

Miscarriage  
Australia

# LGBTIQA+ AND MISCARRIAGE

INFORMATION AND SUPPORT SERVICES FOR  
LGBTIQA+ PERSONS AND PARTNERS





Inclusivity is important to us in all our studies, and that means including people of different ages, genders, sexuality, locations, education, ethnicity, religions, and occupations.

**At Miscarriage Australia, we recognise that people identify with pregnancy differently. We acknowledge people of all genders, sexual identities, sexual orientations, races, cultures, religions, and beliefs.**

The purpose of our website and its related resources is to provide information to the general population. We acknowledge the terminology used is universal and not intended to exclude any person(s). Throughout our website, we will be referring to:

- The placenta and tissues that developed as part of the pregnancy, including the embryo or foetus, as “baby” or “pregnancy tissues”
- The uterus as “uterus” or “womb”
- The person carrying the pregnancy as “woman.”

Miscarriage Australia strives to provide current and evidence-based information to everyone. In developing the website, we engaged an expert advisory committee to review the information to ensure our resources are evidence based and reflect current best-practice. The information provided in this factsheet is designed to support, not replace, the relationship that exists between a patient/user and their existing health care professional(s).

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# WHAT IS MISCARRIAGE?

Miscarriages are common experiences during pregnancy. In Australia, a miscarriage is the loss of a pregnancy before 20 weeks gestation. In Australia, statistics on miscarriage are not collected so it's difficult to know exactly how common it is.

Sometimes a miscarriage happens when a woman isn't aware she is pregnant or believes it to be a late period. We know that miscarriages occur in at least 15% of confirmed pregnancies. The actual miscarriage rate is likely to be much higher – we estimate it to be around 1 in 4 pregnancies. Based on these rates and the number of births each year, we estimate around 285 miscarriages occur every day in Australia.



**Miscarriage impacts  
around 1 in 4  
pregnancies**

## **Early miscarriage**

An early miscarriage is one that happens in the first 12 weeks of pregnancy (first trimester). Around 85% of miscarriages occur in the first trimester of pregnancy.

## **Late miscarriage**

Late miscarriage refers to a pregnancy loss between 13-20 weeks gestation or in the second trimester of pregnancy. Sometimes definitions differ slightly. Pregnancy loss occurring in the second trimester is much less common, occurring in 1 to 2 in 100 women.

## **Stillbirth**

Stillbirth is the loss of a pregnancy after 20 weeks. In Australia, six babies are stillborn every day.

## **Recurrent miscarriage**

In Australia, recurrent miscarriage is currently defined as 3 or more miscarriages in a row. Around 1-2% of women experience recurrent miscarriage.



## WHAT TYPES OF MISCARRIAGE ARE THERE?

Several different types of miscarriages can happen. Your doctor or specialist may mention that you have experienced one of these types of miscarriages.

### BLIGHTED OVUM/ANEMBRYONIC PREGNANCY

A blighted ovum is when a fertilised egg implants in the womb (uterus), but an embryo does not develop. Pregnancy symptoms may be present early on but diminish over time.

### COMPLETE MISCARRIAGE

A complete miscarriage means that your body has passed all the pregnancy tissue. Symptoms usually involve heavy vaginal bleeding, intense abdominal pain, and cramping, which may decrease after the pregnancy tissues have passed. If you think you may have had a complete miscarriage, you must see your doctor or midwife check that all the pregnancy tissue has passed.

### ECTOPIC PREGNANCY AND PREGNANCY OF UNKNOWN LOCATIONS

An ectopic pregnancy is when the fertilised egg implants outside the womb and is usually treated as an emergency. It usually occurs in one of the fallopian tubes. Symptoms include pain and cramping in the lower abdomen, vaginal bleeding, feeling dizzy, fainting, or nausea.

