

The Miscarriage Association



Acknowledging Pregnancy Loss

Men & Miscarriage

“My wife Amanda and I have endured the devastation of miscarriage on four occasions. It is not something you ever recover from emotionally and the support of The Miscarriage Association has helped us both tremendously.

Men often find it very hard to talk about their deep emotional feelings and subsequently the effect of miscarriage on men is often underestimated.”

**Nigel Martyn, Patron of The Miscarriage Association
Former England goalkeeper**

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Men & Miscarriage

“I felt very alone and lost with everything: from the whirlwind experiences leading up to and including the day in hospital; to the lack of understanding on both physical and emotional levels as to what my wife was experiencing; as well as coming to terms with my own feelings.”

Introduction

The loss of a baby through miscarriage or ectopic pregnancy can be one of the most devastating things to happen to a couple. The experience of pregnancy loss can be a very lonely one, especially if you and your partner have not come across it before. This is a topic rarely discussed so you may find both that you know very little about the subject – including how common it is – and that you don't know anyone else who has been through it themselves.

The feelings, reactions and experiences described in this leaflet have been expressed by men who have been affected by miscarriage or ectopic pregnancy.¹ We hope that you will find enough within these pages to help you to make some sense of the present and face the future with more confidence.

Some facts

Around one in four pregnancies ends in miscarriage, most commonly before the fourteenth week of pregnancy. A further one per cent of pregnancies is ectopic, where the pregnancy develops in the wrong place – usually in one of the fallopian tubes. Even though pregnancy loss is so common, though, it can be difficult to know the exact cause of a particular loss. Many couples are left asking the question *Why?* and it can be hard to accept that no-one can say for certain why it happened.

Most women who miscarry will not miscarry again, although around one per cent will suffer recurrent loss. Those who suffer an ectopic pregnancy, however, do face an increased risk of a further ectopic.

¹ To make this leaflet easier to read, we generally use the word 'miscarriage' for all forms of pregnancy loss, including ectopic and molar pregnancy. Whatever your circumstances, we hope this leaflet will be helpful.

The main causes of miscarriage are thought to be:

Genetic: In about half of all early miscarriages, the baby does not develop normally right from the start and cannot survive.

Hormonal: Women with very irregular periods may find it harder to conceive and when they do, are more likely to miscarry.

Immunological: Problems within the blood vessels which supply the placenta can lead to miscarriage.

Infection: Minor infections like colds are not harmful, but a very high temperature and some specific illnesses or infections may cause miscarriage. Infection or scarring in the fallopian tubes can increase the risk of ectopic pregnancy.

Anatomical: More rarely, later miscarriage can be caused by weakness of the cervix (neck of the womb), by an irregular-shaped uterus or by large fibroids.

Other: Previous pelvic surgery can increase the risk of ectopic pregnancy

You can read more about causes of pregnancy loss in the following Miscarriage Association leaflets:

Why did it happen to us?

Ectopic pregnancy

Hydatidiform Mole

Your feelings

“The person who is most often forgotten in a family bereaved by a miscarriage is the father.”

The experience of pregnancy loss may leave both you and your partner feeling quite bewildered, struggling to make sense of what has happened and to cope with a whole range of emotions.

As a bereaved father, however, it can be very difficult to have your own needs recognised and met. In the weeks that follow miscarriage, attention tends to be focused on the mother and the father's feelings can be overlooked. You may be taken aside and asked how your partner is, while few people ever think to ask after you. Some people may feel uncomfortable asking a man about his feelings, but others may simply assume that you are less affected by what has happened. You may find that you are expected to hide your feelings in order to be strong for your partner.

This leaflet recognises that miscarriage is likely to affect you as well as your partner, even though it may be in different ways. Your emotions and needs are equally important and valid, whatever they are. There are no right or wrong feelings – everyone reacts individually and you may find that your feelings fluctuate from day to day and even from moment to moment. But you may find some of those feelings difficult to cope with and talk about.

Here are some of the emotions men have described:

- **Shock:** at the turn of events, especially if there were no signs that anything was wrong
- **Anger:** at medical staff for not preventing it happening; at the unfairness of it all
- **Grief:** a strong and perhaps unexpected sense of loss and bereavement
- **Isolation:** loneliness, especially if your partner seems to be shutting you out, or if others don't seem to understand how you feel
- **Guilt and failure:** for what happened; for your partner's emotional and physical trauma; perhaps for not being there when it happened
- **Relief:** after a period of uncertainty; or at the end of a pregnancy that you didn't want
- **Helplessness and frustration:** at your lack of control over events
- **Loss of concentration:** feeling overwhelmed by events and emotions
- **Lack or loss of interest in sex:** you may associate sex with the physical aspects of miscarriage; or be worried about when it is safe to resume
- **Anxiety:** about your partner's emotional and physical state; about your relationship; about a future pregnancy
- **Impatience:** the urge to get back to normal; and to try for another pregnancy

Some of these may sound familiar, some less so, but all are common. For now, we'll focus on just two: the feeling of loss and grief; and the issue of helplessness and lack of control.

