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Pearls of wisdom. Maternal guidance for navigating grief after loss of one twin from a multiple birth pregnancy

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ABSTRACT

Loss of a child from a multiple birth pregnancy presents unique challenges due to the simultaneous experience of grieving the child who died while caring for the surviving child. Peer support is valuable for bereaved parents, yet little research has explored this within the context of multiple birth loss. This study examined the 'pearls of wisdom' that mothers would offer to fellow bereaved parents. Eighteen mothers were recruited from a private UK Facebook group supporting parents after multiple birth loss and completed an online qualitative survey about the advice they would give others. Data were analyzed using reflexive thematic analysis. Two themes were generated: (1) Managing the stigma of grief and (2) Embracing grief in your own way. Mothers emphasized prioritizing their own needs, finding unique strategies for managing grief and seeking social support. Greater awareness of multiple birth bereavement is essential to support mothers as they navigate grief.

Introduction

Multiple birth pregnancies are relatively uncommon worldwide, with recent global estimates indicating that they occur in approximately one in sixty pregnancies and account for roughly 1.3–1.6% of all births (Bailey, 2025; HMBD, 2024). Rates of multiple birth pregnancies continue to be shaped by rising parental age and increased use of reproductive technologies (HFEA, 2025; Office for National Statistics (ONS, 2025). Whilst less frequent than singleton births, multiple birth pregnancies remain substantially higher risk, with recent UK surveillance data indicating that neonatal mortality is more than five times higher for twins and triplets compared with singleton births (MBRRACE-UK, reported in Twins Trust, 2023).

There is a growing body of literature exploring the emotional impact of perinatal loss, however studies specifically exploring the unique experience of loss of a child from a multiple birth pregnancy remain limited (Jordan et al., 2018; Richards et al., 2015). Existing evidence suggests that parents experience a particularly challenging mourning period after the loss of one child from a multiple birth pregnancy (McGrath et al., 2011). Whilst many aspects of grief

following multiple birth loss overlap with the wider perinatal bereavement literature, parents who lose one baby from a multiple birth pregnancy face the unique challenge of simultaneously mourning the child who died whilst caring for a surviving baby. This dual experience of bereavement and ongoing parenting may shape adjustment, coping and support needs in ways that differ from other forms of perinatal loss (Jordan et al., 2018; Kollantai, 2002). The emotional complexity may stem from the parental need to balance the intense sadness associated with the loss of one child whilst simultaneously experiencing joy associated with caring for a surviving child (Wilson et al., 1982; Richards et al., 2015). Notably, parents may not only grieve the physical loss of their baby, but also the anticipated experience of raising twins and the identity and status associated with being a parent of twins (Cox & Wainwright, 2015). In addition, parents often express concerns about the impact of the death on the surviving twin, including how the surviving child may understand the loss and how the relationship between the twins can continue to be acknowledged and remembered within family life (O'Leary & Warland, 2016).

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Pregnancy and infant loss are widely recognized as distinct forms of bereavement, encompassing multiple and overlapping layers of grief. Parents may mourn not only the death of their baby, but also the loss of anticipated futures, hoped for relationships, and their developing parental role and identity (Beato et al., 2025; Cacciatore, 2010). These experiences are often complicated by ambiguity and may be minimized by others, contributing to disenfranchised grief (Lang et al., 2011). Within multiple birth contexts, this complexity is further heightened by the simultaneous presence of a surviving child.

In many cases, these parents find themselves navigating the complexity of grief within the environment of a neonatal intensive care unit (NICU), where their surviving child often requires specialist medical care. To date, studies exploring parental support needs from healthcare staff on the neonatal unit have been influential in informing clinical practice (Richards et al., 2016). Findings have demonstrated that parents may delay grief whilst on the neonatal unit as they care for their surviving child. Thus, the grieving process may intensify after discharge as parents have more time to reflect on their loss (Pector, 2004). However, despite these important insights, little is known about parents' longer-term experiences and support needs following discharge (Richards et al., 2015). This lack of research is particularly concerning given evidence that psychological distress following perinatal loss can persist for years, with ongoing risks of depression, anxiety, and post-traumatic stress (Beato et al., 2025; Berry, 2022).