### INCOMPLETE MISCARRIAGE

An incomplete miscarriage occurs when some but not all of the pregnancy tissue has passed. Vaginal bleeding and intense cramping or abdominal pain will happen and may continue as your body tries to empty the remaining pregnancy tissues from the body. You may require medication or surgical treatment to remove any remaining tissue. The surgical treatment is commonly known as Dilation and Curettage (D&C).

### INEVITABLE MISCARRIAGE

An inevitable miscarriage may include heavy bleeding, intense abdominal cramps, and pain. The cervix dilates, and miscarriage is inevitable.

### MISSED OR SILENT MISCARRIAGE

A missed miscarriage or a silent miscarriage is when the embryo or foetus has died but remains in the womb (uterus). You may experience some vaginal discharge that is brown coloured, and your usual pregnancy symptoms may become less noticeable. It is normal to have no symptoms, and you may find out that you have miscarried during a routine check.

*“It’s not fair, for the second one [miscarriage], when some people have never had any. You know it was more that thing of the unfairness of having a second one”.*

### **MOLAR PREGNANCY**

Molar pregnancies can be complete or incomplete and result from chromosomal abnormalities. With a complete molar pregnancy, no foetus develops. A partial or incomplete molar pregnancy results in both an abnormal foetus and placenta, but the foetus is non – viable, and a full-term pregnancy is not possible. They usually result in miscarriage in the first three months.

Molar pregnancy symptoms may include larger than expected abdominal growth. Some women may experience no symptoms and discovered on routine ultrasounds.

### **RECURRENT MISCARRIAGE**

Recurrent miscarriage refers to 3 or more consecutive miscarriages. 1-3% of Australian women will experience recurrent miscarriages.

You can find out more about recurrent miscarriage on our website.



### **SEPTIC MISCARRIAGE (INFECTION)**

A septic miscarriage is a miscarriage associated with a uterine infection. Abnormal discharge or having a temperature may be signs of a septic miscarriage.

### **THREATENED MISCARRIAGE**

A threatened miscarriage is when your body shows signs that you may miscarry. Symptoms can include bleeding, cramping, or abdominal pain. You may have an ultrasound that shows a slow heart rate or slower than expected growth. Threatened miscarriage signs may go away, and you can continue to have a healthy pregnancy if the cervix remains closed. Otherwise, threatened miscarriage will result in one of the other outcomes described here.

*“And I think I was quite shocked because no one in my family has ever had a miscarriage before, and there’s like 6 or 7 babies within my mum, you know, like immediate family, so I was the first one.”*

*“It’s much more common than I think. . . .people don’t talk about it.”*

## WHAT ARE THE CAUSES OF MISCARRIAGE?

It is really important to understand that in most cases, we just don't know why miscarriage occurs, and it is unlikely that you have done something to cause a miscarriage.

Research tells us that around 50-80% of miscarriages result from random chromosomal abnormalities, which occur more frequently in the sperm and eggs of people over the age of 35. Women who experience miscarriage due to a random chromosomal abnormality have a high chance of a later healthy pregnancy.

## RISK FACTORS OF MISCARRIAGE

Below are things we know to increase your risk of miscarriage. Your doctor or healthcare provider will be able to provide you with advice based on your circumstances. While these things increase the risk of miscarriage, every person is different, and these factors may affect you differently depending on your circumstances.



Please remember that it is highly unlikely that you have done anything to cause a miscarriage. Experiencing a miscarriage can be very difficult and there are support services available if you are seeking help.





## AGE

The older the person who is pregnant, the higher the risk of miscarriage due to decreased egg quality with age. Additionally, the older your partner/person donating the sperm is, the higher the risk of miscarriage. For women and men, the risk of miscarriage increases significantly after age 35 and more so after age 40.



## PREVIOUS MISCARRIAGE(S)

Most women will have a successful pregnancy after 1 or 2 early non-consecutive miscarriages (as long as no specific cause is found). The chance of having another miscarriage does increase slightly after two consecutive miscarriages and considerably after three or more consecutive miscarriages. The risk also depends on other factors such as age, genetics, lifestyle, health, and medical factors.



