

FATHERHOOD BULLETIN

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MEN AND PREGNANCY LOSS



Australian Fatherhood
Research Consortium



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The Australian Fatherhood Research Consortium is a collaboration of researchers, practitioners and policy makers. We exist to advance the science of fatherhood, inform practice and policy that supports men and their families, and promote healthy inclusion of fathers in family life.

For more information on the consortium and to join our mailing list visit our webpage: <http://mappresearch.org/fatherhood-consortium>. For Bulletin editorial queries and to join the Bulletin mailing list, please email chris.may@newcastle.edu.au

Guest Editorial

KATE OBST



In Australia, miscarriage affects one in four families and every day, six babies are stillborn.

These losses are devastating for expectant parents, yet all too often grief is suffered largely in silence due to persisting stigma and taboo surrounding the death of a baby.

In recent years, the deep and enduring emotional impact these losses have on women has begun to gain recognition, thanks to both [everyday women](#) and celebrities including [Chrissy Teigen](#) and [Meghan Markle](#) sharing their stories publicly.

Research has also resulted in the development of [sensitive healthcare](#) guidelines and [psychosocial support](#) for families. However, dads' voices have been less frequently heard.

Despite fathers' engaged and active roles in pregnancy and childbirth, men continue to report feeling overlooked after pregnancy loss. Society often expects men to 'be strong' and support their

partners and families, which can lead to a lack of recognition for their grief. Only recently, legislation passed to provide both mothers and fathers with the same level of bereavement leave after stillbirth in Australia.

While support services like individual counselling and support groups are available, some men have expressed discomfort in accessing these types of services, instead voicing a need for mental health assessments and targeted follow-up which are not routinely provided by the healthcare system.

Although everyone experiences grief differently, men typically display their grief in different ways to women. Instead of openly talking about their feelings or seeking support, many report busying themselves with activities or distractions, and saving their tears for when they are alone.

However, just because grief presents differently, it does not mean that men aren't grieving.

This edition of the Bulletin includes men's stories of loss, and highlights the important research and advocacy work that is occurring in Australia to raise awareness of men's grief and needs for support.

Kate Obst is a Provisional Psychologist and PhD Candidate at the University of Adelaide in South Australia. Her research interests include health psychology, grief and bereavement, and perinatal mental health. More specifically, her PhD research is exploring the psychological impact of pregnancy loss in under-researched populations in Australia, with a particular focus on men's grief and support needs.



Photo by Kelly Sikkima on Unsplash

GRIEVING ALONE

THE REALITY ABOUT MEN & MISCARRIAGE

Tristan MacManus still remembers the gut-punch of emotion when his wife, Tahyna Tozzi, lost their first baby. “I was heartbroken,” the new co-host of Studio 10 admits. “It literally broke my heart. I'd waited my whole life to be a father. When Tahyna told me we were having a baby, it was easily the best day of my life.”

The couple had suffered a miscarriage, an experience that is sadly all too common with between 15-20% of pregnancies ending before the 20th week. The emotional toll of such a loss is increasingly acknowledged. Yet while a host of celebrities from Beyonce to Sharon Stone have opened up about their experience, the subject is invariably dissected from a female perspective. This is hardly surprising given that women are biologically obliged to bear the brunt of the child-bearing journey. Yet research suggests that men can also be deeply affected by miscarriage.

One British study of 323 men found that in the aftermath of miscarriage, men were initially more reticent about losing the baby and displayed less “active grief” than their partners. In the eight weeks following the loss, however, the researchers

found that men were more vulnerable to feelings of despair and difficulty in coping.

Tristan talks about his miscarriage experience in a new film that's now showing on Stan. “I remember being very confused as to what I should be doing after it happened,” he admits. “My way of handling the trauma was literally to put it to the back of my mind and not deal with it.”

What he did was try to figure out if he'd somehow contributed to their pregnancy's abrupt end. “My wife was very healthy, while I used to drink a lot, smoke a lot and go out all the time before I met Tahyna. So my instant thought was: ‘F**k, I've ruined this with my lifestyle and behaviour. So there was a kind of guilt there. You don't know how common miscarriage is, so you just assume that you've done something wrong.’”

Despite wrestling with these emotions, Tristan bottled them up. “I didn't talk to anyone about it,” he says. “My attention immediately switched to Tahyna like: ‘What can I do? How can I help?’ I just felt like that was my role and that, in a sense, it didn't matter how I felt.”

Sadly, this wasn't to be the couple's only bad pregnancy experience. While they eventually had two children (Echo and Oisin), they also suffered two further miscarriages. The film, directed by Tristan's wife, follows the pair through their wild highs and desperate lows, also interviewing other couples navigating the issue.

