



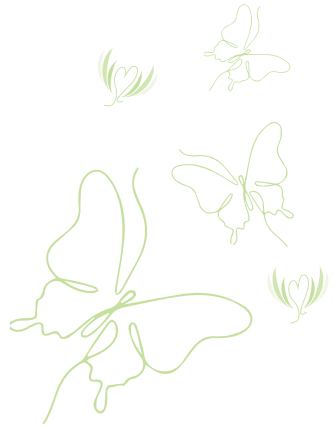
Angels for Audrey



It Happened TO ME TOO

A FATHER'S GRIEF AFTER
PREGNANCY OR INFANT LOSS

ANGELSFORAUDREY.ORG




PURPOSE OF THIS BOOKLET

This guide aims to:

- Validate your experience as a father grieving a real loss
 - Educate you about men's grief and how it commonly shows up
 - Support Coping by offering practical, clinically informed tools
 - Strengthen Connection with your partner and support systems
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Angels for Audrey



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INTRODUCTION

Men grieve too. Whether the loss occurred early in pregnancy, later in pregnancy, shortly after birth, or after a child's prolonged illness, fathers experience deep and complex grief. Many men describe feeling pulled in multiple directions—expected to be the protector, the supporter, the calm voice, the one who "keeps everything together"—while internally devastated. This dual burden often leads to invisible suffering, because their grief is rarely acknowledged by society or by medical systems.

HOW FATHERS OFTEN FEEL

Fathers frequently report:

- Being told to "stay strong"
- Feeling responsible for stabilizing their partner
- Hiding their pain to avoid "making things worse"
- Working through grief alone because they lack permission to express it
- Feeling forgotten or overlooked by healthcare providers
- Wanting support but not knowing how or when to ask for it

This booklet is designed to counter that pattern. It acknowledges you as a grieving parent and provides tools to navigate your emotional experience, your relationship, and your healing.



UNDERSTANDING GRIEF IN MEN

FATHERHOOD BEGINS EARLY

For many fathers, the emotional bond forms far earlier than outsiders realize. Research shows that men often begin identifying as fathers:

- When they see the positive test
- When they hear the heartbeat
- When they see the ultrasound
- When they begin imagining names or future activities
- When they first feel responsible for protecting the baby or partner

The image of a future child becomes real—and losing that imagined future can be deeply painful.

HOW MEN COMMONLY EXPERIENCE GRIEF

While every father's experience is unique, certain emotional reactions appear consistently across research involving miscarriage, stillbirth, infant death, and pediatric life-limiting illness.

COMMON EMOTIONAL RESPONSES

Shock and Disbelief: Sudden numbness or disorientation when hearing the diagnosis or the loss.

Sadness and Heartbreak: A deep ache that may feel overwhelming or intermittent.

Anger or Irritability: Anger toward circumstances, medical professionals, oneself, or others with healthy pregnancies.

Fear and Anxiety: Worry about future pregnancies, health risks, financial stability, or emotional stability of the family.

Numbness or Emotional Shutdown: A survival response in which emotions temporarily turn off.

Guilt or Self-Blame: Wondering if you "missed something," "should have protected better," or "caused stress."

Loss of Identity: Feeling stripped of the role of fatherhood you had anticipated.

Isolation: Feeling unseen, unsupported, or invisible in the grief process.

"Grief isn't just about what happened; it's about everything you hoped would happen."



HOW SOCIAL EXPECTATIONS COMPLICATE MEN'S GRIEF

MEN IN MANY CULTURES ARE RAISED TO:

- Not cry
- Not show weakness
- Stay logical and composed
- “Fix” problems quickly
- Protect others before themselves

These messages—combined with medical systems that often direct attention toward the mother—can cause fathers to suppress their emotional needs.

This leads to patterns such as:

- “I should be the strong one.”
- “If I break down, my partner will fall apart.”
- “I don’t want to burden anyone.”
- “I don’t know how to talk about this.”
- “Everyone keeps asking how she is—but no one asks about me.”