## GENETICS

Around 50-80% of miscarriages are due to chromosomal abnormalities. The vast majority are due to spontaneous chromosomal abnormalities in the parent sperm or egg, and only a small number to hereditary abnormalities. Chromosomes are tiny structures inside the body's cells that carry many genes, the basic units of heredity. Genes determine a person's physical characteristics.

The older you and your partner are, the higher the risk of abnormalities. If you have experienced recurrent miscarriage (3 or more miscarriages in a row), your doctor or specialist may refer you and your partner to a genetic counsellor. You can discuss and test for potential genetic risks or abnormal foetal developments (heart defects, chromosomal abnormalities, spina bifida).

Finding out that you have experienced miscarriage due to genetic reasons can be very distressing. A genetic counsellor can help you assess your risk of genetic disorders and how you might move forward with future pregnancies.



## LIFESTYLE

Smoking during pregnancy is associated with an increased risk. It is recommended that you and your partner quit smoking before trying to conceive.

Alcohol consumption during pregnancy is also associated with an increased risk of miscarriage. It is recommended that you don't drink alcohol during your pregnancy or when trying to conceive. Using certain drugs by either parent may also increase the risk of miscarriage.

### BEING EXPOSED TO ENVIRONMENTAL TOXINS

Exposure to certain pesticides, air pollution, and/or other harmful substances by either parent may increase the risk of miscarriage.

### BODYWEIGHT

Obesity or being significantly underweight are associated with an increased risk of miscarriage. A BMI under 18 is considered underweight. Obesity is a BMI over 30.

*"It was a really feeling of 'What the hell?' kind of thing. Where is this coming from and . . . what have we done wrong? Have we drunk too much alcohol?"*

### HIGH CAFFEINE CONSUMPTION

Pregnant women are recommended not to consume more than 200mg of caffeine daily. It's in coffee, tea, caffeinated drinks, and chocolate. High levels of caffeine consumption have been linked with pregnancy complications, including miscarriage. 200mg a day is around 2 cups of instant coffee. Tommy's in the UK has developed a caffeine calculator to help determine how much caffeine you have daily.

### STRESS

Stress is a normal part of life. However, excessive stress for prolonged periods is not suitable for your health at any time. If you experience prolonged high stress, speak to your doctor about ways to help.



## HEALTH AND MEDICAL

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There are a number of health and medical conditions that your doctor or specialist might test you for to find out why you have miscarried. In Australia, testing for the cause of miscarriage is not generally offered unless you have experienced 3 or more miscarriages in a row (recurrent miscarriage).



### BLOOD CLOTTING DISORDERS

Antiphospholipid antibody syndrome, also known as Hughes Syndrome or sticky blood syndrome, is a blood clotting disorder. It develops when your immune system makes abnormal antibodies in the blood which then increase the risk of blood clots and pregnancy problems such as complications in placental formation and function. Research has found high levels of these antibodies in up to 15% of women who experience recurrent miscarriages.

Treatment for antiphospholipid antibody syndrome is available. If you are diagnosed with a blood clotting disorder, your specialist will go through options that may work for you.

### RHESUS NEGATIVITY

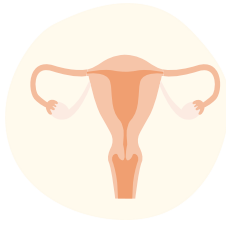
If you are rhesus negative (meaning you have a minus sign following your blood type, for example, A-) and experience a miscarriage, you may be prescribed anti-D injections. This procedure prevents complications for future pregnancies if your next baby is Rhesus positive.



### GENETICS

Around 50-80% of miscarriages are due to chromosomal abnormalities. The vast majority are due to spontaneous chromosomal abnormalities in the parents' sperm or egg and only a very small number to hereditary abnormalities. The older you and your partner are, the higher the risk of abnormalities.