When Tahyna develops gestational diabetes while pregnant with their son, the film shows her mounting anxiety. In one scene, Tristan is seen trying to soothe his wife's fears as a reassuring voice of reason. Surely though he wasn't that calm and level-headed beneath the surface?

"No, no, no!" he concedes. "I was like a duck in water - calm on the top, while the f**king feet are going like crazy at the bottom. I wasn't in control of my emotions, let alone this situation. I felt heartbroken, sick in my stomach, sick in my head. I was beating myself up inside!"

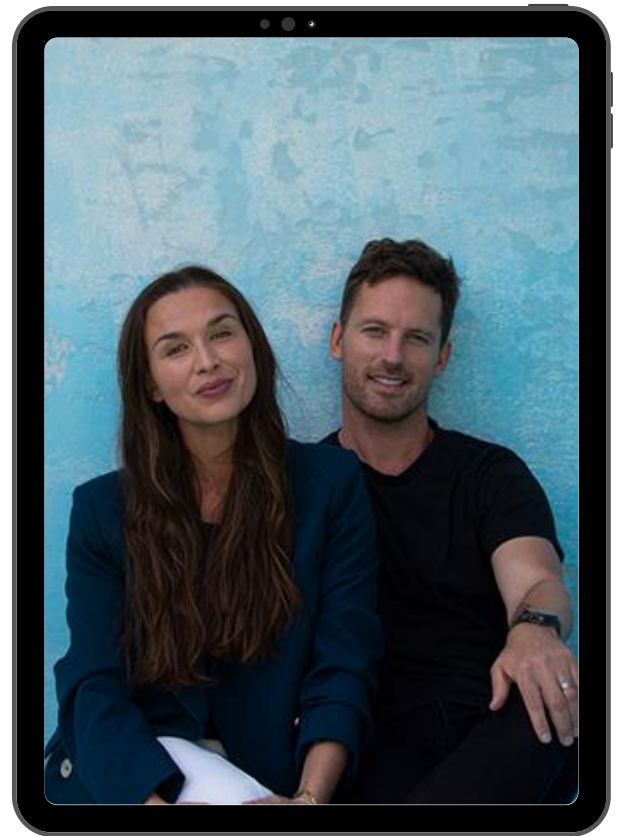
Strikingly, the film shows that, for all the couple's obvious closeness, Tristan attempts to deal with each of the miscarriages on his own. "I think that's a problem that other people have as well; sometimes the support needs support."

It's this area that he focuses on when asked to give advice to anyone else confronting the same ordeal.

"I wish we talked more about it," he says. "You have to listen to what your partner is going through but you also have to listen to what you're going through."

It's advice backed up by wider research. Working through your grief is proven to be beneficial with one study showing that men who struggled to cope following a miscarriage were vulnerable to a "delayed grief response" two years later.

Avoiding the subject can also exacerbate the fallout for your partner. Another study showed that six months after a miscarriage, the women



who were most depressed had the partners who were least willing to talk about the loss.

What the film highlights is that miscarriage affects both partners, albeit in different ways. "As the man, you're going to be the father just as much as your partner is going to be the mother," Tristan points out.

Which leads us to the problematic title of the film; the doco is called *MuM - Misunderstandings of Miscarriage*. Despite the willingness to include the male perspective, the name sabotages that intent by pushing the subject-matter back into the female domain where it normally resides.

It's a decision that feels bafflingly out of step with the film's otherwise balanced approach. But don't let it turn you off. This is a powerful and necessary film about a subject too often overlooked.

***'MuM - Misunderstandings of Miscarriage'* is out now on Stan.**

SUPPORT SERVICES FOR FATHERS FOLLOWING PREGNANCY LOSS

IF YOU, OR ANY FATHER THAT YOU KNOW, IS DEALING WITH THE IMPACT OF PREGNANCY LOSS, PLEASE CONTACT THE FOLLOWING SUPPORT SERVICES:

Sands Australia Support for Fathers

<https://www.sands.org.au/mens-support-services>

1300 072 637 (24/7 support line)

Bears of Hope Dads Online Support Group & Whatsapp Group

<https://www.bearsofhope.org.au/seek-support/online-support-groups>

1300 11 BEAR (general enquiries)

1300 11 HOPE (support line)

support@bearsofhope.org.au

FIND OUT MORE ABOUT MEN'S EXPERIENCES OF PREGNANCY LOSS FROM NEW RESEARCH ON PAGE 14.