Further qualitative work has developed understanding of the specific experiences of mothers who navigate co-occurring grief and caregiving in the context of loss from a multiple birth pregnancy. Jordan et al. (2018) found that mothers grappled with interactions with others about their loss, the integration of the deceased baby into the family narrative and the management of their own emotional responses. Consistent with these findings, mothers place high value on others explicitly acknowledging their loss during the mourning period (Swanson et al., 2002). Nonetheless, perinatal grief is often dismissed and minimized by others (Berry, 2022). Such behaviors contribute to disenfranchised grief, loneliness and isolation after loss, increasing the risk of psychological issues (Davidson, 2018; Garrod & Pascal, 2019). Research focused on supporting mothers/parents to manage grief in the context of loss of a child from a multiple birth has shown that writing about losses, seeking psychological help, naming deceased twins and finding meaning in loss can be helpful for mothers/parents

(Swanson et al., 2002). Additionally, findings have demonstrated that mothers especially value the understanding and advice provided by someone who has had a similar experience (Campbell, 2020) and that support from parents who have themselves experienced loss from a multiple birth pregnancy, has been recommended as a key component for coping with perinatal loss (Kavanaugh et al., 2004).

Although the effects of loss from a multiple birth pregnancy may extend to surviving twins and other family members, including grandparents, the current study focused specifically on the experiences and support needs of bereaved mothers. Accordingly, given the limited research on the unique experience of losing a baby from a multiple-birth pregnancy, the complexity of grieving while simultaneously caring for a surviving child, and the recognized value of peer support, the aim of this study was to invite mothers who had experienced this type of loss to share the advice they would give to newly bereaved parents. It was anticipated that accessing advice from those with lived experience would provide important insights into the qualities of support that are perceived as most helpful in this unique experience. A qualitative approach was adopted, as it allows for an in-depth exploration of lived experiences, capturing the complexity, nuance, and meaning embedded in participants' accounts.

Methods

Design

This investigation comprised an online cross-sectional qualitative analysis of survey data completed by mothers who had lost a single twin from a multiple birth pregnancy (Clarke & Smith, 2015). The study reported here forms part of a wider research project that received ethical approval from the University of Bath Psychology Department Ethics Committee (ref 16-191). As part of this broader project, we have previously published qualitative analyses examining how mothers adapt to caring for a surviving child while simultaneously grieving the loss of a twin (Jordan et al., 2018).

Participants

Participants were recruited from the original study sample, which comprised members of a private UK-based Facebook group dedicated to supporting parents after loss from a multiple birth. Eligibility criteria included access to the online bereavement support page and the experience of losing a single twin from a twin pregnancy. A minimum period of

12 months post-loss was selected to ensure participants had sufficient time to process their bereavement and to engage in the research with psychological readiness, consistent with ethical guidelines for sensitive research involving parental loss (Dyregrov, 2004). No restriction was placed on when the loss of the baby occurred (e.g. at full term, stillbirth, neonatal loss). Participants who had lost a baby/babies from a higher multiple birth pregnancy and those who had lost both twins from a twin pregnancy were excluded from the study.

Participant median age was 31–40 years (range 21–50 years), with median time since loss of 48–59 months (range 1–20 years). Participants reported between 1 and 4 living children, with having 1 child being the most common (44.4% sample). Half of the sample reported no subsequent pregnancy following the twin loss which represented nine mothers (50.0% of the sample). Whilst all individuals identifying as a parent who met the study eligibility criteria were able to take part in the study (e.g. fathers), only mothers applied to take part in the study. Given this, the term mothers is used throughout the remainder of the paper when referring to study participants. Full details of participants can be found in Table 1.

Data collection

A recruitment message was posted on an online bereavement support page and interested participants ($n=37$) were required to email researchers. Upon request, an information sheet, survey link and survey questions were emailed to participants. Informed consent was obtained prior to online survey completion. Eighteen participants completed the online qualitative survey.

Qualitative survey

A qualitative survey design was selected because it enables participants to articulate their experiences in their own words, providing nuanced and reflective accounts that are particularly valuable when exploring sensitive and emotionally complex events such as loss from a multiple birth pregnancy. Qualitative surveys are well suited to accessing dispersed or hard to reach populations, offering anonymity, flexibility and participant control over timing and depth of disclosure, which is especially important in bereavement research where emotional safety must be prioritized (Braun et al., 2021; Jansen, 2010). The use of an online written format also allows participants to respond at their own pace in an environment that feels manageable and secure, while still generating rich data suitable for reflexive thematic analysis (Braun & Clarke, 2021).

Bereaved parents and members of bereavement organizations contributed to the development of six open ended qualitative survey questions, alongside demographic items. In the original study (Jordan et al., 2018), analysis focused on the first five questions, which explored mothers' experiences of simultaneously grieving for a deceased baby and caring for a surviving baby. The present study concerns itself solely with the sixth qualitative survey question, which invited mothers to share their specific advice or pearls of wisdom for newly bereaved parents. This question asked: *If you could give three pearls of wisdom to another family in your situation, what would they be?* The remaining five survey questions are provided in Supplementary File 1. In contrast to the first five survey questions, which focused on mothers' experiences of bereavement and adaptation following the

Table 1. Demographic details for participants.