If you have experienced recurrent miscarriage your doctor may refer you and your partner to a genetic counsellor to discuss and test for any potential genetic risks or abnormal foetal developments (heart defects, chromosomal abnormalities, spina bifida). Finding out that you have experienced miscarriage due to genetic reasons can be very distressing. A genetic counsellor can help you assess your risk of genetic disorders in future pregnancies and how you might decide about future pregnancies.



## CERVICAL WEAKNESS

Cervical weakness, also known as an 'cervix insufficiency', occurs in less than 1 in 100 women. If you have experienced late miscarriage or premature labour due to your cervix opening too early, you may have a weakened cervix. A weakened cervix can result from previous pregnancies, anatomical abnormalities that you may have been born with, particular health conditions, a history of having surgical or medical procedures involving your cervix, or a short cervix.

You may be referred for a scan to check the length of your cervix and if diagnosed, you may be advised to take progesterone or have a cervical stitch.

## ABNORMALLY SHAPED UTERUS

Some women have an abnormally shaped uterus. For some women this isn't a problem but for others it can lead to problems during pregnancy or other reproductive difficulties. Having an abnormally shaped uterus can also increase the risk of miscarriage and premature birth depending on the abnormality. An ultrasound scan can be done to check whether you have an abnormally shaped uterus and if so, whether treatment such as surgery is an option.

Fibroids are common and do not usually cause any issues. However, large fibroids that impact the uterine cavity may increase your risk of miscarriage.

## POLYCYSTIC OVARY SYNDROME

There is evidence to suggest PCOS may be associated with an increased risk of miscarriage. Polycystic ovary syndrome, commonly referred to as PCOS, is a common hormonal condition affecting around 15% of women of reproductive age. Women with PCOS often have enlarged ovaries and many small cysts or follicles which fail to mature or produce eggs that can be fertilized when released from the ovaries. PCOS is one of the leading causes of infertility in women and is also associated with a range of symptoms.

If you are concerned about PCOS it's best to see your doctor who may discuss your symptoms and medical history with you, examine you and may order some blood tests and an ultrasound to determine whether you may have PCOS.



## UNCONTROLLED DIABETES AND THYROID PROBLEMS

Uncontrolled diabetes and untreated thyroid problems are associated with an increased risk of miscarriage. The thyroid and having healthy levels of the hormone it makes plays a critical role in supporting pregnancy. If your thyroid levels are too high or too low it can cause pregnancy problems. Thyroid function can be checked through a blood test which measures your thyroid hormone levels and thyroid stimulating hormone in your body. In most cases, thyroid problems are relatively straightforward to treat.

Endometriosis and hyperprolactinemia can also impact your hormonal balances and your pregnancy. Endometriosis does not cause miscarriage.

## INFECTIONS

Some infections and food poisoning can cause or increase the risk of miscarriage. Infections include genital infections and sexually transmitted infections, rubella, cytomegalovirus, toxoplasmosis, listeria, salmonella and parvovirus.

## GENETIC TESTING

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Your doctor or specialist may suggest undergoing genetic testing if you have experienced an abnormal pregnancy or experienced recurrent miscarriages. Finding out that you have experienced a miscarriage due to genetic reasons can be very distressing. It is essential to discuss this with a genetic counsellor who can help you assess your risk of genetic disorders in future pregnancies and how you might decide about future pregnancies.

It is important to remember that while testing can be done to try and work out why you have experienced a miscarriage, unfortunately, it is often not possible to find out the cause.



## YOU AND MISCARRIAGE

Your loss and the complex emotions you are experiencing following a miscarriage are real and valid, no matter your sexual orientation, gender identity, sex characteristics, or physical involvement in the pregnancy. While there are an increasing number of fertility and assisted reproductive treatment services available in Australia and improved financial support for these services in recent years, you may find that support and information for LGBTIQ+ identified people are hard to find.