Pillars of Strength

<https://pillarsofstrength.com.au>

[Note: support is for fathers who experience stillbirth and neonatal death]

Register of Australian Psychologists who have an interest in perinatal & paternal health

<https://www.centreforperinatalpsychology.com.au/parents/postpartum/fathers/>

Miracle Babies: Just for Dads information

<https://www.miraclebabies.org.au/content/just-for-dads>



Photo by Yousef Naddam on Unsplash



Photo provided by Matthew MacDonald

INTO THE SUN

A FATHER'S STORY OF PREGNANCY LOSS

Contrary to popular belief, the depth of male emotional intellect stems a little further than the usual pub conversations of “When are the Knights going to win again?” and “Whose shout is it?” However, what I have found is that tough, emotion provoking, touchy conversations are cautiously avoided, no matter who you are.

In 2020, two months into the delightful, life altering pandemic we know as COVID, my wife gave birth to a beautiful baby girl. To look at her, and us, we would appear from the outside to be elated. Proudest, happiest moment of our lives... And it was. No one would be able to see the nine months of anxiety, two and a half years of grief and mind-numbing loss, because, as a man, you bottle it up.

In the years prior to my daughter's birth we had no trouble getting pregnant. It was keeping the babies that was the hard part. Three miscarriages, dilation and curettage (D&C) procedures and countless obstetrician appointments led us to the

festive season of 2018. We had made it to twelve weeks and as far as we knew we were to be parents in July 2019. The effects of the previous pregnancies made me cautious. I over thought and over analysed every appointment, feeling and moment, but slowly as the weeks passed, that feeling gave way to hope.

The hope that we might finally have our baby.

It's funny, because hope is the arch nemesis of anxiety. No matter what I was feeling, I could only imagine my wife was feeling it ten-fold and through hope and positivity I aimed to soften the undeniable worry that we had.

It was around eighteen weeks that our baby started to show signs that she wasn't growing at the rate she should have been. My wife, unbeknownst to many, and to what degree, had been suffering from abdominal pains, headaches, dizziness, on and off for a few weeks and by twenty weeks we made an emergency trip to the hospital. The doctors monitored and observed for



twenty-four hours and the feelings subsided. We were free to go. The anxiety was back! This was the start of early onset preeclampsia.

At twenty three weeks my wife was again admitted to hospital. For a week we watched as our tiny baby slowly grew. We hoped that she would make it to a viable weight. Babies have survived being born at twenty-four weeks. In the end, with my wife's organs beginning to fail, we had to give birth to our baby. Our baby Evelyn. "She won't be breathing," they told us, "she's too little." All of the hope and positivity stolen away in the moment the obstetrician said those words.

Now, I don't pretend to understand the trauma this situation presented for my wife, but for me, it was hard. There are not many moments in your life that you can attribute to being life changing, but for me, this is one. I still have flashbacks of holding Evelyn in my hands. I still grieve her loss. We still grieve her loss... and for us, including me, it is important to talk about her. To say her name and be thankful that in any form, she is part of our family and part of our lives.

BY MATTHEW MACDONALD



Photos provided by Matthew MacDonald

FATHERHOOD NEWS

The latest need-to-know news on dads in one place

GAY DADS FACE DISCRIMINATION

[Australian Men's Health Forum](#)

A new study from the American Academy of Pediatrics has found that gay fathers and their children continue to experience stigma and avoid situations because of fear of this stigma. "Gay fathers have to contend with the still-prevalent belief that children need a mother to thrive and stereotypes associated with gay men as frivolous, unstable and unfit parents."

CHARITY CALENDAR CELEBRATES THE 'DAD BOD'

[CTV News](#)

A group of dads from Alberta in the U.S.A. have created a special calendar featuring fathers from around the province strutting their stuff to raise money for the Alberta Father Involvement Initiative. "We just wanted to do something good to help out the community," organiser Patrick Jean said. "We figured this might put a smile on people's faces."

HERO DAD SAVES LITTLE GIRL

[Yahoo! News](#)

Police are hailing a Sydney man as a hero, after he leapt into action and saved a three-year-old girl from drowning. In late January, Scott Windon was with his two daughters at Mort Bay Park, along Sydney Harbour, when Mia Bullimore tumbled three metres into the water. Mr Windon struggled barefoot over sharp rock oysters to save the toddler and return her to her parents, resulting in dozens of stitches needed for the soles of his feet.





Photo by Gabriel Tovar on Unsplash

PREGNANCY AND INFANT LOSS REMEMBRANCE DAY

A DAY FOR DADS TOO.

I am the father to eight children, but sadly I can only hold one of them in my arms.