These pressures can distort the grieving process and increase the risk of:

- Delayed grief
- Emotional withdrawal
- Irritability or anger
- Depressive symptoms
- Relationship strain
- Feeling disconnected from the loss
- Unhealthy coping behaviors

GRIEF CAN BEGIN LONG BEFORE LOSS

It is critical to understand that grief often begins at diagnosis, not just after death.

FATHERS MAY BEGIN GRIEVING WHEN:

- A complication is identified
- Lab results are unclear

- An ultrasound shows abnormalities
- A doctor mentions “concerns”
- A child’s illness worsens
- The medical team shifts toward palliative care

This stage—called anticipatory grief—can be just as intense as grief after loss. Many fathers describe this time as a rollercoaster of hope, fear, decisions, and emotional exhaustion.

— A VALIDATING TRUTH —

“Many dads identify as fathers from the first heartbeat—losing the imagined future hurts.”

Your bond was real.

Your role was real.

Your grief is real.

You deserve support.





WHEN GRIEF IS DISENFRANCHISED

WHAT DISENFRANCHISED GRIEF MEANS FOR FATHERS

Disenfranchised grief is grief that society fails to recognize as legitimate or significant. For many fathers, pregnancy and infant loss fall into this category. Because men are not physically carrying the pregnancy, others may unintentionally minimize or ignore their emotional experience. This lack of acknowledgment can intensify the grief and create a deeper sense of isolation.

HOW FATHERS EXPERIENCE BEING OVERLOOKED

FATHERS FREQUENTLY REPORT:

Healthcare teams addressing only the mother

Even when the father is present at every appointment, providers often speak directly to the mother, leaving the father as a bystander during crucial conversations.

Minimizing medical language

Terms like “tissue,” “product of conception,” or “nonviable pregnancy” can feel dehumanizing and disrespectful to men who viewed the pregnancy as a baby and themselves as fathers.

Workplace pressure to return quickly

Many fathers receive no bereavement leave for pregnancy loss and are expected to return to work with little acknowledgment of the pain they are experiencing.

Social silence or avoidance

Friends, coworkers, and family may not know what to say—or may say nothing at all—leading to unintended emotional abandonment.

Well-meaning but harmful clichés

Examples include: “It was early.” “You can always try again.” “At least you’re both healthy.” “Everything happens for a reason.” These statements dismiss the emotional bond and the depth of the father’s grief.

Feeling responsible for absorbing the shock

Fathers may hide their grief because they believe showing it would upset their partner further.

THE CONSEQUENCES OF DISENFRANCHISED GRIEF

WHEN GRIEF IS UNRECOGNIZED OR UNSUPPORTED, MEN MAY EXPERIENCE:

- Withdrawal or emotional distancing
- Irritability or anger
- Shame about feeling the loss “too deeply”
- Difficulty talking about their emotions
- Feeling sidelined, irrelevant, or not seen as a parent
- Delayed grieving that resurfaces later as depression or anxiety

This invisibility can become a second wound layered on top of the original loss.

ADVOCATING FOR YOUR NEEDS

YOU ARE ALLOWED TO ASK QUESTIONS, RECEIVE UPDATES, AND REQUEST SUPPORT. HERE ARE STATEMENTS YOU CAN USE:

Scripts for Medical Settings

- “I’m the father—I would like clear and direct information too.”
- “Can you explain what is happening in simple terms?”
- “How can I be involved in the follow-up care plan?”
- “What grief support resources are available for both parents?”

Scripts for Family or Social Support

- “I appreciate your concern—please know that I am grieving too.”
- “It helps when people acknowledge the baby and say their name.”
- “I don’t need solutions; I just need someone to listen.”

Scripts for the Workplace

- “I am returning to work, but I am still coping with a major loss.”
 - “I may need flexibility for follow-up appointments.”
 - “A simple acknowledgment of what happened would mean a lot.”
-

Your grief deserves space, attention,
and compassion—regardless of
whether others understand it.





