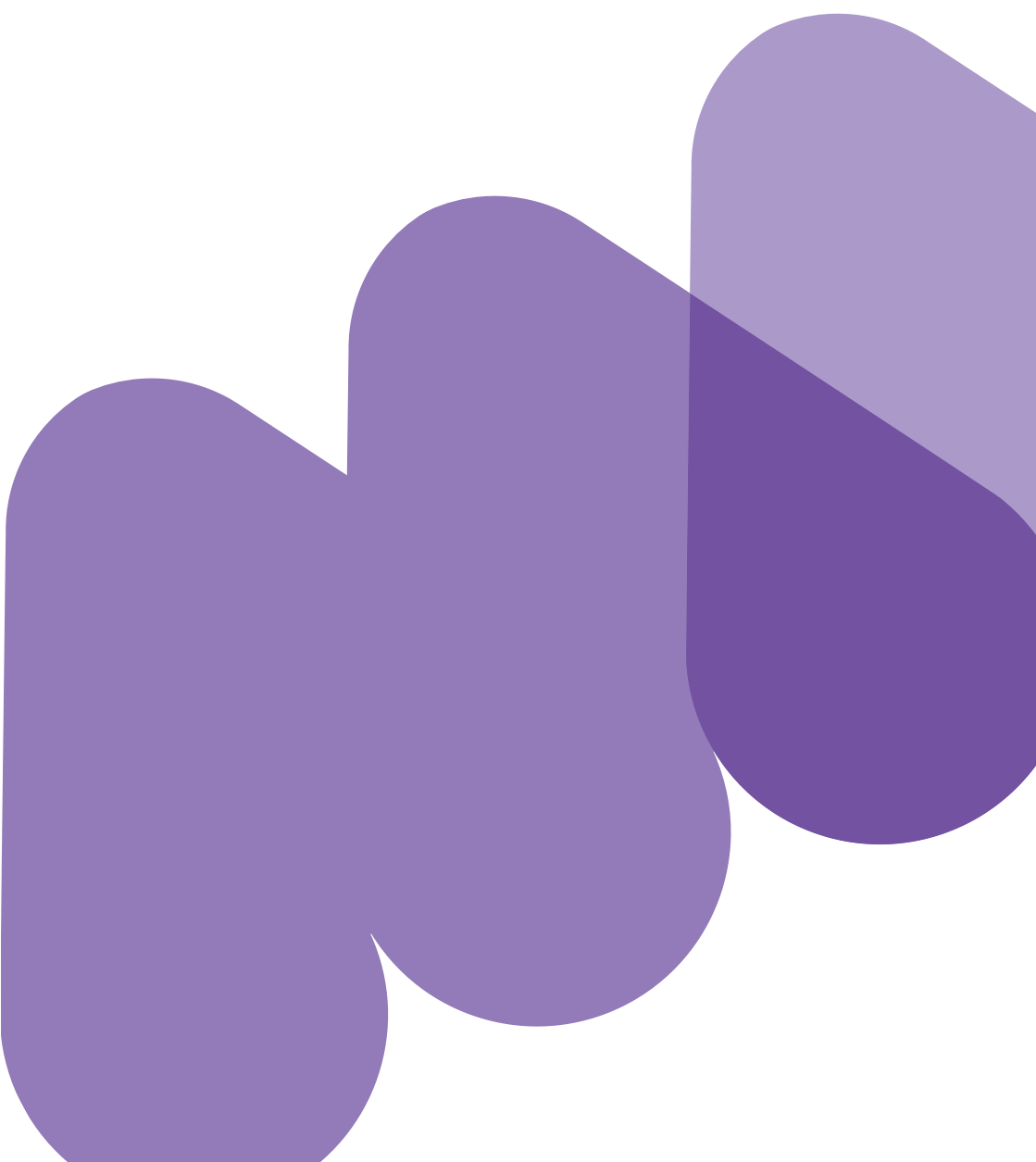




MISCARRIAGE  
ASSOCIATION

The knowledge to help

## Partners Too



**Need to talk to someone who understands?**

Call our support line on 01924 200799. Monday to Friday, 9am-4pm

Contact us on Live Chat ([www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)). Monday to Friday, 10am -3pm

Or email **[info@miscarriageassociation.org.uk](mailto:info@miscarriageassociation.org.uk)**

**Miscarriage can be a very distressing experience for a couple. Your partner has the physical trauma to deal with, but you have also suffered a loss that you may find painful.**

**We hope that this leaflet will help you to understand and cope with your own feelings about your miscarriage as well as your partner's<sup>1</sup>.**

## **About miscarriage**

### **What is it?**

Miscarriage<sup>2</sup> is when a woman loses a baby any time up to 24 weeks of pregnancy. After 24 weeks, losing a baby during pregnancy or labour is called a stillbirth.