After trying for three years to get pregnant, my wife Kate and I were referred to an IVF clinic in 2006. Genetic testing revealed that Kate had a genetic translocation. Our chances of getting pregnant were less than 0.2 percent, and the chances of a successful pregnancy were zero. Despite these odds, we decided to give IVF a try and in 2007 began our first cycle.

We were overjoyed when we discovered that we were pregnant on our very first try. 12 very exciting and happy weeks followed. In May 2007 we went for our first ultrasound scan, and couldn't wait to get a glimpse of our first baby. I remember saying to Kate, "Here we go, we're about to see the little boy or girl we've wanted for so long". The probe was applied and suddenly there was our baby on the screen. We both started to cry with tears of joy.

Then it all went horribly wrong.

The ultrasound operator kept moving the probe around and then stopped to call the doctor. The doctor took the probe and moved it around for a bit and then said the words that destroyed us, and I will never forget as long as I live: "I'm sorry, but your baby has no heart beat".

I remember Kate saying, "No, you must be wrong", and bursting into tears. I remember asking them to check again, but the result was the same. All we could do was cry and hold each other.

For the next 10 days we barely left the house. We felt lost, we felt alone. We didn't know where to turn, who to talk to, where to get support from. We went from tears, to anger and frustration, to loneliness and despair. This terrible cycle took us a long time to break out of.

We live in a society that either does not understand or does not value that men are just as invested in a pregnancy as women are. As a father, I felt the pressure and expectation that men don't grieve; we don't cry and we don't suffer

when our partner loses a baby. That pregnancy and infant loss do not really affect men, because we're strong and we can just carry on.

But I decided that it does not, and should not, have to be this way. Together with my wife we founded Pregnancy and Infant Loss Australia to try and change people's knowledge and understanding that the loss of a baby is something that happens all too often. And that it impacts men just as much as it does women. Both men and women who have suffered miscarriage or stillbirth need to know that it is okay to talk about it and those around them need to understand that the loss of a child, any child, at any stage of pregnancy, is something that will stay with the bereaved parents forever, no matter what their gender.

Kate and I still wanted to have a child in our lives so we continued to chase that dream. We underwent 15 IVF cycles and unfortunately we lost another six babies. We both agreed that she could not go through the physical demanding routine of IVF again and that neither of us could face the mental anguish and trauma of another loss, and decided that we needed to look at other options.

Then what can only be called a miracle happened – Kate became naturally pregnant. Incredibly, Kate carried the baby to term and we now have a beautiful little girl who is the centre of our universe. Our very own miracle baby.

But having our baby has not changed our focus. We still recall the promise that we made to each other in 2007 and we are still working to make sure that no one – man or woman, grandparent, sibling, Uncle or Aunt – who has been impacted by the loss of a baby, ever feels as alone and unsupported as we did.

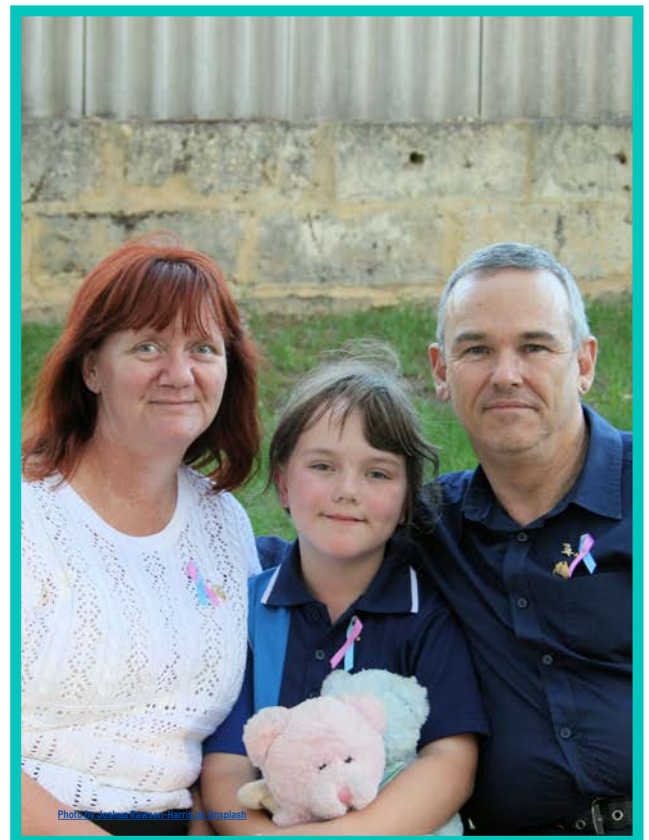
Together in 2012, Kate and I began a campaign to get October 15 (Pregnancy and Infant Loss Remembrance Day) officially recognised in

Western Australia. Kate wrote a letter to the Premier, and on October 15 2014, in a bipartisan motion, the State Parliament officially proclaimed this date as Pregnancy and Infant Loss Remembrance Day.

