow5954@umn.edu

Key Information About This Research Study

The following is a short summary to help you decide whether or not to be a part of this research study. More detailed information is listed later on in this form.

What is research?

The goal of research is to learn new things in order to help people in the future. Investigators learn things by following the same plan with a number of participants, so they do not usually make changes to the plan for individual research participants. You, as an individual, may or may not be helped by volunteering for a research study.

Why am I being invited to take part in this research study?

We are asking you to take part in this research study because you have identified interest as a) someone who has experienced pregnancy or infant loss while working as an educator in the K-12 system, or b) someone who may be able to offer additional insight into the structural and systemic challenges faced by workers and/or educators who have experienced pregnancy and infant loss.

What should I know about a research study?

- Someone will explain this research study to you.
- Whether or not you take part is up to you.
- You can choose not to take part.
- You can agree to take part and later change your mind.
- Your decision will not be held against you.
- You can ask all the questions you want before you decide.

Why is this research being done?

This qualitative research study aims to explore the embodied and emotional experiences of K–12 teachers who have experienced pregnancy and infant loss (PAIL). While studies have been conducted on teacher grief, the specific experience of pregnancy loss in educators is an under-researched phenomenon, given the fact that pregnancy loss, which happens in 1 in 4 pregnancies, is likely common in a profession that is seventy-seven percent female-identifying with an average age of 42. This study is practically and theoretically important because it establishes the need for better access to medical and bereavement leave for teachers and for administrator training on how to support staff members through PAIL. It also illustrates how schools often fail to accommodate and

support teachers' lives and emotional and physical needs in ways that exacerbate the ongoing teacher shortage in the United States.

This study addresses the following key research questions:

- What is the embodied and emotional experience of pregnancy loss for teachers?
- How do teachers' multiple identities (sexuality, gender, gender expression, race, class) impact this experience?
- What systems and structures in schools impact this experience?
- How did the loss impact the systems and structures at the school?
- How were others in the orbit of the loss at the school (students, colleagues, administrators, parents, etc.) impacted?
- What are the stories teachers are telling themselves about this experience? How does this experience impact how they story themselves, their identity, and their place within the K–12 school system?
- How do stories become sites of sense-making, community, and advocacy for teachers who experience pregnancy loss?

How long will the research last?

Your participation in the study will last through one or two, 1–2-hour interviews. Length and number of interviews will be based on your availability and on-going consent.

What will I need to do to participate?

There are a few types of participation in this study:

1. General participants:
    a. Answer a brief questionnaire about your experience of PAIL and your comfortability and desire to sit for an interview.
    b. Answer a more detailed set of questions via email/online form about your experience.
    c. If chosen as focus participant, engage in one or two, 1–2-hour interviews on Zoom.
    d. Interviews will be recorded using the Zoom record function or a digital voice recorder and stored on a password-protected device. Transcripts of the interviews will be anonymized. Interviews will be scheduled at a mutually beneficial date and time on Zoom.
2. Community Expert:
    a. You will be contacted for one, 60-minute interview on Zoom.
    b. Interviews will be recorded using the Zoom record function or digital voice recorder and stored on a password-protected device.
    c. Transcripts of the interviews will be anonymized.
    d. Interviews will be scheduled at a mutually beneficial date and time.

More detailed information about the study procedures can be found under "What happens if I say yes, I want to be in this research?"

Is there any way that being in this study could be bad for me?

Discussing pregnancy loss is emotionally risky. There is always a risk of re-traumatization when discussing traumatizing events. As such, I will ask that you only agree to this interview if you are at least four months past your loss to mitigate the risk of re-traumatization in discussing your experience. I will also gather from you in advance of interviews a list of topics you are comfortable and not comfortable discussing. You will be able to skip any question and end the interview at any time. There are minimal other risks to participating in the study, especially given accounts will be anonymized.

Will being in this study help me in any way?

We cannot promise any benefits to you or others from your taking part in this research. However, possible benefits include time to critically reflect on your own experiences and the potential to spread awareness about pregnancy and infant loss.

What happens if I do not want to be in this research?

You can choose not to participate in this study, or leave the study at any time, and it will not be held against you.

Detailed Information About This Research Study

The following is more detailed information about this study in addition to the information listed above.

How many people will be studied?

We hope to recruit up to 30 people as general participants to fill out our detailed questionnaire, 3-5 community experts, and 4-5 people as focal participants.

What happens if I say "Yes, I want to be in this research"?

You will be contacted via email to fill out a short questionnaire with your basic information as well as information about what parts of your experience you do and do not feel comfortable discussing in an interview. You will be asked to either fill out a detailed questionnaire or to schedule your Zoom interview via an online scheduler. You will then be interviewed for roughly 1-2 hours on Zoom about your experiences pertaining to the research questions above. If needed, you may be asked if you are willing to schedule a second interview, which will be scheduled the same way. After the interview, you may later be contacted and asked to read drafts of the research for your input and continued consent. It will be up to you if you wish to engage in this later process. A final copy of the research will be shared with you.

What happens if I say "Yes", but I change my mind later?

You can leave the research study at any time, and no one will be upset by your decision. Any information you provided to the study will be deleted and not included in any research moving forward.

What happens to the information collected for the research?

Efforts will be made to limit the use and disclosure of your personal information, including research study and medical records, to people who have a need to review this information. We cannot promise complete confidentiality. Organizations that may inspect and copy your information include the Institutional Review Board (IRB), the committee that provides ethical and regulatory oversight of research, and other representatives of this institution, including those that have responsibilities for monitoring or ensuring compliance.

We may publish the results of this research or share the resulting data. However, we will keep your name and other identifying information confidential.

All data collected will be stored in password-protected digital platforms, and all recordings/transcripts will be stored on a private password-protected computer.

Will I receive research test results?

A copy of the final research project will be shared with all participants.

Whom do I contact if I have questions, concerns or feedback about my experience?

To reach the research team: Please see the "Investigator Contact Information" section at the beginning of this form.

Will I have a chance to provide feedback after the study is over?

If you would like to share feedback, please contact the study team. See the "Investigator Contact Information" of this form for study team contact information.

Will I be compensated for my participation?

You will not be compensated for your participation.

Your signature documents your permission to take part in this research. You will be provided a copy of this signed document.

_____ _____

Signature of Participant Date

_____

Printed Name of Participant

_____ _____

Signature of Person Obtaining Consent Date

_____

Printed Name of Person Obtaining Consent