Miscarriage is very common. No one knows exactly how many miscarriages happen, but experts think that more than one pregnancy in every five ends in miscarriage.

There is still a lot that we don't know about miscarriage, and you may never find out why it happened to you and your partner. That can be hard to cope with.

What we *can* say is that miscarriage is highly unlikely to be caused by something you or your partner did – or didn't do. And the chances are that the next pregnancy will result in a healthy baby.

**“ In the scan room, I had expected to see our baby kicking and waving furiously. Instead, nothing. I felt stunned. ”**

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<sup>1</sup> This leaflet is for all partners of women who have miscarried. This includes LGBTQ partners. We recognise that some readers may no longer be with their partner, but we hope this leaflet is still helpful.

<sup>2</sup> In this leaflet we use the word 'miscarriage' to cover all types of pregnancy loss up to 24 weeks, including ectopic and molar pregnancies.

## What causes miscarriage?

The known causes include:

### Genetic

This is when the baby doesn't develop normally from the start and can't survive. This is the cause of more than half of early miscarriages.

### Hormonal

Women with very irregular periods may find it harder to get pregnant; when they do get pregnant they are more likely to miscarry.

### Blood-clotting problems

Problems in the vessels that supply the placenta with blood can lead to miscarriage.

### Infection

Minor infections like coughs and colds are harmless. But very high fevers and some illnesses may cause miscarriage. Some infections can increase the risk of ectopic pregnancy.

## Anatomical

Later miscarriages can be caused by weakness of the cervix, which is at the bottom of the uterus (womb). They can also happen if the uterus has an irregular shape or contains large harmless growths called fibroids.

## Surgical

Previous pelvic surgery can increase the risk of ectopic pregnancy. This is when the fertilised egg starts to grow in the wrong place, usually one of the fallopian tubes that connect the ovaries to the uterus.

For more information, it may be helpful to read our leaflet *Why me?*

**“Our miscarriage happened in the middle of the night. That meant a lot of stress in being “responsible” for working out what was happening and what to do.”**

## Your feelings

You and your partner have both suffered a loss. But after miscarriage, attention often focuses on the mother and her partner's feelings can be overlooked.

People may ask you how your partner is and not even think to ask about you. They may assume you are less affected than your partner.

You may even find you are expected to hide your feelings in order to be strong for your partner.

There is no right or wrong way to feel after miscarriage; but it is perfectly normal to experience any of these:

- Shock
- Anger
- A sense of loss
- Feeling isolated and lonely
- Guilt
- Feelings of failure
- Feeling helpless and frustrated
- Finding it hard to concentrate
- Losing interest in sex
- Anxiety – about your partner, your relationship or a future pregnancy
- Impatience – to get back to normal or try for another baby
- Relief – if your partner took a long time to miscarry or if you didn't want a baby.

## A sense of loss

After miscarriage people often assume that the woman's loss is greater than her partner's because of her physical connection to the baby. This may be true for you. You may feel disappointed rather than distressed. You may even think your partner is over-reacting.

But some partners have a deep sense of loss. Maybe the pregnancy felt real to you because you saw a scan or felt the baby move. Maybe this was an especially precious pregnancy after years of fertility problems.

For some partners the grief can be intense and hard to cope with. And you may need to turn to others for support (see *page 14*).

**“ People kept asking me how Christine was, but not how I was feeling. It was as if having a baby was a couple thing but having a miscarriage was just for women. ”**

## Feeling helpless

When your partner miscarries, you can't control what's happening and may not even understand what's going on.