A sense of loss

“The first miscarriage really hit me hard. But at that time it seemed like a taboo subject for men. In the office 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.”

“People call but never ask how I’m doing. It’s as if Kate is supposed to have a reaction to the loss but I am not, and it drives me mad.”

When a woman miscarries, people often assume that she will have a stronger sense of connection with the baby, and thus experience a deeper sense of loss, than her partner. This may be true. You might feel more upset by your partner’s distress than by the loss of the baby. You have not experienced the same physical and emotional changes caused by pregnancy hormones as she has, and might not yet have seen a scan or felt the baby kick. For these reasons or for others, you may not feel such an intensity of sadness, rather a sense of disappointment. You might even feel that your partner is over-reacting.

On the other hand, you may be overcome by a real sense of loss. If you did see the baby on an early scan or saw or felt movements later in pregnancy, he or she may be quite real to you. This might have been an especially precious pregnancy, perhaps conceived after years of fertility problems, so that the loss is especially acute.

Some men are quite shocked at the level of grief that they feel even after an early miscarriage and find it hard to cope with. If this has happened to you, it may help to know that it doesn’t usually last with the same intensity. Those raw emotions will gradually give way to a sense of sadness and regret, and an acceptance of what has happened. The experience will become less overwhelming and even if the sense of loss never truly leaves you, you will learn to deal with it in your own way.

Control vs helplessness

“I felt completely powerless and wasted. Vicki was terribly upset and having a lot of pain too. I wanted to rescue her or take away the pain, and I couldn’t do a damn thing except watch her cry.”

During a miscarriage or ectopic pregnancy, your inability to control events can leave you feeling frustrated and helpless. If medical treatment is necessary, unfamiliar medical jargon and procedures can make matters worse and you may be pushed to the background while others take over. If

your partner is found to have an ectopic pregnancy, events may suddenly begin to happen very quickly, especially if her condition becomes life-threatening. This can leave you shocked and frightened, especially if you see her in considerable pain and distress. A late miscarriage can also be very upsetting, since at this stage your partner will have to go through labour in the same way as in a full term birth. Again, you may feel powerless, that there is nothing you can do to help.

The reality is that no-one, not even health professionals, can take away the pain and misery of miscarriage (and many of them admit to feeling helpless and inadequate too). You may need to accept that you can't control events and to focus on what you can do to help you both through. We talk more about this on page 10.

Your partner's feelings

I've never cried so much in my whole life. I was walking about with an empty feeling where I should have been holding my baby.

I keep on thinking it's a punishment. I must have done something wrong.

I feel so empty and lost. I wonder if I'm going mad.

I feel I've failed as a woman, as a wife and as a mother

Everyone is different, but many women have some of the following feelings after a miscarriage: shock and disbelief, anger, grief and loss, isolation and loneliness, guilt and failure. Some women find it hard to cope with other people's pregnancies or babies and some appear to lose interest in everyday life. Some grieve openly, while some appear resolute and cheerful. It can be hard to tell whether they are hiding or bottling up their feelings or are genuinely moving on quickly and positively.

Your partner's reactions and needs may be very different from yours, although it may just be that you deal with or express your feelings in different ways. You may recognise some of the following reactions:

- **Tears:** She is very upset and cries frequently
- **Talking:** She wants to talk constantly about the miscarriage – or she doesn't want to talk about it at all
- **Anger:** She seems unreasonably angry with you and perhaps with others too
- **Guilt:** She feels guilty that she's let you down, that she's not able to provide a baby

- **Isolation:** She thinks that you don't understand, that nobody understands; she may think your concern for her welfare means that you don't care about the baby you have lost
- **Sexual difficulties:** She avoids physical contact and does not want to resume sex even after it is medically safe to do so.
- **Feelings about another pregnancy:** She wants to get pregnant again straight away – or she is terrified of another pregnancy.

Your relationship

“We’ve been through so much together. I wouldn’t wish it on anybody, but it did bring us closer together.”

