
Pregnancy Loss

Grieving the baby you expected, loved and imagined

When a pregnancy ends, the future you had begun to imagine can end with it

Pregnancy loss can carry an enormous emotional weight. Whether the loss happens very early or later in pregnancy, whether the pregnancy was planned or unexpected, and whether other people knew about it or not, the grief belongs to the person experiencing it. There is no minimum length of pregnancy required before attachment, hope or imagination can begin.

For some people the loss is immediately devastating. Others initially feel numb, shocked, confused or even relieved, and grief arrives later. Some experience several emotions at once. None of these reactions determines how much the pregnancy mattered.

The physical and emotional experiences can also become intertwined. Bleeding, pain, medical procedures, hormonal changes, appointments and waiting for results may all sit alongside the emotional reality of losing a baby or the future you thought was beginning.

Every loss is real. You do not need to compare your grief with somebody else's before you are allowed to feel it.

This guide explores grief after miscarriage and other pregnancy loss, the effect on the body and mind, partners and relationships, returning to everyday life, future pregnancies, remembrance, support, reflection exercises, books and resources, and a message from Maggie.

There is no single way to grieve

Pregnancy loss is often spoken about as though it is one experience, but people's circumstances differ enormously. A person may have been trying to conceive for years, may have conceived unexpectedly, may already have children, may have experienced previous losses, or may have complicated feelings about becoming a parent.

Some people feel a strong bond from the moment they see a positive test. Others become attached gradually. Some grieve the baby; some grieve the possibility of parenthood, the pregnancy experience, a hoped-for sibling, a due date, or a version of themselves they had already started to become.

Early loss is still loss

An early miscarriage can be particularly invisible. There may be no photographs, bump or shared memories, and perhaps very few people knew about the pregnancy. This can lead to comments such as 'at least it was early' or 'you can try again'. These statements may be intended to comfort, but they can make the person feel that the pregnancy and grief have been minimised.

Later pregnancy loss

Loss later in pregnancy can involve labour, birth, hospital care, decisions about seeing or holding the baby, memory-making and practical arrangements that no parent expected to face. Specialist bereavement midwives and charities can provide support around these experiences.

A medically complicated loss

Ectopic pregnancy, molar pregnancy, termination for medical reasons and other complications can involve additional layers: emergency treatment, fear for the pregnant person's health, difficult decisions, uncertainty and sometimes a sense that the language of miscarriage does not fully describe what happened.

Your experience does not have to resemble anybody else's in order to matter.

What grief may look and feel like

Shock or numbness	Feeling unreal, disconnected or unable to take in information can be part of the immediate response.
Sadness and yearning	You may miss someone you never had the chance to know in the way you expected.
Anger	Anger can be directed at the body, healthcare, other people's pregnancies, circumstances or the unfairness of what happened.
Guilt	People often search for something they did or failed to do. In most miscarriages, the loss is not caused by ordinary activities or something the person could have prevented.
Jealousy and avoidance	Pregnancy announcements, babies or family events may become painful. Needing distance does not make you unkind.
Anxiety	Fear about fertility, health or a future pregnancy can remain long after the immediate physical recovery.

The body may still feel pregnant

Hormonal and physical changes do not always disappear immediately. This can feel cruel or confusing. Follow the medical advice you have been given and seek clinical help if symptoms concern you. Emotional support and medical follow-up can sit alongside one another.

Grief can come in waves

A due date, scan date, anniversary, period, pregnancy announcement or unexpected reminder can bring grief back sharply. This does not mean you have failed to recover. Grief often changes shape rather than disappearing completely.

If you feel unable to keep yourself safe, have thoughts of harming yourself, or your mental health deteriorates rapidly, seek urgent help. In the UK contact NHS 111, your GP or urgent mental-health services; call 999 or attend A&E; in an immediate emergency.

Caring for yourself after pregnancy loss

Recovery includes physical care, emotional care and permission to move at your own pace. You may need rest before you need reflection. You may want company one day and privacy the next.

Let the medical recovery be taken seriously

Attend recommended follow-up and seek medical advice for symptoms such as very heavy bleeding, severe or worsening pain, fever, feeling faint or unwell, or anything your care team has told you requires urgent review. This guide cannot assess individual symptoms.