We have continued our campaign, and on 17th February this year, Kate and I were successful in having the Parliament of Australia officially recognise October 15 as International Pregnancy and Infant Loss Remembrance Day. This means that we have been able to establish a national day of remembrance for all Australians that have lost a baby.

My grief has fundamentally changed who I am and given me a new purpose and goal in life – to support others impacted by pregnancy and infant loss and to raise awareness. In turn, this helps me to give value and meaning to the lives of my babies and to keep them forever in our hearts, our minds and our souls.

BY JOHN DE'LANEY





OCTOBER 15

A TIME TO REMEMBER

On February 17, 2021, the Australian Government officially recognised October 15 as 'Pregnancy and Infant Loss Remembrance Day' to acknowledge and include fathers, mothers, siblings, grandparents, uncles & aunts, and all others who have been impacted by the loss of a baby through stillbirth, infant death or miscarriage. This brings Australia alongside Canada and the United States of America in formally recognising the day.

Support organisations, hospitals and medical organisations, and state governments hold special events annually, such as services, walks and remembrance vigils.

For more information:

Sands - Miscarriage, stillbirth & newborn death support

<https://www.sands.org.au/october-15th>

Red Nose - Pregnancy & infant loss awareness month

<https://rednose.org.au/section/pregnancy-infant-loss-awareness-month>

“GRIEF, I’VE LEARNED, IS REALLY JUST LOVE. IT’S ALL THE LOVE YOU WANT TO GIVE, BUT CANNOT. ALL THAT UNSPENT LOVE GATHERS UP IN THE CORNERS OF YOUR EYES, THE LUMP IN YOUR THROAT, AND IN THAT HOLLOW PART OF YOUR CHEST. GRIEF IS JUST LOVE WITH NO PLACE TO GO.”

Jamie Anderson -
Producer of Doctor Who

DADS IN THE MEDIA

Catch up on the latest podcasts, TV, movies and websites about fathers



DAD KIT Podcast

For the past 200,000 years, dads have been portrayed as absent, overworked, emotionless buffoons. But that was then – and this is now. Things have changed, right? The Dad Kit is the weekly podcast that aims to find out. Each week, host Sean Szeps sits down with a well-known Aussie dad to unpack some of the knotty cultural ideas we have about fathers and finds out what's really going on in the minds of modern men.

[Available on Spotify.](#)



DAD IN PROGRESS Podcast

To help new dads navigate the ups and downs of becoming a father, Movember launched the Dad in Progress podcast. Hosted by fresh-to-fatherhood Raph, Dad in Progress is a deep-dive into the challenges, life changes and cherub-cheeked joys of new-dad life. The podcast aims to help dads deal with some of the stress they feel by listening to the experiences of other men in a similar situation.

Available on [Google Podcasts](#), [Apple Podcasts](#) and [Spotify](#).



DUNGEONS & DADDIES Podcast

An improvised Dungeons & Dragons podcast that hilariously follows a group of fathers who must battle through a fantasy world to save their lost sons. You don't need to know anything about D&D. The show is aware of itself and asks questions about fatherhood, what it means to be a dad, poking fun and satirizing patriarchal ideas, and letting the characters have moments of sincere battle against toxic masculinity.

[Check it out at https://www.dungeonsanddaddies.com/episodes.](https://www.dungeonsanddaddies.com/episodes)

MOVING FORWARD AFTER A MISCARRIAGE

GRIEF TAKES TIME

It was two days after my wife's 30th birthday when we saw the obstetrician. It was our first appointment. A positive pregnancy test, a blood test by the GP and my wife's meticulous cycle tracking meant we knew we were 9 weeks pregnant. However the first four words from the doctor meant it was all for naught, "You've had a miscarriage".

My grief was slow to come out after this shock. Having been conditioned through private school and working in a competitive type-A environment, where success, advancement and devotion to work are valued over balanced lifestyles and authenticity, there was little genuine room for vulnerability and feelings. I subconsciously bottled my grief and told myself I was doing it to care for my wife and not to burden her. I felt 'sad' but didn't allow myself to feel the sorrow.

Months passed and I found myself working and living in a small coastal city. Having time to reflect and reconnect, I felt a hollow that I knew was there but had suppressed. A family therapy workshop is what allowed my grief to eventually come out. I had done all the 'thinking' that I could about the grief and the meaning of the loss. However, I hadn't allowed my body to feel the grief, to feel the loss, to feel it without my brain getting in the way.