Having a family as an LGBTIQ+ person can bring additional challenges. A lack of support or understanding about your loss from others, including family, friends and healthcare professionals, can complicate that journey.

You may experience a lack of sensitivity towards your miscarriage. You may also feel like you are not being acknowledged. Some have shared that support is especially lacking for those who require a surrogate or are the non-gestational parent, as the physical aspects of loss or the gestational parent can become the focus.

As a LGBTIQ+ person or partner you may face unique decisions and issues that other couples don't have to face, such as finding an LGBTIQ+ inclusive doctor or clinic, a surrogate, or another egg or sperm donor. It can also be difficult if your family or friends do not support your LGBTIQ+ identity or decision to have a family. You may not have let family or friends know about your parenting plans and your recent pregnancy loss for fear of a negative response. You may not have informed your workplace about your parenting aspirations and pregnancy loss for fear of LGBTIQ+ related discrimination.

It is normal and valid to feel distressed, angry, and frustrated when your loss is not recognised or upset that heterosexual people may not have to go through as difficult a journey as you when starting a family.



## HOW MIGHT YOU FEEL?

The intensity of complex feelings, especially sadness and grief following a miscarriage, is not related to how far along someone was in their pregnancy or their physical involvement in the pregnancy. Instead, the meaning of this pregnancy to a family or individual, at this point, deserves consideration. People must grieve the loss of their pregnancy and the loss of the future they imagined for themselves and their families.

We encourage you to embrace and be curious about your feelings rather than critical or judgemental. There is no right or wrong way to feel. Not everyone who experiences miscarriage will feel sad; some may feel relieved or confused. Most likely, you will have many different feelings simultaneously, and your emotions are likely to change over time.

Below are some common feelings people may experience after a miscarriage. Your feelings are understandable and have meaning.

### GRIEF AND SADNESS

Grief and sadness are shared emotions following a miscarriage. Sadness is a natural and expected feeling to experience. You are not only feeling sad about the loss of your baby, but also the loss of the future you imagined, and possibly feel sad that others are not providing you the support or reaction you expected.

### ANGER

Feelings of anger may arise because you do not feel in control of the situation or your body. Anger may arise from not knowing the reasons for the miscarriage or feeling dissatisfied with the medical treatment you received. Or you may be resentful that other people have not responded to you in the way you felt you needed or angry that some people who are cis heteronormative are able to conceive easily. A miscarriage can feel unfair and unjust. Anger can sometimes be a way of keeping feelings of sadness at bay.

### LONELINESS

If you didn't tell anyone about your pregnancy, you might feel alone in your pain and sadness. Although it can be challenging to be vulnerable and share these feelings, talking to someone about your loss may help with these feelings.

Partners, family, and friends may understand your feelings, or they may not. Partners often have different experiences and reactions, and open conversations can be worthwhile. If you do not receive the support you would like from friends or family, consider speaking to a support group or perhaps even a psychologist or mental health professional.

### CONFUSED

A miscarriage can be a very confusing experience. It can occur suddenly and out of the blue. There may be little explanation for why it happened, and you may experience a whole range of intense, complicated emotions as a result.

## **JEALOUSY**

Many people describe feeling jealous of people who have children or have fallen pregnant. It is painful to see others with a baby, and, understandably, you feel this way. Criticising yourself and feeling ashamed about these feelings doesn't help and certainly doesn't take them away. These feelings are transient and don't make you a terrible person. Speaking with others who have experienced a miscarriage may be helpful. It can also be beneficial to avoid events that might trigger your sadness until you feel ready.

## **FAILURE OR LACK OF CONTROL**

You may feel like you have failed yourself, your partner, or your family by miscarrying. Or perhaps you feel like your body has failed you or have no control over your body, which can arouse anger and anxiety. It is essential to know that it is highly unlikely that you have done anything to cause your miscarriage. Trusting your body again can take time.