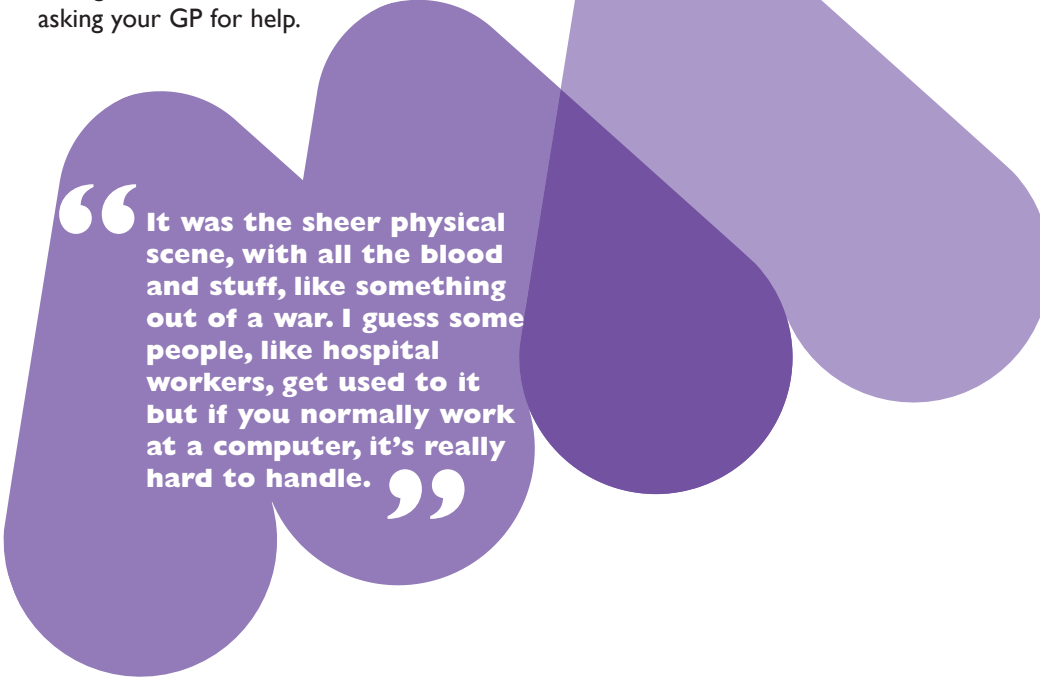
You may be shocked by the sight of blood and blood clots, especially if your partner has heavy bleeding. That can be frightening enough for women, who are used to having periods, but men may never have seen anything like it before.

Recent research<sup>1</sup> has shown that one in 12 (male) partners experienced post-traumatic stress after miscarriage or ectopic pregnancy, so if you find those images and memories are long-lasting and intrusive, do consider asking your GP for help.

You may be pushed into the background while others take over; and this can leave you feeling helpless and frustrated.

As well as dealing with your own shock and fear, you have to see your partner in pain and distress. And you may feel powerless to help her.

The sad truth is that no-one can take away the pain and misery of miscarriage, but you may well be able to help and support each other through this time.



**“ It was the sheer physical scene, with all the blood and stuff, like something out of a war. I guess some people, like hospital workers, get used to it but if you normally work at a computer, it's really hard to handle. ”**

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<sup>1</sup> See page 14

## Your partner's feelings

Everyone's feelings are different, but it is common to experience real grief after miscarriage:

Your partner's feelings may be different from your own or expressed in different ways.

She may be obviously distressed or she may hide her feelings.

She may find it hard to face other pregnant women or babies. She may even completely lose interest in normal life.

You may recognise some of these common reactions:

- Being very upset and crying a lot
- Talking about the miscarriage all the time – or not talking about it at all
- Anger against you and maybe others
- Guilt – that she's let you down by not being able to have a baby
- Isolation – a sense that no one understands what she is going through
- Avoidance of sex or even any physical contact
- Wanting to get pregnant again straight away – or feeling terrified about another pregnancy.

“

**We hadn't planned this pregnancy, but now Ellie desperately wants to have a baby.**

**She gets furious at me because I think we should wait.**

”

## Your relationship

Some couples find that the sadness of miscarriage brings them closer together. They may not even need support from others.

But grief can put a strain on even the best relationships. And it may be hard to say or do the right thing just when you need each other most.

You and your partner may grieve in different ways or at different times.

One of you may want to get on with life while the other wants to take time out.

One of you may be having a bad day while the other feels better. Or one of you may need support when the other feels least able to give it.

This can lead to tension and arguments at what is already a difficult time. If the strain of your loss is pulling you and your partner apart, you may need to look for outside support (see page 14).

## What about sex?

It may take a while for your sex life to get back to normal. Some couples find that making love brings them closer together. But for others it is a reminder of what they have lost.

You may want to make love – maybe to show you care – while your partner is not ready. Or it could be the other way round.

Some women want to start trying for another baby quite soon after miscarriage. And this can put pressure on partners – especially if they don't feel the same way.

After a late miscarriage, soreness or stitches can make sex difficult. Your partner may feel her body still belongs to the baby – especially if she is producing milk.

It is normal for sex to be difficult for a while after miscarriage. But if you feel your problems are going on for too long, think about getting some support.