After a day of confronting the intensity of emotions and vulnerability from the group, I was fatigued and no longer had the ability to 'think' my way out of

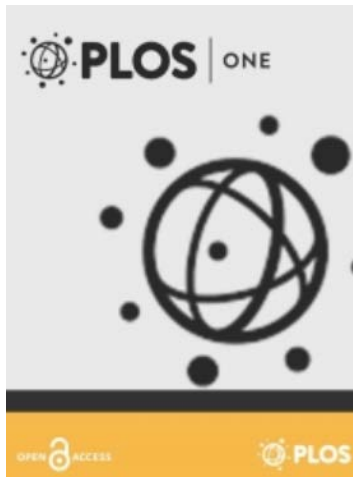


feeling. When I removed this mental wall, this armour, it all came out, great big sobs of honesty.

The after effects still linger on. I opened a cover that can't be replaced, and now that I've let it out, I can see that it was actually holding me back. Not owning my grief, created a barrier between my wife and I, between now and our future children, and between me and living wholeheartedly. The grief still bubbles up from time to time in a quiet moment, or when I see something that reminds me, but now I welcome it like an old friend and sit with it in peace. Sad, but whole.

TO FIND OUT WHAT IS KNOWN ABOUT MEN'S EXPERIENCES OF GRIEF, CHECK OUT THE NEW RESEARCH ON PAGE 14.

‘There was just no-one there to acknowledge that it happened to me as well’: A qualitative study of male partner’s experience of miscarriage



Background: Miscarriage can be a devastating event affecting both men and women. Unfortunately, the male partner’s experience of miscarriage is seldom researched, particularly within Australia.

Methods: This qualitative study involved semi-structured telephone interviews with 10 Australian men, whose partners miscarried between three months and ten years ago. Interviews explored men’s general miscarriage experience and the support received or lacking from both healthcare providers and social networks. Online health seeking behaviour and opinions on online support were also discussed.

Conclusions: Men are often greatly affected by miscarriage and yet there is all too often little acknowledgement or support available to them at this time. Men affected by miscarriage want and need further support, including reputable, Australian based information and resources tailored their needs.

Miller, E. J., Temple-Smith, J. & Bilardi, J. E. (2019). ‘There was just no-one there to acknowledge that it happened to me as well’: A qualitative study of male partner’s experience of miscarriage. *PLoS ONE*, 14(5), e0217395-e0217395. <https://doi.org/10.1371/journal.pone.0217395>

Australian men’s experiences of leave provisions and workplace support following pregnancy loss or neonatal death

This research note reports survey responses of Australian men (N = 220) gathered as part of a larger study exploring men’s grief following pregnancy loss and neonatal death. We explore the types of workplace leave offered to men and how men perceived leave and support provided by their employers. Open-ended responses highlighted five themes: Emotional toll of returning to work, Need to be with and support partner, Recognition and understanding, Helpful distraction, and Pressure to return. Not all men wished to take extended (or any) paid leave following pregnancy loss or neonatal death, though they believed leave should be available. It is essential that employers recognise men’s bereavement following pregnancy loss and neonatal death, and that healthcare professionals support men’s decisions about work.



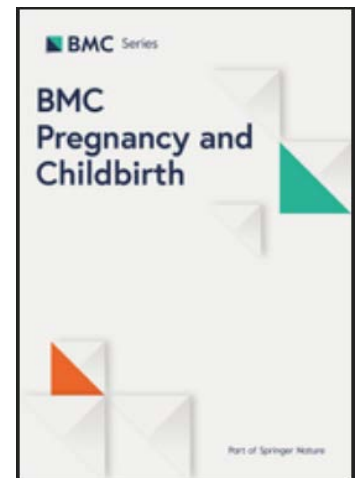
Obst, K. L., Due, C., Oxlad, M. & Middleton, P. (2020). Australian men’s experiences of leave provisions and workplace support following pregnancy loss or neonatal death. *Community, Work & Family*. DOI: [10.1080/13668803.2020.1823319](https://doi.org/10.1080/13668803.2020.1823319)

Factors contributing to men's grief following pregnancy loss and neonatal death: further development of an emerging model in an Australian sample

Background: Historically, men's experiences of grief following pregnancy loss and neonatal death have been under-explored in comparison to women. However, investigating men's perspectives is important, given potential gendered differences concerning grief styles, help-seeking and service access.

Methods: Men (N = 228) whose partner had experienced an ectopic pregnancy, miscarriage, stillbirth, termination of pregnancy for foetal anomaly, or neonatal death within the last 20 years responded to an online survey exploring their experiences of grief.