Despite the distress of the miscarriage, you and your partner may be able to support each other very well and find that this experience has brought you closer together. You may feel that it is only the two of you who truly feel the loss of the baby and can help each other through the bad times and this can deepen and strengthen your relationship.

However, the loss of a baby can put a strain on even the closest relationships. Just when you need each other most, it may be difficult to offer each other support.

“After a month had passed it became more and more difficult to say the right thing. We would talk to try and resolve things, but to no avail. I began throwing myself into work, creating extra work just to pass hours.”

You may both be upset but in different ways or at different times. Or it may be that you have very different feelings about the miscarriage, with one of you struggling to understand why life is not "back to normal" and why it is taking the other a long time to come to terms with the loss. This can cause a lot of tension and arguments at what is already a difficult and distressing time.

It is very common for sexual difficulties to follow the loss of a baby. You might feel that making love is one way of providing comfort and closeness, but your partner may not feel ready. Or it might be the other way around. One or both of you may associate sex with pregnancy and thus potentially another loss, or think that you should not be feeling pleasure while you are grieving.

There may be physical reasons too. After a late miscarriage, soreness and/or stitches can cause problems and there can also be a sense that

the woman's body still belongs to the baby, especially if she is producing milk. It may take time, patience and understanding on both sides before you can re-establish intimacy.

Practicalities

“That first evening at home, contacting relatives and friends to break the news, was heart-breaking. Telling people over and over again made it all seem so much more real and I have never felt so alone.”

After the loss, you are likely to be the one left to deal with the practicalities of life: passing on the bad news, making domestic arrangements while your partner recovers, caring for any other children. This can all take its toll on you, physically and emotionally, so it makes sense to accept offers of help with practical things as well as emotional support. If friends and relatives want to help but don't know quite how, they might find it helpful to read our leaflet *Someone You Know*.

You may find that some work colleagues are a source of support. Others, though, may not mention the loss, either because they don't view miscarriage as a particularly upsetting event, or simply because they don't know what to say. The leaflet may be useful for them too.

“... my colleagues at work approached me in a very sympathetic way and showed great concern for the both of us. This is in comparison with the treatment that Jan got from her work colleagues, who were in the main female and our loss was barely acknowledged.”

Coping with your feelings

Everyone's experience will be different and highly individual, affected by how much this particular pregnancy means to them and what is going on in the rest of their life. The chances are that whatever your feelings, you are not alone and many other men have felt the same way.

Here are some of the things men have suggested to help you cope with your feelings:

Talk about it: Try to express your feelings to someone with whom you feel comfortable. This may be your partner, but if you feel you can't talk to her, try a family member, a friend or one of The Miscarriage Association's male support volunteers. If you're not used to talking about your feelings, it may feel uncomfortable – but it really can help.

Gather information: Try to find out more about what has happened, what is happening and what is likely to happen in the future – from your doctor and from The Miscarriage Association (by phone, post, e-mail or at www.miscarriageassociation.org.uk). You may not be able to get all the answers you would like, but clear information can restore some feeling of control.

Give it time: Dealing with pregnancy loss is a process and there is no set timetable for getting through it. Don't be surprised if you have a bad day some time after you feel quite recovered. Feelings can come and go and if you have a bad day, it is likely that the next one will be better.

Be prepared: It is very common for feelings to resurface at specific times. Particularly significant dates can be the day your baby was due to be born and the anniversary of the miscarriage; others may be Christmas (or other religious festivals), Mothers' Day or Fathers' Day.

Find help: If you find yourself 'stuck' in the raw stages of grief and simply cannot move on, bereavement counselling can be very helpful in working out how to deal with this.

Being strong ...

If your partner turns to you for support, you may welcome the opportunity to comfort her, to put your own feelings to one side and to be strong until you are confident that she is coming to terms with the bereavement. You may feel that you need to shield her from others, screening visitors and phone calls.

You might feel quite comfortable with the traditional strong, silent and supportive role often expected of men. You may genuinely feel less affected by the pregnancy loss or you may simply find that this is the best way to show concern and care for your partner. Or it may be that you don't want to appear vulnerable and feel you need to keep a lid on your own emotions so that you can remain a 'pillar of strength'.

There are practical issues too. You may have other responsibilities such as other children or pressing work commitments. There may be difficult decisions to be made, such as choices over the management of the miscarriage or the treatment of the baby's remains and you may feel that you need to take charge of the situation as far as possible. However, decisions like these might be better made together, and you may need time to make them. It can be very hard to think clearly in such difficult circumstances and to be decisive about choices you never expected to face.