## **SHOCK**

You may experience shock as a miscarriage is not the outcome that you imagined when you found out you were pregnant. Shock and disbelief are common feelings, and it often takes time to absorb that you have had a miscarriage.

## **FEAR/ANXIETY/WORRY**

Worry or anxiety is a common emotion following a miscarriage. The intensity and duration of anxiety are likely to change over time.

The experience of the miscarriage itself may be very frightening, depending upon the circumstances. Necessary medical procedures may be painful, and you may not feel like you can control the situation. The absence of control can make you feel anxious.

Uneasy thoughts tend to take the form of "what if..." or "I should...". Many people fear having another miscarriage and worry about what this means about their body and their health. You may also feel nervous about telling others about the miscarriage. If you feel unable to switch off feelings of anxiety or worry, and you or others around you are concerned about you, consider seeking a referral to a psychologist or mental health professional who can assist you.

## **NUMBNESS/EMPTINESS**

You may experience a period after the miscarriage where you feel emotionally and physically empty or numb. Some people feel a sense of disbelief that this has happened to them, and it may feel surreal to feel so distressed when there are limited memories to process. Allow yourself time to absorb what has happened, talk to others, and find ways to remember your baby.

NOTE: If you experience intense and prolonged feelings of disconnection, numbness, or dissociation which interfere with your functioning, you should speak with a mental health professional.



## GUILT

Many people feel guilty or blame themselves for a miscarriage, fearing they did something “wrong.” It is rarely the case that you have done something to cause a miscarriage.

In distressing situations, where we have no control over outcomes, we are inclined to look for explanations about why terrible, unforeseen things happen. In the absence of proof, it is understandable why we might want to blame ourselves, even though there may be no evidence that you caused this or were at fault in any way.

When pregnancies progress to term, people have generally had more time (and therefore a more significant opportunity) to work through and somewhat resolve feelings of ambivalence by the time the baby arrives. They probably still feel very anxious about what is ahead, but the dramatic physical changes of pregnancy, especially the latter stages, can support this adjustment. The often-sudden nature of miscarriage can interrupt this process, and people feel uneasiness when left with mixed (unresolved) feelings about the pregnancy.

## RELIEF

You may feel relieved after a miscarriage. Perhaps your baby was diagnosed with a medical condition, or you, your partner, or your surrogate was unwell during pregnancy (e.g., Morning sickness or hyperemesis gravidarum). You may also feel relieved if the pregnancy was unplanned or if your circumstances would have made caring for a baby a challenge. There are many valid reasons people may feel relief following a miscarriage and feeling this way doesn't make you a bad person. You can feel relief simultaneously as feeling a range of other complicated emotions about the pregnancy loss.

You may also feel guilty because you feel relieved after losing a pregnancy. This feeling might coincide as you are feeling sad or anxious. It is normal to have a range of complex emotions at any one time. There is probably a good reason why part of you feels relieved, which is OK. Relief doesn't discount feelings of sadness or make you a terrible person. Uncertainty (or ambivalence) about the pregnancy is a normal part of all pregnancies, even the most wanted pregnancy.



The emotions you may experience after a miscarriage can be very overwhelming. Please know that you are not alone and support services are available.

**If you are in a crisis situation, please call Lifeline (13 11 14), Beyond Blue (1300 224 636), or 000 immediately.**

## WHAT DO I DO IF MY FAMILY, FRIENDS, OR WORKPLACE ARE NOT SUPPORTIVE?

Family and friends play an important role in supporting their loved one affected by miscarriage: what they do or don't say can have a lasting impact. Their empathy and acknowledgment of your loss is important to your wellbeing. Equally important is how your workplace supports you at this time, including through leave provision.

### YOUR FAMILY AND FRIENDS

Your family, friends, and colleagues may also feel grief around your pregnancy loss. If you have told them about your pregnancy, they too have likely felt excitement and joy for you and your partner around your baby's arrival. It is likely they also experience feelings of sadness and disappointment when hearing the news of your loss.

