

INFORMATION SHEET: LGBT pregnancy loss

This information sheet has been prepared for lesbian, gay, bisexual, and transgender (LGBT) people who experience pregnancy loss, and the mental health professionals who work with them.

LGBT people may conceive children in many different ways, for example:

- Lesbian women or couples conceiving using donor sperm from a friend (whether through a clinic or informally) or an anonymous donor
- Gay men or couples having a child via a surrogacy arrangement
- Transgender men who have retained their reproductive organs carrying a child
- Bisexual women conceiving through sexual intercourse with a male partner.

Pregnancy loss is therefore likely to affect a diverse range of LGBT people. These may include both the gestational mother and the non-gestational mother in lesbian relationships, the surrogate for people pursuing parenthood via surrogacy, the couple seeking surrogacy, and of course, any other children already in the family.

This information sheet covers the following questions:

- What is pregnancy loss?
- What might pregnancy loss mean for LGBT people?
- How might mental health professionals assist LGBT people who have experienced pregnancy loss?
- What are some useful further resources?

What is pregnancy loss?

For the purposes of this information sheet, pregnancy loss refers to miscarriage and stillbirth. Miscarriage is difficult to measure, although it has been estimated that 15-20% of all known pregnancies end in miscarriage, with most occurring before the seventh week of pregnancy. In Australia in 2013, stillbirths made up 7 of every 1,000 births (0.7%) (Australian Institute of Health and Welfare, 2015). However, these statistics may not fully reflect pregnancy loss amongst LGBT people, which is more likely to involve Assisted Reproductive Technologies (e.g. IVF or surrogacy).

For some LGBT people, there are other losses associated with pregnancy such as a failed IVF cycle. A failed IVF cycle may include the failure of an transferred embryo to implant into the uterine wall, the failure of an embryo to survive being frozen and thawed, or the failure of an embryo to develop long enough (around 5 days) to be transferred. Thus, the anticipation of a pregnancy, despite the pregnancy not occurring, is enough to experience it as a pregnancy loss.

What might pregnancy loss mean for LGBT people?

The loss of a pregnancy is difficult for most people and a time of profound grief. For LGBT people, there may be additional complexities which can impact on the grieving process.

The cultural silence that typically surrounds pregnancy loss is likely to be even more acute for LGBT people. Their grief may be made worse by the lack of sensitive support and recognition of the significance of the loss. It may also be made worse because of the likely medical, social, legal, and financial difficulties of conceiving in the first place.

The difficulties of conceiving (e.g. via donor sperm, surrogacy arrangement) mean that a significant amount of planning, hope, anticipation, negotiation, time, and money is likely to have gone into conceiving, which raises the stakes of the pregnancy, and can create multiple losses if the pregnancy is lost. Lesbian and bisexual women, for example, often have to undertake complex planning and negotiations (e.g., in regards to donor sperm), and mothers are likely to be involved in extensive health care behaviours which are less often undertaken by heterosexual women.

LGBT people experiencing pregnancy loss may thus experience:

- grief and loss
- lack of social and/or legal recognition of being a grieving potential parent
- feeling isolated in their grief (particularly for non-gestational parents) or feeling that their loss and grief has not been acknowledged, that they've been overlooked in the grieving process
- a lack of support from their families and friends – particularly if people do not think that LGBT people should try to become parents in the first place (Cacciatore & Raffo, 2011), (although some research has suggested a more positive account of social support following a pregnancy loss (Peel, 2010))
- discrimination or fear of discrimination by medical professionals, support groups, etc.
- a lack of knowledge amongst health professionals, surrogacy agencies etc about the impacts of pregnancy loss for LGBT people
- financial concerns relating to the baby that was lost, and the possibilities for trying for another child in the future
- pressure to try surrogacy or reproductive technology again without having time to grieve (Riggs, Due & Power, 2015).