Pseudonym	Maternal age in years	Living children	Time since loss (months)	Subsequent pregnancy after loss of twin	Experienced an additional pregnancy loss
Rowan	36–40	2	30	No	No
Bethan	31–35	1	19	No	No
Priya	31–35	1	60	No	No
Avery	41–45	2	66	No	No
Morgan	36–40	2	56	Yes	No
Farah	46–50	2	132	Yes	Yes
Grace	21–25	1	30	Yes	No
Hannah	36–40	4	48	Yes	No
Zara	36–40	1	22	No	No
Josephine	41–45	3	72	No	No
Kiran	31–35	1	16	Yes	No
Leila	41–45	3	30	Yes	No
Nadine	41–45	2	240	Yes	No
Olive	41–45	1	132	No	No
Maya	36–40	2	54	Yes	No
Roisin	31–35	1	12	Yes	No response
Poppy	31–35	2	29	No	No
Imani	41–45	1	60	No	No

loss of a twin, the sixth question invited participants to offer advice to others in a similar situation. We considered this to represent a conceptually distinct form of data, focused on accumulated experiential knowledge, recommendations, and reflections rather than descriptions of personal experience. As such, and consistent with previous qualitative work examining advice or “pearls of wisdom” as a distinct research focus (Rodham et al., 2013), we considered this question warranted separate analysis and reporting. The findings from the first five survey questions are reported elsewhere (Jordan et al., 2018). Responses to the ‘pearls of wisdom’ question ranged from brief statements to more detailed reflections incorporating multiple recommendations and explanatory commentary. Collectively, the dataset comprised advice and reflections from all 18 participating mothers.

Analyses

Reflexive thematic analysis (Reflexive TA) was selected as the analytic approach for this study. Reflexive TA is a theoretically flexible method for identifying, analyzing and interpreting patterns of shared meaning across a dataset, whilst recognizing the researcher’s active and interpretive role in knowledge production (Braun & Clarke, 2021). This approach was selected for its emphasis on participants’ lived experiences and its capacity to explore depth, nuance and meaning within qualitative data. Given the study’s aim of exploring the advice and ‘pearls of wisdom’ offered by mothers following the loss of a twin at or around birth, Reflexive TA provided a flexible and data driven approach for understanding patterns of meaning across participants’ accounts (Braun & Clarke, 2021). The approach has also been successfully applied in research exploring bereavement and perinatal loss, demonstrating its value in generating sensitive and insightful interpretations of deeply personal experiences (Gill et al., 2024).

An inductive approach was adopted because the analysis was not driven by a pre existing theoretical framework, allowing themes to be developed through close engagement with participants’ responses. Within Reflexive TA, themes are understood as interpretative constructions developed through researchers’ engagement with the data, rather than objective entities that simply emerge from it. This approach was considered particularly appropriate given the reflective and advice oriented nature of participants’ responses and the study’s focus on experiential knowledge derived from loss of a single twin.

In keeping with the flexibility of Reflexive TA, the study adopted a contextualist experiential orientation

(Braun & Clarke, 2021). Ontologically, we recognized the loss of a child from a multiple birth pregnancy as a real and deeply consequential event in participants’ lives. Epistemologically, we acknowledged that access to these experiences is mediated through participants’ accounts and the meanings they construct when reflecting upon them. Accordingly, the analysis focused on understanding how mothers made sense of their experiences and the advice they wished to share with others in similar circumstances.

Data were analyzed using Reflexive TA, following Braun and Clarke’s six phase framework (Braun & Clarke, 2019). First, data were transferred into a Word document and anonymized prior to analysis. Researchers familiarized themselves with the dataset through active and repeated reading of participants’ responses. Initial codes were then generated to capture salient features of the data relevant to the research question. Codes were subsequently organized into potential themes based on shared patterns of meaning. Themes were reviewed, refined and discussed iteratively within the research team to ensure coherence, distinctiveness and strong grounding within the dataset. Finally, themes were defined, named and developed into a narrative account that reflected the researchers’ interpretation of participants’ advice and recommendations. A thematic map was then developed to present the themes (see Figure 1).

Rigor and quality in qualitative research

In order to establish trustworthiness and credibility of the findings, data were analyzed by one author, with themes being discussed over multiple discussions with the wider research team. Themes were revised



Figure 1. Relationship between themes and sub-themes.

and refined to ensure that they meaningfully addressed the research aims and reflected the varied perspectives within the dataset (Shenton, 2004). This collaborative analytic process supported critical examination of interpretations, encouraged transparency in decision making and helped ensure that the analysis remained grounded in participants accounts. In line with Yardley's (2000) criteria for quality in qualitative research, particular attention was paid to sensitivity to context through careful engagement with participants' written accounts and consideration of the wider literature on multiple birth bereavement. Commitment and rigor were supported through systematic analysis of the dataset, whilst transparency and coherence were enhanced through documenting analytic decisions and engaging in ongoing discussions within the research team. Consistent with wider recommendations regarding trustworthiness in qualitative research (Lincoln & Guba, 1985; Shenton, 2004), credibility was further supported through reflexive practice, collaborative interpretation and maintaining a clear audit trail of analytic decision making. Together, these approaches strengthened the credibility and integrity of the findings.