Reduce the pressure to perform grief

You do not have to cry to prove that you are grieving, and you do not have to appear strong to protect other people. There is no correct timetable for returning to work, socialising, packing away pregnancy items or speaking about what happened.

Decide what remembrance means to you

Some people name their baby, keep scan photographs, create a memory box, plant something, wear jewellery, write a letter or mark the due date. Others do not want a ritual. Both responses are valid. Remembrance should support you rather than become another expectation.

Protect yourself from painful conversations

You can choose how much you disclose. A boundary might be: 'I appreciate you asking, but I don't want to talk about the details today.' You can also ask a trusted person to update others so you do not have to repeat the story.

Returning to everyday life

Ordinary routines can feel strange when your inner world has changed. Begin with manageable anchors: eating, drinking, sleeping, medication if prescribed, a shower, a short walk, one task, one safe person. Functioning again does not mean the loss matters less.

Partners, relationships and future pregnancy

Partners may grieve differently. One person may want to talk repeatedly while another becomes quiet or practical. The pregnant person has also experienced the physical loss, which can create different needs even when both are grieving.

Try to avoid measuring who is hurting more. Instead ask: 'What is this like for you?' and 'What would help today?' Couples may benefit from grief-informed counselling when communication becomes difficult or each person's coping style is being interpreted as rejection.

Sex and intimacy

Physical recovery, fear, sadness and changed feelings about the body can affect intimacy. Follow medical advice about when sex is physically safe, but emotional readiness may take longer. Consent, patience and communication matter.

Thinking about trying again

There is no universally correct emotional time to try for another pregnancy. Medical advice may vary according to the type of loss and individual health circumstances. Emotionally, some people want to try quickly; others cannot imagine it. A new pregnancy does not replace the pregnancy that ended.

Pregnancy after loss

A future pregnancy can contain joy and fear at the same time. Scan dates and gestational milestones may become anxiety triggers. It can help to tell your maternity team about the previous loss, ask what additional support is available and identify coping strategies before difficult appointments.

Hope after loss does not require forgetting.

Reflection pages

What did this pregnancy mean to me?

What am I missing or grieving most?

A thought I keep blaming myself with is...

What would I say to another person who was blaming themselves in the same way?

What do I need right now?

From myself: _____

From my partner/family: _____

From work: _____

From healthcare: _____

Remembering, if I want to

A name, word, date or symbol I want to keep: _____

Something I want to remember about this pregnancy: _____

A way I might mark the loss: _____

Support, books and resources

UK support

Miscarriage Association — information and support for people affected by miscarriage, ectopic pregnancy and molar pregnancy.

Sands — bereavement support following pregnancy and baby loss, including stillbirth and neonatal death.

Tommy's — pregnancy information, research and pregnancy-loss support.

Antenatal Results and Choices (ARC) — specialist support where parents face difficult decisions following antenatal screening or diagnosis.

Books

Zoë Clark-Coates — *Saying Goodbye*. Written around pregnancy and baby loss, with practical and emotional support.

Julia Samuel — *Grief Works*. A broader grief resource that can help make sense of the changing nature of bereavement.

Megan Devine — *It's OK That You're Not OK*. Useful where grief feels misunderstood or pressured to resolve.

Clinical note

Pregnancy loss has many medical causes and forms. Individual assessment and follow-up should come from qualified healthcare professionals. Psychological responses can include grief, anxiety, depressive symptoms and trauma responses; support should be tailored rather than assuming everyone experiences loss in the same way.

Useful clinical/public sources include current NHS pregnancy-loss guidance, NICE guidance relevant to ectopic pregnancy and miscarriage, and information from recognised UK pregnancy-loss charities.

A message from me

There can be a strange loneliness in grieving someone you had already begun to make room for in your life. Other people may not have known your baby, but you may already have imagined dates, names, conversations, a nursery, a sibling, a family photograph or simply the feeling of holding them.

You do not need to make your loss smaller so that somebody else feels more comfortable. Take the support you need, protect yourself from what hurts, and let your grief belong to you. Healing does not mean that the pregnancy becomes unimportant. It means gradually finding a way to carry what happened without it taking every part of you.

Maggie

Space to Breathe Therapy

This guide is for education and emotional support and is not a substitute for individual medical diagnosis, treatment or emergency care.