Transgender people may have additional challenging experiences. Ellis and colleagues' (2015) small study of transgender men and gender variant gestational parents (i.e., people who bear a child) found that a miscarriage was 'emotionally devastating'. Pregnancy loss may be specifically distressing and isolating for transgender men and gender variant people given pregnancy is typically associated with women. It has also been suggested that men and gender variant people who undertake pregnancies may view the pregnancy as giving a 'purpose' to their reproductive organs, and that pregnancy loss can further contribute to a sense of unhappiness or dysphoria with regard to specific body parts.

Currently most support services about pregnancy loss target heterosexual couples, even if this is mostly implicit. This can make it hard for LGBT people who experience pregnancy loss to receive adequate care, or to have a chance to hear similar stories and make connections with others. There is also very little mention of the potential for pregnancy loss in resources for LGBT people about surrogacy and other forms of reproductive technology.

How might mental health professionals assist LGBT people who have experienced pregnancy loss?

LGBT people who have experienced pregnancy loss may find it helpful to speak with a mental health professional about their experiences.

The APS 'Find a Psychologist' service is a good way to identify someone likely to provide supportive and inclusive services, because APS member psychologists are bound by Ethical Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients, and the Ethical Guidelines on Working with Sex and/or Gender Diverse Clients. Visit the website www.psychology.org.au/FindaPsychologist or phone 1800 333 497 (outside Melbourne) or (03) 8662 3300 (in Melbourne).

What are some useful further resources?

Support services and information – general

- Bears of Hope – www.bearsofhope.org.au
- Pregnancy Birth & Baby – www.pregnancybirthbaby.org.au/pregnancy-birth-baby-helpline
- Red Nose (formerly SIDS and Kids) – rednosegriefandloss.com.au
- Sands (Stillbirth and Newborn Death Support) – www.sands.org.au
- Stillbirth Foundation Australia – stillbirthfoundation.org.au

Lesbian women and miscarriage

- Miscarriage Association (UK) – www.miscarriageassociation.org.uk/tag/lesbian/
- Miscarriage Association (UK) Partners Too – www.miscarriageassociation.org.uk/wp-content/uploads/2016/10/44051_MA_PartnersToo527_v2.pdf
 - Includes information for women whose partners have miscarried

References

- Australian Institute of Health and Welfare. (2015). Australia's mothers and babies 2013—in brief (Perinatal statistics series no. 31. Cat no. PER 72). Canberra: AIHW.
- Cacciatore, J., & Raffo, Z. (2011). An Exploration of Lesbian Maternal Bereavement. *Social Work, 56*(2), 169-177.
- Craven, C., & Peel, E. (2014). Stories of grief and hope: Queer experiences of reproductive loss. In M. F. Gibson (Ed.), *Queering maternity and motherhood: Narrative and theoretical perspectives on queer conception, birth and parenting* (pp. 97-110). Toronto: Demeter Press.
- Ellis, S. A., M. Wojnar, D., & Pettinato, M. (2015). Conception, pregnancy, and birth experiences of male and gender variant gestational parents: It's how we could have a family. *Journal of Midwifery & Women's Health, 60*(1), 62-69.
- Peel, E. (2010). Pregnancy loss in lesbian and bisexual women: an online survey of experiences. *Human Reproduction, 25*(3), 721-727.
- Riggs, D. W., Due, C., & Power, J. (2015). Gay men's experiences of surrogacy clinics in India. *Journal of Family Planning and Reproductive Health Care, 41*(1), 48-53.
- Storck, S. (2012, 11 August). Miscarriage. Retrieved 25 August, 2014, from <http://www.nlm.nih.gov/medlineplus/ency/article/001488.htm>
- Wang, X., Chen, C., Wang, L., Chen, D., Guang, W., French, J., & Xu, X. (2003). Conception, early pregnancy loss, and time to clinical pregnancy: A population-based prospective study. *Fertility and Sterility, 79*(3), 577-584.
- Wojnar, D. (2007). Miscarriage Experiences of Lesbian Couples. *Journal of Midwifery & Women's Health, 52*(5), 479-485.