Reflexivity was central throughout the study. The research team brought diverse professional and personal perspectives to the work, and members engaged in sustained reflection on how their assumptions, values and experiences might shape their engagement with the data. The team comprised psychologists (AJ, KR, PS) and psychology students or trainees (HW, MA), several of whom have personal experience of bereavement. Of these authors, only one is a parent. This author has themselves experienced the loss of a child from a multiple birth pregnancy more than 10 years ago. This experience provided a heightened sensitivity to the emotional nuances and complexities described by participants. At the same time, through reflexive discussion, the research team took care to ensure that this personal history did not lead to over identification or the privileging of particular interpretations. This collective reflexive practice supported a balanced, critical and grounded interpretation of the data.

Results

The words of wisdom provided by mothers for fellow mothers who had also lost a single twin were represented by two themes: "managing the stigma of grief" and "embracing grief in your own way." Together, these themes encompassed six key pearls of wisdom that mothers wished to share with newly bereaved

parents (Table 2). Both themes are presented below in turn with quotations provided across the participant sample to provide evidence of interpretation. Pseudonyms have been used to ensure participant confidentiality. A visual representation of the thematic structure is provided in Figure 1 below.

Theme one: Managing the stigma of grief

Mothers shared the difficulty in navigating their grief when interacting with other people. In particular, they described challenges associated with talking about their deceased twin to other people and the stigma associated with this. Specific advice about how to manage the stigma was expressed in terms of (1) prioritizing your grief and (2) modeling good communication and (3) making space in the family for the lost twin which are represented as sub-themes.

Table 2. Pearls of wisdom.

Pearl of wisdom	Description	Example strategy of how to implement the pearl of wisdom
Prioritize your grief	Do not suppress discussion of your baby or grief to protect others from discomfort. Your loss matters.	Speak about your baby when you wish to. Use your baby's name. Allow yourself to express emotion openly.
Lead conversations about your baby	Others often want to be supportive but do not know what to say.	Model the language you are comfortable using. Create opportunities for others to talk about and remember your baby.
Keep your baby part of the family	Ensure the deceased twin continues to have a place within family life and family identity.	Encourage siblings to ask questions. Share memories. Create memorials, family rituals, or remembrance activities.
Find people who truly understand	Support from those with similar experiences can reduce isolation and provide validation.	Join specialist bereavement groups. Connect with other bereaved parents. Share milestones and difficult times.
Grieve in the way that feels right for you	There is no single correct way to grieve or navigate life after loss.	Talk if you want to. Remain private if you prefer. Write, cry, reflect, or commemorate in ways that feel meaningful to you. We are all different.
Be kind to yourself and embrace moments of joy	Grief and joy can coexist. Enjoying your surviving child does not diminish love for the child who died.	Allow yourself time to grieve. Accept happiness without guilt. Focus on self compassion and patience.

Prioritizing your grief

Mothers described experiencing distress when other people did not mention their deceased child as expressed by Josephine below:

Be prepared for people to not 'remember' not to think and to say stupid things, it still hurts to hear it and it grates on you (Josephine).

Yet, they also understood and acknowledged the reasons for others feeling awkward around mentioning their lost child. In particular, they recognized that such discomfort typically occurred due to lack of knowledge about how to engage with conversations around baby loss rather than a sense of maliciousness in others. For example, Olive highlights the unique nature of a loss of a single twin and acknowledges that other people may not understand how she feels:

Unless people have been through the same journey they do not know what it's like (Olive).

Indeed, mothers were aware that talking about their deceased child and displaying grief related behaviors (e.g., crying) could be uncomfortable for other people to witness and engage with. At a time when they were coming to terms with their own loss, the feeling of needing to assess the level of real or perceived discomfort of others could be extremely difficult for mothers. Should they manage their own reactions in order to reduce the discomfort of others at a time when they wanted to share their deep grief in response to their loss? Indeed, they spoke of occasionally, feeling unable to speak about their lost child or their feelings about their loss.