... or perhaps not

“For me, the down-side of taking on a strong, supportive role was that I felt inhibited about expressing and perhaps experiencing my own feelings of grief. This, I’m afraid, meant that at times I appeared unaffected by what had happened and perhaps uncaring.”

There are downsides to being strong for and protecting your partner. One is that you may hide your own feelings so well that she and others assume you are not affected by the miscarriage and may not even care. Not only can this lead to misunderstandings between you and your partner, but you may also end up feeling unsupported and isolated, with no-one to talk to. It is important to recognise that if you feel you have to clamp down on your emotions, you may find you have unexpected feelings of despair and difficulty coping several months after the event.

“One day I would cry, another I would be very angry and yet another day I would not want to talk at all. I even had days where I would hide my true feelings of loss and grief and spend my day at work laughing and joking, only to come away feeling very guilty and even more upset.”

What you can do for both of you

Talk to each other: Talking is probably the most important thing that either of you can do. It can help you both come to terms with what has happened and to make sense of your situation. Really listening and sharing your feelings with one another can help each of you understand what the other is going through. Many women say that they need to talk about their experience and feelings over and over again and you may find that you need to do the same.

Acknowledge the loss: However early the loss, the baby may well have represented your hopes and dreams for the future. If so, try not to pretend s/he never existed or to play down the baby’s importance in your lives. Acknowledge the sense of loss and sadness you may both be feeling and don’t be afraid to cry or to see your partner cry – it’s sometimes just what’s needed.

Accept the differences: Your and your partner’s feelings and reactions may well be different now or may change over time. For example, one of you may still be grieving while the other is ready to move on; one may remember anniversaries while the other forgets. Try to accept that difference is normal and that you can still support and understand each other.

Use other resources: Family and friends, work colleagues and health professionals, support organisations, websites and information leaflets may all have something to offer. Pick what seems most useful and don't be afraid to ignore what's unhelpful.

Take stock: Don't be surprised if the miscarriage makes you re-examine all sorts of things about yourself, your relationship with your partner and your priorities. Accept that your relationship may be permanently affected by what has happened, but remember that you can influence whether it is for better or worse by communicating with and supporting each other.

Special circumstances

Recurrent miscarriage Even after several miscarriages, it is more likely that you and your partner will have a successful pregnancy than another miscarriage. But it can be hard to remain optimistic when you have suffered a number of losses and one or both of you may have reached the point where you are wondering whether to stop trying.

You may find it helpful to talk to someone else who has been through a similar situation. The Miscarriage Association has a network of support volunteers who have been through recurrent miscarriage: do contact us for details.

Fertility problems This pregnancy might have been conceived after a period of infertility, or you may be facing fertility problems as a result of this loss. Either way, you and your partner are having to deal with a double burden and this can cause additional distress and tension.

You may find it helpful to talk to someone else who has been through a similar experience, such as a Miscarriage Association support volunteer. You may also like to read our leaflet *Pregnancy loss and infertility*.

A breakdown in the relationship In some cases, the experience of pregnancy loss may add too much strain to an already fragile or troubled relationship and some couples will separate as a result. This can feel like a double loss. If this has happened to you, you may need to find additional support for yourself from friends or family or from some of the support agencies listed overleaf.

Sources of support

You may find it helpful to seek support and/or information from someone outside the family. Here are some suggestions:

The Miscarriage Association offers support and information on pregnancy loss, through:

- telephone contacts – you can talk to another man who has experienced pregnancy loss and can understand your reactions
- support groups – listening and talking to others can help you see that other men have similar experiences and feelings
- leaflets – reading more on the facts and feelings of pregnancy loss can help you understand more about what has happened to you
- our website – you can browse through information, read personal accounts and download any of our leaflets

Your GP, hospital or community health service are well placed to help and may be able to refer you to their own support and/or counselling services.

The British Association for Counselling and Psychotherapy

BACP House, 15 St John's Business Park, Lutterworth LE17 4HB

Tel: 0870 443 5252 e-mail: information@bacp.co.uk

Website: www.bacp.co.uk

May be able to help you find a registered and qualified counsellor in your area.

CRUSE

Cruse House, 126 Sheen Road, Richmond, Surrey TW9 1UR

Tel: 0845 758 5565 e-mail: helpline@crusebereavementcare.org.uk

Website: www.crusebereavementcare.org.uk

Offer bereavement counselling.

Relate

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

Tel: 0845 456 1310 e-mail: enquiries@relate.org.uk

Website: www.relate.org.uk

Offer a counselling service for couples or individual partners who are experiencing problems in their relationship.

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