ANTICIPATORY GRIEF

UNDERSTANDING ANTICIPATORY GRIEF

Anticipatory grief occurs when the death of a child is expected or feared due to medical complications, abnormal testing, NICU instability, or a life-limiting diagnosis. Fathers often describe this period as emotionally disorienting—caught between hope and heartbreak, preparing for the worst while desperately wanting the best.

This type of grief can be prolonged, cycling in intensity based on medical updates, milestones, and uncertainty.

WHAT FATHERS COMMONLY EXPERIENCE DURING ANTICIPATORY GRIEF

- High anxiety between medical appointments
- Obsessive checking of symptoms or fetal movement
- Fear of making the “wrong” decisions regarding treatment
- Overprotectiveness of the partner or child
- Difficulty sleeping or concentrating
- Flashbacks of conversations with doctors

- Emotional numbing to stay functional
- Anger at the situation or the lack of control

Fathers often remain outwardly calm, even when internally distressed, because they believe their role is to maintain stability, especially if the mother is physically at risk or emotionally overwhelmed.

HOW MEDICAL SETTINGS CAN INTENSIFY ANTICIPATORY GRIEF

FATHERS FREQUENTLY DESCRIBE:

- Unclear or conflicting medical explanations
- Long waiting periods with minimal communication
- Feeling excluded from decisions
- Observing their partner's distress without being able to alleviate it
- Feeling helpless as a child deteriorates

These experiences can create emotional overload and ongoing fear.

HOW ANTICIPATORY GRIEF IMPACTS FATHERS DIFFERENTLY THAN MOTHERS

WHILE EVERY INDIVIDUAL IS UNIQUE, RESEARCH SHOWS CERTAIN PATTERNS IN MEN:

- Men may intellectualize rather than emotionalize
- They may focus on tasks to regain control (logistics, finances, transportation, communicating with family)
- Men may avoid discussing fears to avoid upsetting their partner
- They may feel pressure to stay composed during medical conversations
- Fathers often grieve “in silence” so their partner does not worry

This does not mean fathers grieve less—it means they are often grieving differently.

COPING WITH ANTICIPATORY GRIEF

Healthy Strategies

- Ask clarifying questions during appointments

- Write down updates or recommendations
- Practice grounding techniques (deep breathing, muscle relaxation)
- Share fears with a trusted person or counselor
- Schedule breaks to reduce emotional overload
- Maintain communication with your partner

Supporting the Partner Without Losing Yourself

Fathers often fear expressing grief because they believe it will intensify their partner's distress. However, shared vulnerability strengthens connection. Try:

- "I'm scared too, but we're in this together."
- "I don't have answers, but I'm here with you."
- "Let's talk about what we're most afraid of."

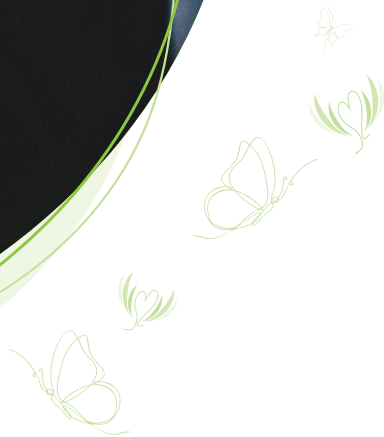
Short, honest statements can open communication without overwhelming either partner.

WHEN ANTICIPATORY GRIEF BECOMES OVERWHELMING

SEEK ADDITIONAL SUPPORT IF YOU EXPERIENCE:

- Persistent panic or dread
- Inability to sleep for several nights
- Emotional shutdown
- Severe irritability
- Feeling detached from the situation
- Increased alcohol or substance use
- Thoughts of self-harm or hopelessness

These reactions are not signs of failing—they are signs of distress that deserves care.



AFTER THE LOSS: THE IMPACT ON FATHERS

The period following pregnancy loss, infant loss, or the death of a child is often disorienting and emotionally intense for fathers. While the outside world may expect quick recovery or a return to normalcy, fathers frequently experience complex, layered reactions that fluctuate in intensity. These reactions are not signs of weakness—they are the natural human response to losing a child or the future you imagined.

The following are the primary ways fathers are affected after a loss.