**“After a month had passed it became more and more difficult to say the right thing.**

**I began throwing myself into work, creating more work just to avoid going home. ”**



## LGBTQ partners

Lesbian, bisexual and transgender partners of women who miscarry may share the feelings and experiences already described in this leaflet. But some may find it especially hard to cope for one of more of these reasons:

### Getting pregnant

You and your partner may have taken a long time to decide things like:

- Whether to have a family
- Which of you should have the baby
- How to conceive.

Because of the planning that went into the pregnancy, a miscarriage may be hard to bear – particularly if it was difficult to conceive.

### Feeling guilty

If you already have a child of your own, you may feel guilty about your partner's loss. You may think you could have spared her by having the baby yourself, if that was an option. And you may worry that she will never get to have a child of her own.

## Dealing with other people

If people around you have been negative about your sexuality and your relationship, you may have kept quiet about the pregnancy. This may make it harder to cope with miscarriage because you can't turn to others for support.

If you *do* confide in friends, family or colleagues, you may find them less supportive than they would be to a male partner. They may even fail to accept you as a co-parent.

### Dealing with health professionals

Some health professionals assume a female partner is a friend or family member, and this can leave you feeling hurt and left out.

It might help if one of you says "we're partners" – perhaps this can then be written in the notes too, so other staff don't make the same mistake.

**“ I feel I let her down because I couldn't give her the baby she wanted so much. And guilty because I had been pregnant and given birth and she hadn't. ”**

## Transgender partners

Your problems in coping with the miscarriage may be made worse by people not knowing you are transgender or asking intrusive questions. There may be very few people who have been in the same situation. This can make you feel isolated and put pressure on your relationship.

### What to do

- **Getting support**

You can talk to the Miscarriage Association via 'phone or email. And you may find it helpful to talk to other parents in similar situations via same-sex forums and discussion groups.

- **Talking to your partner**

You may feel worried about talking to her about your feelings; but if you don't, she may think you are not upset or even that you don't care. Some people find it helpful to write about their feelings – and this could be something to share with your partner at a later time.

- **Talking to your doctor**

Your GP can answer some of your questions about miscarriage and help with planning another pregnancy. You can ask at your practice to see a GP who is comfortable with same-sex issues. Your GP can also refer you and your partner for counselling.

**“ We hadn't told anyone we were trying to get pregnant. So when my girlfriend miscarried we couldn't face telling people we had been pregnant but had now lost the baby. ”**

## Coping after miscarriage

### Coping with arrangements

After the miscarriage you may be left to deal with all the practical issues: things like passing on the bad news to others, looking after the house and caring for any other children.

Some partners find it helpful to focus on practical matters. But it can add to your stress, so it makes sense to accept offers of help.

If friends and family want to help but don't know how, they may like to read our leaflet *Someone you know*.

People at work may also find this leaflet helpful. Colleagues can be a source of support after miscarriage. But some may not even mention your loss. This may be because they don't see miscarriage as distressing for partners – or simply because they don't know what to say.

**“ That first evening at home, contacting relatives and friends to break the news, was heart-breaking. Telling people over and over again made it so much more real.**

**I have never felt so alone. ”**

## Coping with your feelings

How you feel after the miscarriage will depend on lots of things, particularly what the pregnancy meant to you and what is happening in the rest of your life.

Here are some ways to cope that other partners have found helpful:

- **Sharing your feelings**

with someone. This may be your partner or it could be a family member, a friend or a support volunteer from the Miscarriage Association. If you are not used to talking about your feelings it may feel difficult at first, but it might be worth trying.

- **Getting informed.**

You can talk to your doctor about what happened and what may happen in future. You can also contact the Miscarriage Association for further information. You may not be able to get all your questions answered, but clear information can help you to feel more in control.

- **Giving it time.**

There is no set time scale for feeling better. Feelings can come and go and you might still have bad days after you thought you had recovered. These often come on special dates – like the day the baby was due or the anniversary of the miscarriage.

- **Being prepared to seek help.**

If you find yourself 'stuck' in grief and unable to move on, you may find bereavement counselling helpful.

## **Being strong for your partner**

Some partners are happy to play a strong, silent and supportive role after miscarriage – comforting their partners, shielding them from responsibility and protecting them from visitors and phone calls.

You may be genuinely less distressed than your partner; or you may want to keep a lid on your own feelings; or you may find this the best way to show your care and concern.

You may need to remain strong to take care of work, children and other responsibilities.

And you may need to take a lead on difficult decisions, such as how to treat the baby's remains or whether to agree to a post-mortem examination.

But there are downsides to being a 'pillar of strength'. You may hide your feelings so well that you seem not to care. This can lead to problems in your relationship and leave you isolated, with no one to talk to.

