## A Review of Various Psychological and Non-Pharmacological Interventions at High-Risk Pregnancies (Miscarriage and Stillbirth): A Narrative Review

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Background and the objectives of the study: A review of the evidence concerning the types of psychological and non-pharmaceutical interventions to prevent or reduce complications in women undergoing miscarriage and stillbirthMethods of the study: The search in this comprehensive narrative review was conducted in electronic databases, such as the Cochrane Library, Scopus, PubMed, Web of Science, Tripdatabase, SID. After the screening, 23 articles were selected. Findings of the study if applicable: Evidence was presented in two general categories. which includes, psychological interventions based on counseling and education (9 studies), 1 Systematic review, 5 RCT, 2 Quasi-experimental, 1 Prospective. Also Variables such as anxiety, grief, depression, and contraception use were evaluated. And, psychological interventions based on therapy (14 studies), 2 Systematic review, 6 RCT, 3 Quasi-experimental, 2 single-case experimental, 1 mixed method. Interventions include cognitive-behavioral therapy, mindfulness, hypnosis, interpersonal psychotherapy, supportive psychotherapy, group therapy, and yoga. Variables such as worry, grief, anxiety, depression, distress, post-traumatic stress and stigma were examined. Interventions in this group, especially Internet-based interventions, were effective in most cases. Conclusions: Despite the different design of interventions, the results showed the effectiveness of psychological and non-pharmacological interventions in most cases, but judging the definite effect of interventions requires further research and larger sample size. It was reported that psychotherapy-based interventions were effective in post-abortion grief treatment, especially in long-term grief, mindfulness intervention in improving mental health, and support group intervention in improving physical health after stillbirth.

Keywords: Miscarriage, Narrative Review, Psychological Intervention, Stillbirth