EMOTIONAL IMPACT ON FATHERS

Many fathers describe the earliest days and weeks after the loss as a blur of overwhelming emotion mixed with numbness. Grief may present as:

Intense Sadness and Longing

Moments of deep sorrow, crying in private, or feeling waves of grief triggered by reminders such as baby aisles, ultrasound photos, or due dates.

Anger or Irritability

Anger may be directed at oneself, at medical providers, at circumstances, or even at friends who have healthy pregnancies. It can also show up as short temper, impatience, or frustration with everyday tasks.

Guilt and Self-Blame

Many fathers silently wonder:

- “Should I have done something differently?”
- “Did I miss a sign?”
- “Could I have protected them better?”

Even when the loss was medically unavoidable, fathers may internalize responsibility because of their role as protector.

Fear and Anxiety About the Future

Concerns include whether another pregnancy will be safe, whether the relationship will survive, or whether they can endure another loss. Some fathers fear becoming emotionally attached again.

Shock, Disbelief, and Emotional Numbness

Numbness can act as a temporary coping mechanism, enabling fathers to function in the early days. It is not indifference—it is protection.

COGNITIVE IMPACT

Grief affects cognitive functioning, often in ways that surprise fathers.

Difficulty Concentrating

Simple tasks may feel overwhelming. Work performance may temporarily decline.

Confusion or Feeling Mentally “Foggy”

The brain may struggle to process information or remember conversations.

Intrusive Thoughts or Images

Fathers may replay medical scenarios, conversations, or the moment they learned of the loss. These thoughts can arise suddenly and feel distressing.

Decision Fatigue

After high-stress medical decisions or unexpected loss, the brain may feel depleted and unable to make new decisions.

PHYSICAL IMPACT

The body holds grief in ways that are often unexpected. Fathers may notice:

Fatigue or Exhaustion

Even with sleep, emotional overload can drain energy.

Sleep Disturbance

Difficulty falling or staying asleep, vivid dreams, nightmares, or waking abruptly.

Body Tension

Neck, jaw, or back tightness; headaches; stomach discomfort.

Changes in Appetite

Loss of appetite, overeating, or unpredictable hunger cues.

Lowered Immunity

Stress increases vulnerability to illness or prolonged colds.

SOCIAL AND WORK-RELATED IMPACT

The world tends to move on faster than the grieving father.

Returning to Work Too Soon

Most fathers receive little or no bereavement leave for pregnancy or infant loss. Many return to work before they are emotionally ready, leading to exhaustion and emotional suppression.

Feeling Out of Sync With Others

Conversations at work about children or pregnancies may feel painful or triggering.

Avoiding Social Situations

Some fathers avoid gatherings, baby showers, or events where pregnancy and parenting are central topics.

Difficulty Accepting Support

Men often report discomfort when others offer help, leading to isolation.

RELATIONSHIP AND IDENTITY IMPACT

The loss of a child can profoundly alter a father's sense of identity and relationships.

Loss of Identity as a Father

Men may ask:

- “Am I still a father?”
- “What does fatherhood mean now?”
- “Who am I without this child?”

This identity crisis can be painful and disorienting.

Feeling Disconnected From Partner or Family

Different grieving styles may cause misunderstandings. One partner may want to talk continuously while the other needs space. These mismatches are normal—but they can create emotional distance without communication.

Feeling Responsible for Holding the Family Together

Many fathers feel they cannot collapse emotionally because their partner is already struggling. This often leads to internalizing stress and avoiding emotional expression.

Fear of Another Pregnancy

Fathers may feel conflicted—wanting a child but fearing another loss.

BEHAVIORAL IMPACT

AFTER LOSS, FATHERS MAY NOTICE:

Increased irritability or short temper

Stress and unprocessed grief can show up as agitation.

Withdrawal or shutting down

Avoiding conversation, isolating, or staying busy to avoid thinking.

Overworking or distraction-seeking

Throwing oneself into work or projects to avoid emotional pain.

Changes in sexual desire or intimacy

Some fathers experience decreased interest due to stress; others may seek closeness as a way to cope.