## **Helping each other**

Here are some ways you might be able to make things better for both of you:

- **Communicating**

Talking and listening to each other can help you to understand each other's feelings and come to terms with your loss. Many women who have miscarried find it helpful to talk through what happened over and over again – and you may find the same.

- **Recognising your loss**

However early the miscarriage, it may have meant the loss of your hopes and dreams for the future. It might help just to be aware of that loss and to accept the feelings that go with it.

- **Accepting your different feelings**

You and your partner may feel differently about the loss now or in the future. One of you may still be grieving while the other is ready to move on; one may remember anniversaries that the other forgets. It can help to understand that this is perfectly normal.

- **Looking for outside support**

Family and friends, colleagues, health professionals, support organisations and websites may all have something to offer. It can be helpful just to take from them what is useful and to ignore the rest.

- **Taking stock**

Don't be surprised if the miscarriage leads you to question all sorts of things about yourself, your partner and your priorities in life. This may not be the best time to make major decisions but it can help if you can keep talking and listening to your partner.

## Long-term problems

Most couples go on to have a healthy baby after miscarriage, but some face longer-term problems.

### Recurrent miscarriage

This is the medical term for three or more miscarriages in a row. Even then you are still more likely to have a healthy pregnancy than another miscarriage. But it can be hard to stay hopeful after several losses; and one or both of you may start wondering whether to stop trying.

It can be helpful to talk to someone else who knows what it is like. The Miscarriage Association has a network of support volunteers, including some men. (*For details, see page 14*).

You may also like to see our leaflets, *Recurrent miscarriage* and *When the trying stops*.

## Fertility problems

This pregnancy may have followed a period of infertility. Or you may be facing fertility problems now. Either way you have an extra reason for distress.

Again, you might find it helpful to talk to a Miscarriage Association support volunteer. You may also like to read our leaflet *Pregnancy loss and infertility*.

### Relationship breakdown

Sometimes the experience of miscarriage can help to break down a relationship that was already in trouble. This can feel like a double loss and you may need extra support from family, friends or some of the agencies listed overleaf.

**“ We had five miscarriages before we had Daniel. We entered a kind of daze: try, fail; try, fail; try, succeed; lose it.**

**In bed we faced the same unspoken questions. Do we want to make love? What's the chance of a baby? What about the pain if we lose it? ”**

## Where to go for help and support

### **The Miscarriage Association**

has a telephone helpline, a volunteer support service, an online support forum and a range of helpful leaflets on all aspects of miscarriage.

Tel: 01924 200799;

[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)  
17 Wentworth Terrace, Wakefield  
WF1 3QW

**Your GP, hospital or community health service** may be able to refer you to their own support or counselling services

### **British Association of Counselling and Psychotherapy**

[bacp.co.uk](http://bacp.co.uk)

01455 883 300

Information and details of accredited practitioners.

**CRUSE** offers bereavement counselling.

Tel: 0808 808 1677;

[www.cruse.org.uk](http://www.cruse.org.uk)

Cruse House, PO Box 800,  
Richmond TW9 1RG

**Relate** can help with relationship problems.

Tel: 0300 100 1234;

[www.relate.org.uk](http://www.relate.org.uk)

Premier House, Carolina Court,  
Lakeside, Doncaster DN4 5RA

**oneplusone** offers free and confidential online services to help couples and parents help themselves.

Tel: 02030 967871

[www.oneplusone.org.uk](http://www.oneplusone.org.uk)

email: [info@oneplusone.org.uk](mailto:info@oneplusone.org.uk)

### **The Sexual Advice Association**

offers free telephone support on psychosexual problems.

Tel: 020 7486 7262;

[www.sexualadviceassociation.co.uk](http://www.sexualadviceassociation.co.uk)

**The Pink Practice** offers therapy service for LGBT clients.

Tel: 020 7060 4000;

[www.pinkpractice.co.uk](http://www.pinkpractice.co.uk)

### **British Infertility Counselling Association**

offers counselling for those considering or undergoing fertility investigations and treatment.

[www.bica.net](http://www.bica.net)

## Reference

<sup>1</sup> J Farren et al: Differences in post-traumatic stress, anxiety and depression following miscarriage and ectopic pregnancy between women and their partners: a multicenter prospective cohort study. *Ultrasound in Obstetrics and Gynaecology*, October 2020.

## Acknowledgements

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**“ My emotions were shot; drifting in and out of elation, worry, fear, hope, anger.**

**It took me 4 years to accept I was sad and that was ok; that there was nothing I could have done about losing our child and that I did not fail anybody by not coping brilliantly. ”**



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