



MISCARRIAGE AND MEN

INFORMATION AND SUPPORT SERVICES FOR
MALE PARTNERS

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.

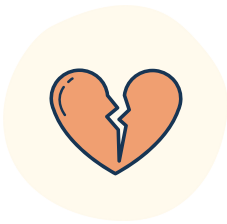


Please remember that it is highly unlikely that you have done anything to cause a miscarriage. Experiencing a miscarriage can be very difficult and there are support services available if you are seeking help.



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

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

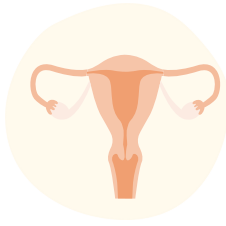
If you are rhesus negative (meaning you have a minus sign following your blood type, for example, A-) and experience a miscarriage, you may be prescribed anti-D injections. This procedure prevents complications for future pregnancies if your next baby is Rhesus positive.



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

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

You and your partner have experienced a miscarriage, but your feelings sometimes go unnoticed. You may find that most people direct their sympathy toward your partner rather than you. You may feel alone and isolated, especially if you believe you must stay strong and stoic for your partner and keep your feelings to yourself.

While you share your partner's sadness and grief of the pregnancy loss, you may grieve in different ways and intensities. You may not feel or be comfortable showing the same anguish as your partner. Their bodies undergo notable physical changes during pregnancy and miscarriage. While you have witnessed these changes, your attachment to the pregnancy may have differed. Or you may have felt highly invested in the pregnancy from the beginning and are now feeling deeply affected by the pregnancy loss.

"There was no one there to acknowledge that it happened to me as well...one day, I saw myself as a Dad; the other day, I was not a Dad anymore".

HOW MIGHT YOU FEEL?

Everyone grieves differently. Some people lean more toward an intuitive grief style (expressing their emotions outwardly and actively seeking support). In contrast, others lean toward a more instrumental grief style (problem-solving or thinking more than feeling approach). Traditionally we have attributed a more instrumental style to men and a more intuitive style to women. But in fact, grief is a highly individualised experience, and how people cope with their grief is personal. From research, we also know that the types of support you need can depend on your grief style.

It can be difficult for you to feel concerned about your partner but possibly feel powerless, frustrated, and unsure of the best way to help. It might appear like there is never a good or comfortable time to discuss your feelings. While it is understandable you want to support your partner, it's also important to explore your feelings. The complexity of looking after yourself, getting the support you need, and being there for those that rely on you is not a trivial undertaking. It takes courage to ask for help when you need it. Your health and mental well-being are the most important things you can focus on, which benefits your partner and your family.

"I didn't think that she was strong enough to look after herself with what I was. . . likely to dump on her."

Talk with your partners, family or friends, or someone else you trust. If you want support outside the people you know, there are many Australian based support services that can help – we share these services in the Support Services section.

COMMON FEELINGS AFTER A MISCARRIAGE

Miscarriage is a unique form of loss. Families may mourn the absence of a baby that they didn't have the chance to get to know. Before the loss, parents often begin to contemplate the changes and responsibilities that lie ahead in caring for a new baby. Many parents start to invest their hopes and expectations in the pregnancy, which often begins well before conception.

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 as you go through the different stages of grief.

Here are some common emotions that you may feel after a miscarriage and some quotes from men we have interviewed during our research studies that you may relate to:



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.



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.

"I was pretty devastated, I started crying. I was pretty down for about a week... really, really sad. Really down. Really down on the world."



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.

"As a male we're probably ...just like ...I'll be fine. I'll brush myself off and I'll be alright ...but deep down you're not."

NUMBNESS/EMPTINESS

You may experience a period after the miscarriage where you feel emotionally and physically empty or numb. Some men 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.

"My role was just to be extremely focused... I had to switch off there's no baby any more. I've got to look after my wife... It was more an advocacy role ...and just trying to get help."



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. A miscarriage can feel unfair and unjust. Or anger can sometimes be a way of keeping feelings of sadness at bay.

As the person who did not go through the miscarriage physically, you may feel that your family, friends, and/or medical professionals do not acknowledge that you experienced a miscarriage too. This can also bring feelings of anger.

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.



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.

In our study, we found that when men take on the role as a supporter for their partners, they are often left not knowing how to feel or how to deal with their own emotions. You may feel that expressing your emotions will be too much to put onto your partner, but this doesn't mean that you can't find support through other people or services.

"At the time I didn't feel comfortable, even bringing up anything I was thinking just for that worry that she was already under enough strain as it was."

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.

FAILURE OR LACK OF CONTROL

You may feel like you have failed yourself, your partner, or your family. Or perhaps you feel like your body has failed you or have no control over your body or situation, 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.

GUILT

It is common to feel guilty or blame yourself for a miscarriage, fearing you 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.

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.

“...scared. scared of her situation, of what could happen ...we would be running out. might be... another embryo and we only have so many that we can.”

RELIEF

You may feel relieved after a miscarriage. Perhaps your baby was diagnosed with a medical condition, or your partner 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.



WHEN SHOULD YOU SEEK MENTAL HEALTH CARE?

If you think that the intensity of your feelings is troublesome to manage alone, you might consider seeking professional mental health support. You can now access Medicare rebates to speak to a psychologist who has high-level training and who is required to keep the details of what you tell them confidential.

WHERE TO FIND SUPPORT

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/



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

MALE SPECIFIC SUPPORT



Red Nose Grief and Support
See their Men's Grief library



BearDs of Hope
Peer support group for men



Men's Line
Support anywhere, anytime



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

SUPPORTING YOUR PARTNER

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

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



WHERE CAN I FIND SUPPORT?

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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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