Ultimately, mothers had to decide whose discomfort should be prioritized, theirs or that of other people. Mothers suggested that open and honest communication about their lost twin was critical for their own wellbeing. Although this was difficult to do, given the experienced and perceived challenges associated with knowing how and when to display their grief to others, it was an essential means of enabling them to find a place for their lost child in their family. Mothers felt that parents who had lost a twin should prioritize their own grief over the potential discomfort of others.

Don't allow other people's discomfort to prevent you from speaking about your child if you need to. You live with the discomfort every day. If they care about you, they can handle it for a few minutes (Hannah).

Mothers also encouraged parents not to silence themselves or withdraw from support because of perceived expectations from others. As Zara explained:

Don't be afraid to talk about what happened, everyone's journey through grief is different so be kind to yourself and seek help if you need it, it isn't a sign of weakness (Zara).

Critical here is the time-bound element of distress. As Hannah acknowledges, the discomfort that others experience when a parent talks about their lost child is limited to the duration of that particular discussion. In contrast, the parent's discomfort at the loss of their child is lifelong and "*not something you ever get over*" (Olive).

Modeling communication

Mothers' understanding of how others may feel when interacting with someone who had also lost a twin provided them with the skills to facilitate them to have the difficult yet desired conversations about the lost twin with other people. A key strategy focused on modeling the desired behavior by proactively facilitating conversations about their lost child.

I have found over time that people don't know what to say and will tend to take your lead so if you say your child's name they will too and that's important (Bethan).

This strategy was helpful because it enabled grieving parents to set the tone for future conversations about their child, and in its openness, began the process of removing the stigma associated with talking about death. In turn, the open communication was thought to lead to a greater ability to actively involve others in the commemoration of their lost twin, moving the experience of loss from an individual level to that of a shared experience that could last beyond the length of the conversation.

Find ways of remembering your child that others can share, e.g. tree in garden, sponsored events...this is a way of your child been spoken of (Farah).

Such strategies are important in terms of creating lasting memories of the child for parents, but also for facilitating discussion of their child in ways that were not perceived as 'threatening' to others. Making the discussion something safe and acceptable for others who were anxious and uncertain about how to talk about the death of a twin, was important for two reasons. Firstly, it helped the parents who were also coming to terms with the loss of their child. Secondly, it gave a structure and a process that parents could follow when managing potentially awkward conversations about their loss with other people.

Making space in the family for the lost twin

It was not just conversations with those outside the family that were difficult; conversations within the family, for example with the surviving twin and siblings, were also highlighted as especially challenging. The key recommendation from mothers in our sample was the importance of creating a sense of 'normality' around the loss and building a sense of place for the lost child within the family.

Don't hide your baby away—make sure they twin/siblings know all about her/him—yes it's sad and they will ask you heart-breaking questions but if you make them still part of the family it becomes a natural conversation and they just find their place. And belong (Josephine).

Mothers also emphasized the importance of open communication with surviving children and recognized that discussions about loss may need to evolve over time:

Be open and honest with your other children if you have them about what happened. It's OK to decide when and how you want to talk about the issue. The grief can wax and wane, returning at unusual times after what can seem to be a period of relative stability (Leila).

Making sure that the lost twin had their own identity and place within the family was important. Starting this process early so that conversations about the lost twin were part of the everyday conversations in the family meant that the parents created space for others to remember the lost twin too. This was achieved by creating a sense of normalcy and avoiding stigma around asking questions and simply talking about the lost twin as the surviving twin grows. This process also helped to create the sense of the lost twin 'belonging' as an individual in their own right within the family. Sometimes this was through finding tangible ways of remembering the lost child (as was exemplified by Farah in the quotation above). The tree or the sponsored events provide concrete opportunities to focus on the lost child. However, the process of inviting, and making space for questions and discussions ensures that the lost twin is in effect kept alive in the course of everyday normal family conversations.

Theme two: Embracing grief in your own way

Mothers in our sample recommended adopting an individualized approach to grief. They shared their experiences of finding strategies to manage grief that best worked for them, these were categorised as: (1) finding

your tribe, (2) more than one way to do grief and (3) permission to be kind.

Finding your tribe

Participants emphasized the importance of being able to talk openly with others about grief as a means of providing much needed support for parents who have lost a twin.

To find people who you can vent to, moan to, share milestones with, and just get it is so important. It helps to know you aren't alone (Grace).

Such conversations offered multiple benefits for parents reducing a perceived sense of isolation and offering social support through sharing experiences at particularly difficult times, such as birthdays and missed milestones for the lost twin. The importance of finding connection with others who had experienced similar bereavements gave participants the opportunity to express how they really felt. There was a shared understanding with no need for explanations or social niceties. Participants could 'vent' and 'moan' and know that others in this tribe would understand because they too had been through similar bereavements. There was relief and safety in being with people who 'just get it'.

