



MISCARRIAGE  
ASSOCIATION

The knowledge to help

## Partners Too



## About this leaflet

This leaflet is for all partners affected by pregnancy loss. By 'partner' we mean the person in a couple who does not experience the physical loss.

We hope this information will still be useful for you even if your relationship has ended.

We sometimes use the words 'woman' and the pronoun 'she' to describe the person having the physical loss but recognise that they may be a trans man or non-binary.

We often use the words 'loss' or 'pregnancy loss' to include miscarriage, ectopic pregnancy and molar pregnancy. We also tend to use 'baby' rather than 'embryo' or 'fetus'. Most people tell us this is the language they prefer. We do understand this does not feel right for everyone and we're really sorry if its use causes you any distress.

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**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.**

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**Pregnancy loss - miscarriage, ectopic pregnancy or molar pregnancy - can be very distressing. The physical experience of pain, bleeding, examinations and interventions can be traumatic. But you, as a partner, have also experienced a loss.**

**We hope that this leaflet will help you understand and cope with your own feelings about your loss as well as your partner's.**

## About pregnancy loss

**Miscarriage** is the natural ending of a pregnancy at any time up to 24 weeks. It is very common – it is estimated that more than one pregnancy in five ends this way.

Most miscarriages happen in the first 12 or 13 weeks of pregnancy. Some happen in the second trimester – that is, between 14 and 24 weeks of pregnancy.

There may be clear symptoms of pain and bleeding or it might be diagnosed on a routine scan (a missed miscarriage). You and your partner may have to decide what to do next: wait for the process to happen naturally or have medical or surgical treatment.

It can be a very shocking, painful and distressing experience.

We have more information on miscarriage on our website and in our leaflets *Your miscarriage, Why me?*, *Second trimester loss: late miscarriage* and *Management of miscarriage* (see page 14).

**Ectopic pregnancy** is a pregnancy that is growing in the wrong place, usually in one of the fallopian tubes. It can be very painful. It may involve emergency surgery or medical treatment. If doctors see that the ectopic pregnancy is resolving on its own, they may advise 'watching and waiting'.

Ectopic pregnancy can be very shocking and frightening for both partners. It may reduce fertility, and any future pregnancy should have extra early care.

We have more information online and in our leaflet, *Ectopic pregnancy*.

**Molar pregnancy** is where an abnormally fertilised egg implants in the uterus. There is too much or too little genetic material so the pregnancy cannot survive, but hormone levels keep rising, causing very strong pregnancy symptoms.

The cells that should become the placenta grow too quickly and take over the space where the embryo would normally grow. In a small number of cases, these cells continue to develop abnormally and can cause a form of cancer if they are not removed.

Molar pregnancy needs surgical treatment and specialist follow-up. Anyone who has experienced one is advised not to conceive again until follow-up is complete. Again, this can be a very frightening and distressing experience.

We have more information online and in our leaflet *Molar pregnancy*.

## Your feelings

You have both experienced this pregnancy loss. But you may find that people's attention focuses on the person who has had the physical loss. Your feelings might be overlooked.

This might be particularly the case if you are no longer together.

People may ask how your partner is and not think to ask about you. They may assume you are less affected. This might feel hard. Or you might think that's ok, that your partner does deserve more consideration. You may be more concerned about them than you are about the loss itself.

You might end up hiding or burying your feelings to be strong for your partner, especially at first.

Or you might find yourself focusing on practical issues instead of thinking about your emotions. It may only be some time later, perhaps when your partner is beginning to recover, that you suddenly find things harder.

There is no right or wrong way to feel. It's normal for different people to feel different things, including:

- shock
- anger
- a sense of loss
- isolated and lonely
- guilty
- a failure
- numb
- helpless and frustrated
- difficulties concentrating
- lack of interest in sex
- anxiety – about your partner, the relationship or a future pregnancy
- impatience – to get back to normal or try again
- relief – if there were days or weeks of uncertainty or pain; or if you didn't want this pregnancy.

You may find your feelings are different from your partner's, or that they change over time. We have suggestions and support to help you cope throughout this leaflet.

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**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.**

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## A sense of loss

It is often assumed that the person who is pregnant will feel a greater sense of loss because of their 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 lots of partners experience a deep sense of loss. Maybe you felt a strong connection to your baby because you saw the scan or felt them move. Maybe this was an especially precious pregnancy after fertility problems or because it was complicated or difficult to conceive.