Unfortunately, many people can find it difficult to talk about and support grieving people. To begin with, they can potentially say hurtful things, especially if they are not supportive of your LGBTIQ+ identity.

This response is often associated with their discomfort talking about miscarriage and not knowing what to say or because of cultural or generational differences.

There is nothing you can do to avoid upsetting reactions or people in some cases, and you may choose to find support to help you cope with them. However, there are several things you might choose to do if this occurs:

#### TELL THEM HOW YOU FEEL

Depending on your relationship with the person, if they say or do something hurtful or discriminatory about your loss, you may either choose to try and explain why what they said or did was painful.

#### PRACTICE SELF-CARE

Sometimes, you might need to exercise some self-care in these situations, which means you may choose to avoid being around that person until you are ready.

#### TELL THEM WHAT YOU NEED

It's also okay to let people know what support you would find helpful (if this is appropriate within the context of the relationship). You may find it beneficial to be open with how much your pregnancy meant to you and the impact your loss has had on you. Being honest can show how much support you need and help others understand how and why you feel the way you feel.

## WORK-RELATED ISSUES

Some people experience discrimination at work concerning their LGBTIQ+ status. Time off work following a miscarriage may result in further adverse reactions or penalties. If you believe these to be motivated by LGBTIQ+ discrimination, this is illegal, and you can seek advice and support through the Australian Human Rights Commission.

## WHERE TO FIND SUPPORT

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Everyone grieves differently and there are many services in Australia to help support you.

Visit our support page by scanning the QR code on the right or visit [miscarriageaustralia.com.au/finding-miscarriage-support/](https://miscarriageaustralia.com.au/finding-miscarriage-support/)



You can also find more information from your GP or specialist.

## LGBTIQ+ SPECIFIC SUPPORT

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Better Pride



Q-Life



Life Supports Counselling



Headspace



You can also find a list of LGBTIQ+ peer support groups on our website.

## SUPPORTING YOUR PARTNER

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Understand that your partner may not be grieving or expressing their sadness in the same way as you. Not all partners find it easy to talk about or express their feelings. Their unique emotional experience doesn't mean that they are uncaring. It could mean that they deal with their grief differently from you.

Here are some tips to help you and your partner during this time:



### COMMUNICATE OPENLY

Be honest and talk about your feelings with your partner. Knowing and understanding each other's viewpoints and emotions can make it easier to support and understand what your partner might need.

### SHOW COMPASSION

You and your partner will not always feel the same way. Share empathy for one another when differences in emotions arise.

### TAKING AND GIVING EXTRA CARE

Engaging in support outside of your intimate relationship can be helpful. Speaking with others allows the time and space to process how you feel and make it easier to empathise with your partner. Talk with someone you trust – family, friends, a colleague.

### COMMEMORATE TOGETHER

Create memories of your baby together and create a place or memento where you can share in remembrance of your baby. Recognition can help bring you and your partner closer during times of grief.

### SAY YES TO HELP

It's ok to need extra support: Recognise when you might need some additional support and seek it out. Friends and family can care for children or pets, run errands, bring food, and finish chores. It is ok to say yes when others offer to help with practical support while you and your partner take time to heal.

## TAKE A BREAK

Spend time out of the house. Go for a short-day trip together, spend time with nature, or permit yourself to go on a holiday. Giving yourself distance from reminders and a change of environment can help.

## RESTORE JOY TOGETHER

Gently reacquaint yourselves with activities or interests you enjoy as partners. Possibly discover new hobbies or activities you both have wanted to explore.

### WHERE CAN I FIND MORE INFORMATION?

Visit our website by scanning the QR code below or visit [miscarriageaustralia.com.au](https://miscarriageaustralia.com.au)

You can also find more information from your GP or the website of the hospital or clinic you will be attending



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