One way of finding their tribe was through bereavement groups specialising in loss of a twin. It was here that parents experienced a shared understanding of loss which for them provided the space and opportunity to communicate with others who fully understood the unique nature of the loss of a twin:

Meeting other mums who had lost a twin was a really helpful support network especially during the first 2 years after our loss (Maya).

More than one way to 'do' grief

Participants also recognised the individualised nature of grief. Mothers were keen to offer reassurance that there was no "right way" to grieve, and made it clear that they should be able to process grief in whichever way that feels right for them. Kiran provided a clear example of this when she explained that some mothers might want to discuss their child with other people, whereas others prefer to process their grief more privately: "if you don't want to talk about your baby/babies then don't feel like you have to. However, if you do, that's fine too" (Kiran).

Mothers also highlighted the highly variable nature of grief in the specific context of parenting a single twin from a multiple birth pregnancy. They described the emotional complexities of feeling both joy and

despair and the speed at which these feelings could change over a very short space of time. Nadine highlights the emotional rollercoaster that can happen when you experience multiple emotions at once. She offers reassurance that although the grieving experience can be sudden, shocking and overwhelming, it is also process that has its own rhythm. She makes it clear, in her pearl of wisdom, that since grief is individual, no-one has the right to tell another person how to grieve:

Allow yourself time to grieve. Sometimes you can be overcome with love and grief all in one moment and it just overwhelms you, but it's part of the process so don't try to hide it. Don't let anybody else dictate how you should feel, just take it day by day or hour by hour if you have to (Nadine).

Similarly, Grace (in the quotation below) offers hope when she speaks about 'getting past' the first phase. Knowing that someone else has been through a similar bereavement and has got through the first phase highlights that grief is not something fixed, but something that does change over time. She too emphasizes that there is no right or wrong for coping and that parents will find their own person way to cope, without feeling the need to meet the expectations of others.

Protect yourself. Do whatever feels right in getting past those first awful months, (Grace).

The use of the word 'protect' suggests potential harm associated with parents prioritizing societal expectations around grief management over their own individual preferred grief related behaviors. Importance was placed on parents doing what is 'right' for them at a particular time point, while also recognizing that individual grief needs may shift and evolve over time. Critical to this advice was a sense of meeting the needs of individual parents.

Deal with things how you want to—there are no right or wrong answers. Do what is right for you—scream, shout, sob—it's ok (Roisin).

For parents, engaging in focused individualized strategies such as writing were suggested as helpful, enabling them to directly narrate their memories of their relationship with their lost child: *"to express just a little that she is always in my thoughts"* (Farah). As such, writing may offer an active and direct way for the parent to communicate with their lost child. Underpinning all the advice in this theme was the importance of parents finding what worked for them and knowing that what ever that was, it was the right thing to do.

Permission to be kind

As part of the process of learning to live alongside grief, mothers were keen to highlight the importance of exercising self-compassion and kindness, particularly in regard to being patient with themselves, due to the longevity and unpredictability of the grieving process. In line with this view, Avery described the importance of fellow parents giving themselves *"time to cry and grieve, take it slowly and be kind to yourself."* This idea of granting yourself permission to grieve is particularly important for parents of surviving twins, who face a difficult balance of parenting a surviving baby whilst in parallel grieving the lost twin.

Managing these competing demands and emotions was explicitly acknowledged to be challenging for new parents. Imani acknowledges that there may be an element of guilt for mothers but encouraged mothers to allow themselves to feel the joy and happiness which comes with having a surviving baby.

Enjoy your survivor, please try not to feel guilty about it. You will find yourself laughing & joyful for them, it's wonderful, take respite in that time (Imani).

This advice highlights the tension between grief and joy, as well as pointing to the all-encompassing and distressing nature of grief itself, such that moments of joy are framed as a form of "respite" from the intensity of loss. Importantly, this focus on love and joy extended to the broader family, with Rowan describing the importance of loving *"each other wholeheartedly, we all need to feel loved and safe"*.

Finally, mothers wanted to reassure those recently bereaved parents at a bleak time. They wanted to offer hope by sharing that the immediate intensity of the grief does abate over time. They also wanted to offer reassurance that an abatement in intensity of grief did not, and would not, signify that grieving parents forget their child over time. Instead, they wanted to convey to parents a sense of grief becoming more manageable. We conclude our findings with the words from Priya which sum this multi-layered and complex process:

Never a truer word but time heals -you will never ever forget your lost child but you do learn to let you of the angry that comes with grief. The pain will always, always be there and will still hit when you least expect it, but you will be able to live with it and you learn to deal with their death, slowly but you never move on (Priya).