**We wanted to be mummies ... I couldn't talk. I just sobbed. The pain was so overwhelming.**



For some partners the grief can be intense and hard to cope with. You may feel it immediately or some time later. Some people find that it is anniversaries or the birth of other babies that trigger grief for their own loss. You may need to turn to others for support.

## Feeling helpless

It's common for partners to feel helpless during pregnancy loss. You can't control what's happening and may not even understand what is going on.

You may be shocked at the sight of blood and blood clots. Heavy bleeding is frightening enough if you have periods but can sometimes be even more shocking if you are not used to seeing vaginal bleeding at all.

Ectopic pregnancies can cause acute pain and may lead to collapse and even emergency surgery. This can be very scary, especially if you don't know what is going to happen. You might feel pushed into the background while others take over.

As well as dealing with your own emotions, you must cope with seeing someone you care for in pain and distress. All this can leave you feeling helpless, frustrated and powerless both during the loss and afterwards.

Research<sup>1</sup> has shown that 1 in 12 (male) partners experienced post-traumatic stress symptoms after miscarriage or ectopic pregnancy.

If you find images and memories of the loss are long lasting and intrusive, do consider asking your GP for help.

You might find it helpful to look at our online information and our leaflet *Looking after your mental health* before, during and after pregnancy loss.

The sad truth is that no one can completely take away the pain and misery of pregnancy loss, but you may be able to support each other through it. We hope the rest of this leaflet will help you find your way.



**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.**



<sup>1</sup>Farren J et al, see page 15

## How are they feeling?

Everyone's feelings are different, but it is common to experience real grief after pregnancy loss.

It's important to remember that your partner's feelings may be different from your own or expressed in different ways.

Some common reactions you may recognise are:

- being very upset and crying a lot
- severe mood swings as their hormones adjust to no longer being pregnant
- talking about the loss all the time – or not talking about it at all
- anger against you and/or other people
- guilt – that they have let you down by not being able to have a baby
- isolation – a sense that no one understands what it is like to go through this (perhaps not even you)
- finding it hard to cope with seeing or hearing about pregnancies, births or babies
- 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

You and your partner may experience the same feelings and reactions, or you may react, cope and express yourselves in very different ways.

You might find it hard to understand each other's reactions and feel unsure about how to offer the right support. One of you might need support when the other feels least able to give it.

People often take out difficult emotions on the people they feel closest to, and safest with.

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**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.**

”

This could impact on your relationship in different ways. You may feel closer together or pushed further apart. You may have more arguments or find it harder to say or do the right thing, at a time when you need each other most. You may blame yourselves, or each other.

Some couples find that the experience of pregnancy loss brings them closer together, but grief can put a strain on even the strongest relationships.

If the strain of your loss is pulling you and your partner apart, you may need to look for outside support. Relate can offer counselling together or individually (see page 14). We have some more information online about counselling after a miscarriage too.

## What about sex?

After a loss, it's very common to have questions or worries about intimacy, difficulties having sex and concerns about when it is ok to do so, even if you are not trying to conceive or are using assisted conception.

You may want to have sex while your partner is not ready. Or it could be the other way round.

One of you may want to start trying again to get pregnant soon after the loss. If the other partner does not feel the same way, this can put pressure on your relationship and your sex life.

After a late miscarriage, soreness or stitches can make having sex difficult. Your partner may feel their body still belongs to the baby, especially if they are producing milk.

They may be uncomfortable about the way their body looks. You may fear accidentally causing them pain.

If you had a molar pregnancy or your partner is taking methotrexate after an ectopic pregnancy, you will probably have been advised not to get pregnant again immediately. Having to avoid conceiving may affect desire and intimacy too, particularly if one or both of you really does want to be pregnant again.

You may experience vaginal dryness or erection and ejaculation difficulties because of these issues, or for a different reason. It may not be clear why things don't feel right.

If these problems go on for a long time, it might be worth thinking about getting some support. We list some useful contacts on pages 14 and 15.

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**We couldn't just make love with joyous abandon, because we were both aware of what that had led to before. It wasn't making love any more, it was a kind of negotiation around each other's feelings.**

”

## LGBTQ+ partners – additional issues

Lesbian, bisexual, transgender and non-binary partners are likely to share the feelings and experiences already described in this leaflet. But you may find it especially hard to cope for one or more of these reasons.

### Getting pregnant

You and your partner may have spent a long time deciding things like whether to have a family and how to get pregnant. This may make a loss feel hard to bear – particularly if it was difficult to conceive as well.

### Complicated feelings about pregnancy and being pregnant

Feelings about a loss may be more complicated if you had to decide which of you will carry the baby.