Conclusions: Following pregnancy loss and neonatal death, men can experience high levels of grief, requiring acknowledgement and validation from all healthcare professionals, family/friends, community networks and workplaces. Addressing male-specific needs, such as balancing a desire to both support and be supported, requires tailored information and support.



Obst, K. L., Oxlad, M., Due, C. & Middleton, P. (2020). Factors contributing to men's grief following pregnancy loss and neonatal death: further development of an emerging model in an Australian sample. BMC Pregnancy and Childbirth, 21(1), 1-29. <https://doi.org/10.1186/s12884-020-03514-6>

Men and miscarriage: A systematic review and thematic synthesis



Miscarriage is common, affecting one in five pregnancies, but the psychosocial effects often go unrecognized and unsupported. The effects on men may be subject to unintentional neglect by health care practitioners, who typically focus on biological symptoms, confined to women. Therefore, we set out to systematically review the evidence of lived experiences of male partners in high-income countries. The studies collected data from 231 male participants, and revealed the powerful effect of identities assumed and performed by men or constructed for them in the context of miscarriage. We identified perceptions of female precedence, uncertain transition to parenthood, gendered coping responses, and ambiguous relations with health care practitioners. Men were often cast into roles that seemed secondary to others, with limited opportunities to articulate and address any emotions and uncertainties engendered by loss.

Williams, H. M., Topping, A., Coomarasamy, A. & Jones, L. L. (2019). Men and miscarriage: A systematic review and thematic synthesis. Qualitative Health Research, 30(1), 133-145. <https://doi.org/10.1177/1049732319870270>

Men's grief following pregnancy loss and neonatal loss: a systematic review and emerging theoretical model

Background: Little is known about men's grief, following pregnancy loss and neonatal loss, since the majority of existing literature and subsequent bereavement care guidelines have focused on women. This systematic review sought to summarise and appraise the literature focusing on men's grief following pregnancy loss and neonatal loss.

Methods: A systematic review was undertaken with searches completed across four databases. These were guided by two research questions: 1) what are men's experiences of grief following pregnancy/neonatal loss; and 2) what are the predictors of men's grief following pregnancy/neonatal loss?

Conclusion: There is a need to increase the accessibility of support services for men following pregnancy/neonatal loss, and to provide recognition and validation of their experiences of grief. Cohort studies are required among varied groups of bereaved men to confirm grief-predictor relationships, and to refine an emerging socio-ecological model of men's grief.



Obst, K. L., Due, C., Oxlad, M. & Middleton, P. (2020). Men's grief following pregnancy loss and neonatal loss: a systematic review and emerging theoretical model. BMC Pregnancy and Childbirth, 20(1), 11.

<https://doi.org/10.1186/s12884-019-2677-9>

New understandings of fathers' experiences of grief and loss following stillbirth and neonatal death: A scoping review



Objective: To report on research conducted on men's experiences of grief and loss following stillbirth and neonatal death in high-income, Western countries.

Design: This review was guided by the following research questions: 1. The impact of perinatal death for men 2. The meaning of the loss for a father's sense of identity 3. The extent to which men were able to express grief while supporting their partners and, 4. how men's experience of grief was mediated by the support and care received by health professionals.

Results: Studies indicated that men reported less intense and enduring levels of psychological outcomes than women but were more likely to engage in avoidance and coping behaviours such as increased alcohol consumption. Men felt that their role was primarily as a 'supportive partner' and that they were overlooked by health professionals.

Conclusions: Further research is needed on men's experience of grief following perinatal death, especially on their physical and mental well-being.

Jones, K., Robb, M., Murphy, S. & Davies, A. (2019). New understandings of fathers' experiences of grief and loss following stillbirth and neonatal death: A scoping review. Midwifery, 79(102531)

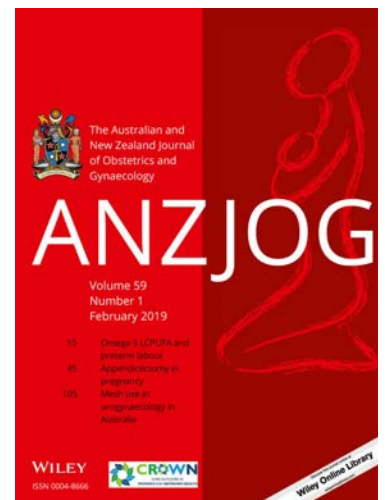
<https://doi.org/10.1016/j.midw.2019.102531>

Men's lived experiences of perinatal loss: A review of the literature

Aim: This scoping review will examine current literature on the lived experiences of men whose partner has experienced a still-birth or miscarriage.

