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. 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 (Storck 2012; Wang et al. 2003). In Australia in 2013, stillbirths made up 7 of every 1,000 births (0.7%) (Australian Institute of Health and Welfare, 2015). However, it should be noted that 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).

While pregnancy loss is relatively common and can have a negative impact on mental health for all people, for LGBT people this loss may be higher for several reasons. The difficulties of conceiving (e.g. via donor sperm, surrogacy arrangement) means that a significant amount of planning, time, and money is likely to have gone into conceiving. A lack of social support (particularly if people do not think that LGBT people should try to become parents in the first place) can also have an impact. Finally, potential discrimination and a lack of knowledge amongst health professionals can also add to the experiences of pregnancy loss for LGBT people.

This information sheet covers the following questions:
- What might pregnancy loss mean for LGBT people?
- What do mental health professionals need to know about LGBT pregnancy loss to ensure best practice provision and inclusion?
- How might mental health professionals assist LGBT people who have experienced pregnancy loss?
- What are some useful further resources?

What might pregnancy loss mean for LGBT people?

LGBT people may conceive children in different ways, meaning that pregnancy loss may be experienced differently. 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 surrogate
- Transgender men who have retained their reproductive organs carrying a child
- Bisexual women conceiving through sexual intercourse with a male partner.

Research on lesbian and bisexual women and pregnancy loss suggests that challenges with conceiving can affect how miscarriage is experienced (Wojnar 2007). For lesbian and bisexual women, pregnancies often require extensive 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. Some research about lesbian and bisexual women and pregnancy loss suggests that social support following a pregnancy loss isn’t always positive or available for lesbian and bisexual women (Cacciatore & Raffo 2011). Other research has suggested a more positive account of social support following a pregnancy loss (Peel, 2010), although over a quarter of participants in this research agreed that they had experienced discrimination from health professionals.

One study (Riggs, Due & Power, 2015) has examined the effects of pregnancy loss upon gay men who enter into surrogacy arrangements. In this study, Australian men had entered into
surrogacy arrangements in India. Following a pregnancy loss, the men felt that they received no support from the surrogacy clinic, and were instead quickly encouraged to undertake another pregnancy. They felt that their loss and grief was not acknowledged, and that this meant they were relatively isolated in terms of grieving prior to the subsequent birth of a child.

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.

What do mental health professionals need to know about LGBT pregnancy loss to ensure best practice provision and inclusion?

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, as well as 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.

LGBT people experiencing pregnancy loss may also experience:
- discrimination or fear of discrimination by medical professionals, support groups, etc.
- a lack of support from their families and friends
- non-gestational parents being excluded
- financial concerns relating to the baby that was lost, and the possibilities for trying for another child in the future
- lack of social and/or legal recognition of being a parent
- pressure to try surrogacy or reproductive technology again without having time to grieve
  (e.g. Craven & Peel, 2014; Riggs et al., 2015)

Mental health professionals need to be aware of all key people whom the pregnancy loss is likely to affect. This may include both the gestational mother and the non-gestational mother in lesbian relationships, the surrogate for people pursuing parenthood via surrogacy, and any other children already in the family.

The cultural silence that typically surrounds pregnancy loss is likely to be even more acute for LGBT people. As mentioned above, this 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.

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

LGBT people who have experienced pregnancy loss will likely find it helpful to speak with a mental health worker 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 http://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


Lesbian women and miscarriage

Miscarriage Association (UK) – https://www.miscarriageassociation.org.uk/tag/lesbian/


References