Risk of Unhealthy Coping Behaviors

Increased alcohol use, substance use, or thrill-seeking behaviors may appear as attempts to numb or escape emotions.

WHEN POST-LOSS IMPACT BECOMES CONCERNING

PROFESSIONAL SUPPORT IS RECOMMENDED IF YOU EXPERIENCE:

- Extended numbness or emotional flattening
- Persistent intrusive thoughts
- Continual anger or irritability
- Emotional withdrawal from partner or children
- Hopelessness or loss of purpose
- Significant increase in alcohol or drug use
- Panic attacks or inability to relax
- Thoughts of self-harm

These are signs of overwhelming grief, not personal failure. You deserve support.

A NORMAL, HUMAN RESPONSE

Everything you are feeling is a valid response to profound loss. Fathers often believe they must remain composed and functional, but grief does not disappear simply because duties or expectations continue.

Your grief is real. Your pain is real.
The way you experience this loss matters.
You do not have to navigate this alone.





THE DUAL PROCESS MODEL OF COPING (DPM)

UNDERSTANDING HOW MEN MOVE THROUGH GRIEF

Grief is not a straight line. The Dual Process Model (Stroebe & Schut, 1999, 2010) explains that healthy grieving involves oscillating—moving back and forth—between two types of coping:

1. **Loss-Focused Coping** – directly confronting the emotional pain, memories, trauma, and meaning of the loss.
2. **Restoration-Focused Coping** – taking steps to function in daily life, return to routines, or adapt to new roles and responsibilities.

Both are essential. Grief becomes more manageable when individuals allow themselves to shift naturally between the two. This back-and-forth movement prevents emotional overwhelm and emotional shutdown.

WHY THIS MODEL MATTERS FOR MEN

Research shows that many men tend to overemphasize restoration-focused tasks—work, projects, caregiving roles—while suppressing or delaying their emotional processing (Martin & Doka, 2011; Summers et al., 2023). This is often due to:

- Social messages to “be strong” and “stay in control”
- Internal pressure to protect their partner
- Workplace expectations to return quickly
- Limited culturally acceptable ways for men to express vulnerability
- Feeling like emotional expression makes things harder on their partner

As a result, some fathers get stuck in “doing mode” and never transition into naming or processing their own grief. This can lead to chronic tension, irritability, burnout, or emotional detachment over time.

WHAT HEALTHY OSCILLATION LOOKS LIKE

Healthy grieving is flexible, not rigid. A balanced pattern may look like:

- Some days you feel sadness intensely, cry, journal, or talk.
- Other days you focus on tasks—work, childcare, home structure, exercise.
- Some moments you feel emotionally raw.
- Others you feel functional or even calm and okay.

This variability is normal, not a sign of regression.

“Healthy grief is movement—not perfection.”



COMMON CHALLENGES FOR FATHERS USING THE DPM FRAMEWORK

FATHERS OFTEN REPORT:

Difficulty shifting into loss-focused space

They may fear breaking down or worry their emotions will overwhelm their partner.

Feeling guilty for having moments of relief or distraction

Men sometimes interpret restoration tasks as “moving on,” which can trigger shame.

Fear of triggering their partner’s grief

Some men avoid expressing emotion because they believe it will re-open wounds.

Emotional flooding during quiet moments

When the “doing mode” stops, grief can rush in intensely.

Pressure to return to work too soon

This deprives fathers of rest and processing time.

Resentment or confusion

Men may interpret their partner’s emotional expression as criticism, or feel hurt if their partner interprets their coping style as “not caring.”

These challenges are predictable and normal—they do not reflect personal failure or lack of love.

WHAT HAPPENS WHEN A FATHER GETS “STUCK” IN ONE MODE

Stuck in Loss-Focused Mode

Possible signs:

- Constant emotional pain
- Feeling unable to function
- Persistent rumination or guilt
- Sleep disturbance
- Avoidance of people or activities
- Loss of interest in normal routines

Stuck in Restoration-Focused Mode

Possible signs:

- Emotional numbness
- Irritability or anger
- Overworking or compulsive distraction
- Difficulty talking about the baby
- Conflicts arising from emotional avoidance
- Feeling disconnected from the partner

Either extreme is understandable but can become overwhelming without support.