Discussion

Adopting a qualitative lens, this study explored the advice in the form of 'pearls of wisdom,' that mothers

would offer to other parents who have lost a child from a multiple birth pregnancy. Findings are organized around two overarching themes that reflect how mothers make sense of grief and support one another: managing the stigma of grief and embracing grief in your own way. Across our findings, mothers described navigating grief within the social sphere, integrating the lost child into family life, developing personalized strategies for coping, and finding hope as grief becomes more manageable over time.

Grief is a natural yet deeply personal process after the loss of a child, often characterized by distress, despair, yearning and numbness (Kersting & Wagner, 2012). This process can become even more complex in circumstances where parents are raising a single surviving twin, as the experience of bereavement exists alongside the joy of caring for the surviving child (Richards et al., 2015; Wilson et al., 1982). Building on existing literature, our findings highlighted how mothers described simultaneously experiencing both sorrow and joy, while recognizing that moments of happiness could be accompanied by feelings of guilt. Mothers spoke openly about these emotional contradictions and emphasized the importance of finding ways to live with them. Consistent with Jordan et al. (2018), mothers encouraged parents to develop their own approaches to managing grief in ways that felt right for them. Writing was identified as one meaningful strategy in both our study and previous work (Swanson et al., 2002). Writing has been described as a helpful means of nurturing ongoing bonds with the child who died and supporting parents to develop a coherent narrative around their experiences of loss (Harris, 2021; Larsen, 2024).

In our study, mothers highlighted the difficulties of managing grief in the wider social world and urged parents to prioritize their own needs when doing so. Maternal accounts captured the anguish that can arise when others fail to acknowledge their child. Acknowledgement from family and social networks has been recognized as an important part of the mourning process (Burden et al., 2016). Yet perinatal loss is often described as an “invisible” or “silent” loss, partly because there are few shared rituals that publicly recognize these deaths and support parents to mourn (Markin & Zilcha Mano, 2018). For parents who have lost a child from a multiple birth pregnancy, there may be additional pressure to appear grateful or “to be ok” because they have a surviving child (Kollantai, 2002). Consequently, grief may be underplayed, ignored or dismissed by others (Druguet et al., 2018). Such findings resonate with published personal accounts of mothers who have lost a single twin,

which highlight the importance of recognizing that the birth of a healthy surviving baby does not necessarily lessen the grief associated with the loss or “make everything alright” (Wegner, 2015).

Mothers in our study described feeling discouraged from speaking about their child due to the perceived discomfort of others (Kollantai, 2002). These responses can contribute to experiences of disenfranchised grief, in which the loss is not socially recognized or supported (Druguet et al., 2018). Disenfranchisement can interfere with the relational and meaning making processes that help parents live with their loss, many of which rely on conversations within families and the broader social network (Cassidy, 2023). In this context, mothers in our study offer encouragement to other parents to take an active role in shaping open and honest communication about their child, in order to make space for grief rather than retreat from it. They also suggested that everyday sentiments or small rituals can help bring grief into public and shared spaces, offering opportunities for others to engage with and recognize the child who died (Capitulo, 2005; Markin & Zilcha Mano, 2018).

Study findings highlighted the importance of bereaved parents seeking support from people with whom they could speak openly and honestly about their experiences. Psychosocial support from family and wider social networks has been linked with reduced risks of depression, post traumatic stress and anxiety following perinatal loss (Sutan & Miskam, 2012). Mothers in our study also emphasized the value of connecting with others who understood the unique complexities of losing a twin, describing bereavement support groups as especially helpful. This reflects research on the benefits of peer settings for parents who have experienced multiple birth loss (Campbell, 2020; Swanson et al., 2002). Such groups offer a shared space where grief can be expressed without judgment and where experiences can be meaningfully understood (Hall et al., 2015). Despite these perceived benefits, formal evaluations of peer support remain limited, particularly for families who have lost one child from a multiple birth (McGrath et al., 2011). Given the relative rarity of this type of loss, in person groups may be harder to access or lack enough participants to create a shared community. This points to the need for more creative models of support, including online or geographically dispersed groups, to ensure that parents have access to peers who understand the challenges of losing one child while raising a surviving twin.

Within the family context, mothers emphasized the importance of normalising grief and creating space

for the deceased child within everyday family life. This aligns with research showing that open family communication supports parents and surviving children in making sense of the loss (Jordan et al., 2018; Kollantai, 2002). Literature on multiple birth loss highlights that parental responses to grief can shape the emotional climate of the family and influence how surviving children understand their own place within it (Kollantai, 2002; Pector, 2001). Some studies note that grief may manifest in ways that involve either withdrawing from or becoming overly protective of the surviving twin (Pector & Smith-Levitin, 2002). Supporting parents to process their own feelings can therefore help them to respond in a way that is sensitive to the needs of their surviving child (Pector, 2001).