Results: The review identified three major themes that are particularly pertinent to shaping the lived experiences of men whose partner has suffered a perinatal loss: (1) pregnancy attachment and the aftermath; (2) supporting their partner and being supported; and (3) impacts upon future pregnancies.

Conclusion: Perinatal loss can have negative implications for men's psychological and social well-being. Across the studies men had different levels of attachments to the pregnancy, influencing their emotional responses to the loss. Men perceived their primary role as being a supporter to their partners but received limited support themselves. Men often reported that their safe and trusting attitudes toward pregnancy had forever changed. Further areas of research are recommended in hopes of enhancing support for men, and their partners and families, who experience perinatal loss.



Nguyen, V., Temple-Smith, M. & Bilardi, J. (2020). Men's lived experiences of perinatal loss: A review of the literature. Australian & New Zealand Journal of Obstetrics & Gynaecology, 59(6), 757-766.

<https://doi.org/10.1111/ajo.13041>

Fathers' lived experiences of miscarriage



Abstract: A phenomenological study was conducted to examine the lived experiences of fathers who have experienced miscarriage. Miscarriage is defined as pregnancy loss prior to 24 weeks of gestation. Eleven fathers participated and discussed their personal experiences before, during, and after the pregnancy and miscarriage. Six major themes emerged that depicted fathers shared experiences including (a) expectations of fatherhood, (b) conceptions of the pregnancy and personhood, (c) impact of the miscarriage setting, (d) immediate response to the event, (e) perceptions of support from others, and (f) overall experiences of disenfranchisement. Implications for family therapists working with families that have experienced miscarriage and future research recommendations are discussed.

Wagner, N. J., Vaugh, C. T & Tuazon, V. E. (2018). Fathers' lived experiences of miscarriage. The Family Journal, 26(2), 193-199.

<https://doi.org/10.1177/1066480718770154>

AFRC Note - This is important research but of the 10 studies included only 5 had male caregivers and the average percentage of males in these cohorts was <15%. More work needs to be done to understand the influence of COS on dads and parenting dyads.

On grief, fathering and the male role in men's accounts of stillbirth

Abstract: Stillbirth experiences are a traditionally under-researched area of health, with the limited research available focusing on women's perspectives. Drawing on qualitative interviews with 12 men in Australia who have experienced stillbirth, this article explores how they engaged with their unborn and stillborn child as fathers and the perceived legitimacy of male grief. The results reveal the complex ways in which these men identify as fathers to their unborn and stillborn child; how they develop dynamic and ongoing relationships with their child post-stillbirth; and the problematic of expressing grief in the context of 'the male role'. Our findings suggest cultural constructions of the 'male role' are both manifest and contested in the context of stillbirth, and that fathering and grief are situated within a highly gendered and relational dynamic. These findings suggest that further work is needed to explore and conceptualise the interplay of gender identity and bereavement for Australian men.



Bonette, S. & Broom, A. (2011). On grief, fathering and the male role in men's accounts of stillbirth. *Journal of Sociology*, 48(3), 248-265.

<https://doi.org/10.1177/1440783311413485>

A grief ignored: narratives of pregnancy loss from a male perspective



Abstract: This paper, utilising a narrative approach, aims to describe the experiences of men whose partner had experienced pregnancy loss, based on data from Northern Ireland. The methodology was based upon observation within pregnancy loss self-help groups and in-depth interviews with 14 men who attended the groups. The study also included interviews with 32 midwives and nurses, with the intention of examining attitudes within the medical context towards bereaved fathers. The present study will show that the perception that men have only a supportive role in pregnancy loss is unjustified, as it ignores the actual life-world experiences of the men, and the meanings they attach to their loss, in what may be a very personal emotional tragedy for them where they have limited support available. The study uncovered several recurring themes including self-blame; loss of identity; and the need to appear strong and hide feelings of grief and anger. There is consideration of the need for hospital staff and the wider community to acknowledge the male partner's grief as being a valid response to the bereavement suffered

McCreight, B. S. (2004). A grief ignored: narratives of pregnancy loss from a male perspective. *Sociology of Health & Illness*, 26(3), 326-350.

<https://doi.org/10.1111/j.1467-9566.2004.00393.x>

AFRC Note - This paper is almost 20 years old and does not present new findings, however there has not been significant development within this research field since this time.



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The Australian Fatherhood Research Consortium is a collaboration of researchers, practitioners and policy makers. We exist to advance the science of fatherhood, inform practice and policy that supports men and their families, and promote healthy inclusion of fathers in family life.

For more information on the consortium and to join our mailing list visit our webpage: <http://mappresearch.org/fatherhood-consortium>

For Bulletin editorial queries and to join the Bulletin mailing list, please email: chris.may@newcastle.edu.au