Depending on how you both feel about pregnancy, you may feel guilty that your partner has to go through the physical experience of loss when you could have been pregnant instead.

You might feel sad that they may not experience giving birth, especially if this is something they really want to do, or something you have done in the past.

Or you may wonder if things would have been different if you had been the one to carry the baby.

## Dealing with other people

If people around you now or in the past have been negative or hostile about your gender, sexuality or your relationship, you may have kept quiet about the pregnancy.

This may make it harder to cope with pregnancy loss because you feel you can't turn to others for support. This could put pressure on your relationship.

You may struggle to trust some support groups or find they are not set up to welcome and understand LGBTQ+ people. You may be worried you will be asked intrusive or insensitive questions.

Some people find family, friends or colleagues are less supportive or fail to accept you as a co-parent. This can be hurtful.

As well as seeking support elsewhere, you may want to show them this information to help them understand

You can find support, and stories from LGBTQ+ people who have experienced loss, by scanning the QR code.



“

**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.**

”

## Dealing with health professionals

Some health professionals may assume you are a friend or family member rather than a parent and partner. This can leave you feeling hurt and left out.

It might help if one or both of you says 'this is my wife' or 'we are partners'. Perhaps this can be written in your notes too, so other staff don't make the same mistake over your relationship or gender.

## Getting support

### *Talk to us*

You can talk to the Miscarriage Association via telephone, email, live chat or on our Facebook groups. You may also find it helpful to talk to other people in similar situations (see page 14).

### *Talk to your partner*

Some of these complicated feelings can be hard to make sense of yourself, let alone talk to your partner about. Despite this, things usually feel better when shared. Some people find writing things down can help clarify difficult emotions and make them easier to communicate.

You may find it helpful to seek outside help like counselling, with your partner or individually (see page 14).

### *Talk to your GP*

Your GP should be able to answer some of your questions about pregnancy loss and planning another pregnancy.

You could ask at your practice to see a GP who is experienced in supporting LGBTQ+ patients. They may also be able to refer you and your partner for counselling.

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

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## Coping after pregnancy loss – for all partners

### Coping with arrangements

After the loss you may be left to deal with all the practical issues: things like passing on bad news, 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 may make sense to accept offers of help. If friends and family want to help but don't know how, they can find more guidance on our website.

Colleagues can be a source of support after a miscarriage. But you may find some don't even mention your loss. This may be because they don't see pregnancy loss as distressing for partners – or simply because they don't know what to say.

We have more information for colleagues, as well as for employers and managers, on our *Miscarriage and the workplace* hub on our website. You may also like to read and share our leaflet *Miscarriage and the workplace*.

As a partner, unfortunately, you are not currently legally entitled to any leave from work, but many workplaces will offer compassionate leave if you need it for yourself or to look after your partner.

## Coping with your feelings

How you feel after the loss will depend on a lot 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 one of our Miscarriage Association support team or volunteers.

If you are not used to talking about your feelings it may feel difficult at first, but it might be worth trying.

Some partners told us they found it helpful to put something on social media. They found this led to other people connecting and sharing their own experiences. Be aware, though, that it might also lead to some more insensitive comments from (usually well-meaning) people who don't fully understand.

You might also consider taking part in one of our online support groups, where partners are always welcome. You don't need to have your camera on or speak but could just use the chat function. It can be very comforting just to hear what others are saying.



**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.**



### **Getting informed**

You could 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 timescale 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 loss.

Some people also find pregnancy and birth announcements from others can bring up mixed feelings and memories.

### **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 people are happy to play a strong, silent and supportive role after pregnancy loss – comforting their partners, shielding them from responsibility and protecting them from visitors and phone calls.

You may be genuinely less distressed; you may want to keep a lid on your own emotions or you may feel 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 might lead to problems in your relationship and leave you isolated, with no one to talk to.

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**I think it’s partly a male thing – you just have to try and be strong for them. That’s how I felt personally.**

”

## 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 people who have experienced pregnancy loss find it helpful to talk through what happened over and over again – and you may find the same.

### *Recognising your loss*

The end of a pregnancy means the loss of hopes and dreams for the future you thought you'd have. 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 loss 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.

## Additional challenges

Most couples go on to have a healthy baby after a pregnancy loss, but some face additional challenges that may mean longer term problems.

### Recurrent miscarriage

This is the medical term for three or more miscarriages. Even then, most people are still more likely to have a healthy pregnancy than another miscarriage.

But it can be hard to stay hopeful after several losses. 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 range of support (see page 14). You may also like to see our leaflets *Recurrent miscarriage* and *When the trying stops*.