Congruent with the wider bereavement literature, mothers in our study encouraged early and honest communication with siblings. Previous research suggests that children who are not told about a lost twin may begin to ask spontaneous questions as they grow older, often expressing a sense that “someone is missing” (Kollantai, 2002; Withrow & Schwiebert, 2005). Adult survivors have also spoken about feeling lonely or sensing a lack of connection with parents when information was withheld, and have expressed a desire for greater openness (Kollantai, 2002). Disclosure was therefore viewed as an important way of helping surviving children feel that they belong within the family in their own right, while also acknowledging the significance of the child who died. Acknowledging and affirming the identity of the child who died through practices such as using their name, displaying photographs, sharing memories, and engaging in family rituals has been described as an important way of maintaining the child’s presence within family life and sustaining continuing bonds (Campbell, 2020; Kollantai, 2002; Pector, 2004).

Study strengths and limitations

A strength of this study is that the advice (or pearls of wisdom) offered comes directly from bereaved mothers with lived experience of losing a twin. Their insights reflect the everyday realities of navigating grief while caring for a surviving child, and the guidance they shared is grounded in the nuanced, complex experiences that only those who have lived through this loss can articulate.

Importantly, the sample included mothers at very different points in their bereavement journeys, with time since loss ranging from one to twenty years. Although the study was not designed as a longitudinal

investigation and therefore cannot draw conclusions regarding changes in grief over time, participants reflected on their experiences from different points in their bereavement journeys. Consequently, the findings offer insight not only into the immediate impact of losing a twin but also into the ways mothers described carrying, integrating and making sense of the loss across the lifespan.

A key limitation of this investigation is the absence of fathers’ perspectives. Although research shows that fathers experience comparable emotions following perinatal death, societal expectations may shape how easily they express or communicate their grief (Jones et al., 2019). Fathers may also adopt a primarily supportive role for their partner, which can mask their own needs and place them at risk of neglecting their wellbeing (Bonnette & Broom, 2012). In one study focused on fathers who had lost a single twin, Swanson et al. (2009) identified professional compassion, neutrality and opportunities to express emotion as helpful. Further qualitative work is needed to explore fathers’ experiences in more depth and to understand the kinds of support that might best meet the needs of this vulnerable and often hard to reach group. Nevertheless, although the present findings are derived solely from mothers’ accounts, many of the pearls of wisdom identified, such as the importance of open communication, acknowledging grief, seeking support from others with shared experiences, and maintaining a place for the deceased child within family life, are likely to have relevance for fathers. Future research should explore the extent to which these recommendations resonate across different family members, focusing particularly on fathers.

Another limitation relates to the sample. Mothers were recruited from a private Facebook support page, which may have attracted participants who were already seeking connection, information or emotional support. Their experiences may therefore differ from mothers who prefer more private ways of coping or who do not engage with peer communities. Broader studies involving mothers from diverse cultural backgrounds would help to build understanding of how cultural norms and expectations shape grief and coping following the loss of a twin.

Additionally, information regarding the cause and circumstances of the baby’s death was not collected. As losses within multiple birth pregnancies can occur in a variety of contexts, it was not possible to explore whether mothers’ experiences or pearls of wisdom differed according to the nature of the loss. Future research should examine how cause and circumstances of death may influence bereavement experiences and support needs.

Conclusion

This study brings together the advice that bereaved mothers offer to other parents who have lost a twin from a multiple birth pregnancy. Their guidance, grounded in lived experience, highlights the importance of prioritizing one's own needs and speaking about the child in ways that feel right, even when others may be uncertain or uncomfortable. Mothers described everyday ways of keeping the deceased twin present within family life, including open conversations with siblings and simple acts of remembrance that help sustain a sense of connection. They also emphasized that grief takes many forms and encouraged parents to find approaches that suit them, whether through writing, quiet reflection or seeking connection with others who share similar experiences. Peer support, particularly from other parents who understand the unique complexities of multiple birth loss, was seen as especially meaningful. Together, these perspectives offer compassionate, practical advice that can support bereaved parents as they learn to live alongside grief while caring for their surviving child and honoring the child who died.

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Author contributions

Holly Waring: Formal analysis, Writing – original draft, Writing – review and editing. **Karen Rodham:** Investigation, Writing – original draft, Writing – review and editing. **Paula Smith:** Conceptualization, Methodology, Writing – review and editing. **Megan Armond:** Project administration, Writing – original draft, Writing – review and editing. **Abbie Jordan:** Conceptualization, Methodology, Investigation, Data curation, Project administration, Writing – original draft, Writing – review and editing.

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The data generated and analyzed during this study cannot be shared. Ethical approval and the consent obtained from

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