HOW TO USE THE DPM IN DAILY LIFE

Build intentional time for both modes:

Loss-Focused Time

You might set aside 5–20 minutes for:

- Journaling
- Reading letters or ultrasound notes
- Talking to a therapist
- Looking at a memory item
- Saying a prayer or reflection

Restoration-Focused Time

You might focus on:

- Taking a walk
- Completing one manageable task
- Connecting with a friend
- Doing something grounding (lifting, breathing exercises, stretching)
- Creating structure for your day

Small, intentional efforts create balance and reduce emotional overload.

HOW TO USE THE DPM IN DAILY LIFE

It is common for partners to be in different modes at different moments. You might be in restoration mode while your partner is in loss mode—or the reverse.

This mismatch can lead to misunderstandings:

- One partner wants to talk
- The other wants to sleep or distract
- One partner needs quiet
- The other needs connection

These differences do not mean you are grieving incorrectly—they simply reflect individual coping rhythms.

How to navigate these differences:

- Ask: “What mode are you in right now?”
- Check in: “Do you want to talk, or do you need a break?”
- Offer: “I’m here when you’re ready.”

This removes assumptions and reduces conflict.

CLINICAL INDICATOR BOX: WHEN TO SEEK ADDITIONAL SUPPORT

If you notice any of the following persisting beyond several weeks, professional support is recommended:

- Persistent numbness or inability to feel emotions
- Intense irritability or angry outbursts
- Severe sleep disturbance
- Strong avoidance of reminders
- Depressive symptoms lasting weeks
- Increased alcohol or substance use
- Suicidal thoughts or hopelessness

These symptoms do not mean you are “failing to cope”—they mean your grief needs additional support, just like any injury or trauma would.



COPING & HEALING: THE DUAL PROCESS MODEL

UNDERSTANDING HOW MEN GRIEVE

Grief after pregnancy or infant loss does not follow a straight line. The Dual Process Model (Stroebe & Schut, 1999; 2010) describes how healthy grieving requires moving back and forth between two modes:

Loss-Focused Coping — feeling, expressing, and processing grief

Restoration-Focused Coping — rebuilding daily life, routines, and functioning

Both modes are necessary. Moving between them is not avoidance—it is adaptive coping.

LOSS-FOCUSED COPING: MAKING SPACE FOR EMOTIONS

These strategies center on acknowledging grief and connecting with meaning.

1. Name and Acknowledge Your Feelings

Putting emotions into words reduces emotional intensity and clarifies what you need. Examples:

- “I feel overwhelmed.”
- “I’m angry this happened.”
- “I miss the future I imagined.”

Research shows that men often suppress emotions due to gender expectations, which increases long-term distress (Stinson et al., 1992; Obst et al., 2020).

2. Journaling or Letter Writing

Writing to your baby, writing out the timeline, or describing what the pregnancy meant to you helps process grief and externalize internal pain. Prompts include:

- “If I could say one thing to my child today...”
- “What I miss most is...”
- “What I want to remember is...”

3. Talking With a Counselor or Support Line

Men benefit from brief, practical, solution-focused support with space to express grief safely. This may include:

- Perinatal loss counselors
- Pediatric palliative care social workers
- Grief therapists
- Spiritual or faith leaders

4. Faith, Prayer, Meditation, or Spiritual Grounding

For many fathers, spiritual practices provide:

- Meaning
- Comfort
- Ritual
- A sense of continued connection

Practices may include guided meditation, prayer, lighting a candle, or reading daily affirmations.

RESTORATION-FOCUSED COPING: REBUILDING FUNCTIONING

This mode supports returning to life without pressuring yourself to “move on.”

1. Gentle Movement and Physical Regulation

Physical activity helps regulate stress hormones and improve emotional stability.