### Fertility problems

It might have taken a long time to conceive, whether this pregnancy happened naturally or through fertility treatment or if you used a surrogate.

Perhaps you are facing fertility problems now, maybe for the first time. Or it may be that you have been advised to wait before trying to conceive again. Any of these circumstances may cause added distress.

Again, you might find it helpful to talk to a Miscarriage Association support volunteer or one of the Miscarriage Association support team.

## Relationship breakdown

Sometimes the experience of miscarriage can cause additional problems in 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.

You don't have to go through these things alone.

### Finding your way through

Pregnancy loss can be tough for everyone involved. But friends, family and colleagues often focus on the person who has been through the physical loss. As a partner, you may do the same. You may think more about their needs rather than attending to your own. You may have different feelings about the loss at different times.

Some couples find their relationship is strengthened by going through this difficult experience together. Many find they need additional support, individually or as a couple.

We hope some of the suggestions in this leaflet can help you both find your way through challenging times now and in the future.

## Where to go for help and support

### **The Miscarriage Association**

offers support and information through staffed helpline: phone, live chat, email and direct messaging; online and inperson support groups and private Facebook groups.

Tel: 0303 003 6464

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

Miscarriage Association leaflets that you may find helpful are all at [www.miscarriageassociation.org.uk/leaflets/](http://www.miscarriageassociation.org.uk/leaflets/).

These include:

- Your miscarriage
- Ectopic pregnancy
- Molar pregnancy
- Why me?
- Management of miscarriage
- Recurrent miscarriage
- Second trimester loss: late miscarriage
- Pregnancy after loss
- Looking after your mental health before, during and after a miscarriage
- When the trying stops
- Miscarriage and the workplace

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

**The Miscarriage Association** website has a section on counselling after pregnancy loss, and a counsellors directory.

[www.miscarriageassociation.org.uk/your-feelings/counselling-after-a-miscarriage/](http://www.miscarriageassociation.org.uk/your-feelings/counselling-after-a-miscarriage/)

**British Association of Counselling and Psychotherapy** - information about counselling and a list of accredited counsellors.

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

**CRUSE** offers bereavement counselling.

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

**Petals** charity provides specialist counselling after baby loss.

[www.petalscharity.org](http://www.petalscharity.org)

**Relate** has information, support, self-help tools and counselling to help with relationship problems.

Tel: 0300 100 1234

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

**OnePlusOne** offers digital resources to help give people the knowledge and skills to maintain and strengthen their relationships.

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

**The Pink Practice** offers online therapy service for LGBTQ+ clients.

[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)

**Donor Conception Network** is a charity network of people thinking about or undergoing donor conception procedures.

[www.dcnetwork.org](http://www.dcnetwork.org)

**How to Help Someone after a Miscarriage** by Clare Foster contains a chapter specifically for partners. Published by Welbeck Balance, ISBN 978-1-78956-290-3.

**Pregnancy After Loss Support** is an American organisation with information and support for LGBTQ+ families experiencing loss and pregnancy after loss. [www.pregnancyafterlosssupport.org](http://www.pregnancyafterlosssupport.org) [resources-for-lgbtq-families-experiencing-loss-and-pregnancy-after-loss/](http://resources-for-lgbtq-families-experiencing-loss-and-pregnancy-after-loss/)

**Reference:** Farren J, Jalnbrand M, Falconieri N, Mitchell-Jones N, Bobdiwala S, Al-Memmar M, Tapp S, Van Calster B, Wynants L, Timmerman D, Bourne T. *Differences in post-traumatic stress, anxiety and depression following miscarriage or ectopic pregnancy between women and their partners: multicenter prospective cohort study.* *Ultrasound Obstet Gynecol.* 2021 Jan;57(1):141-148. doi: 10.1002/uog.23147. PMID:33032364. <https://pubmed.ncbi.nlm.nih.gov/33032364/>

“

**I feel partly a bit of a fraud for having not been the one to physically go through the miscarriage, as if I don't have a right to be as upset as she is. But I know this is a journey we are both on.**

”

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

Call on 0303 003 6464

Email us at [info@miscarriageassociation.org.uk](mailto:info@miscarriageassociation.org.uk)

Start a live chat via our website: [miscarriageassociation.org.uk](http://miscarriageassociation.org.uk)

**Monday, Tuesday and Thursday: 9am - 4pm.**

**Wednesday and Friday: 9am - 8pm.**



MISCARRIAGE  
ASSOCIATION

The knowledge to help

**The Miscarriage Association**

0303 003 6464

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

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

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