Options include:

- Walking
- Stretching
- Martial arts
- Yoga
- Light gym routines
- Deep breathing exercises

Even 10–15 minutes daily can reduce tension.

2. Re-Establishing a Routine

Routine provides structure when emotions feel unpredictable. Start with:

- Waking and sleeping around the same time
- Eating regular meals
- Scheduling meaningful activities
- Taking breaks from grief without guilt

3. Completing Small Tasks

Choose tasks that help you feel capable and grounded—fixing something around the house, organizing a drawer, preparing a meal. Small achievements rebuild confidence.

4. Time With Supportive People

Surround yourself with people who are safe, nonjudgmental, and do not minimize your experience. Support often includes:

- A trusted friend
- A sibling
- A father figure
- A mentor
- A support group

You do not have to talk about the loss every time; simple presence matters.

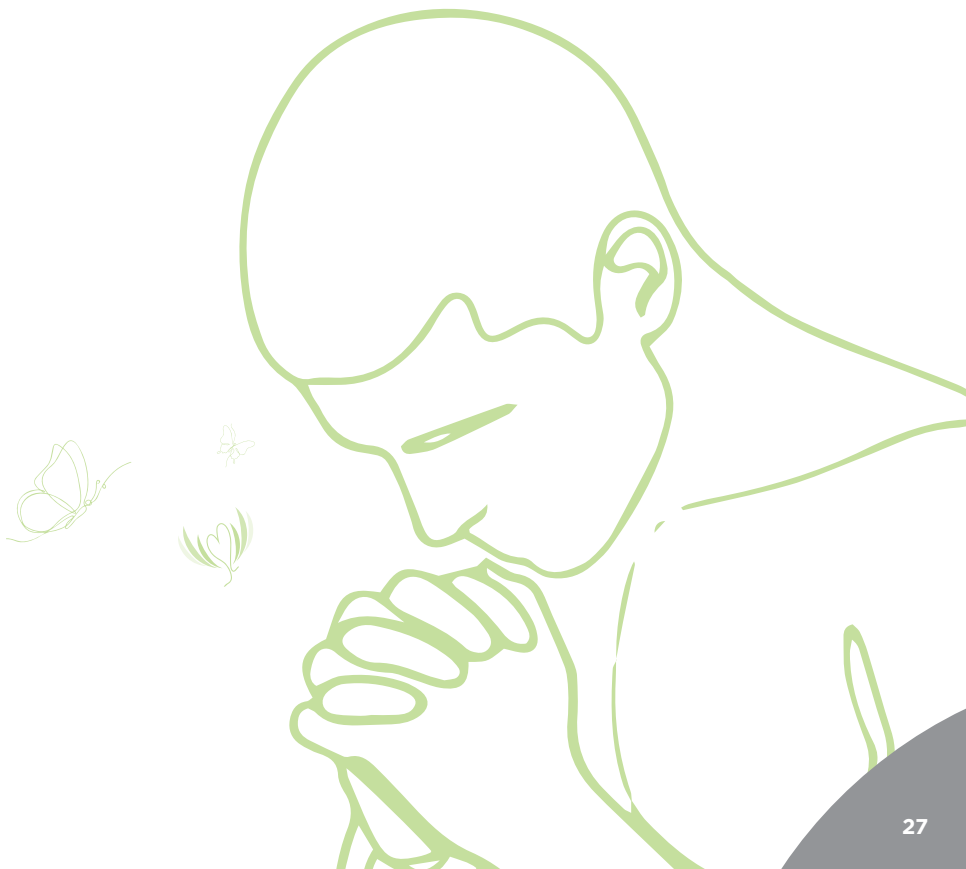
MEMORIAL AND CONTINUING BONDS OPTIONS

Many fathers find comfort in ritual and remembrance. Continuing bonds are healthy and normal.

Ideas include:

- Naming your baby (even privately)
- Creating a memory box with ultrasound images or notes
- Planting a tree or garden
- Keeping a memento, such as a stone, bracelet, or candle
- Marking meaningful dates with a ritual
- Ordering an acknowledgment of life certificate (where available)
- Writing your baby's name in sand, snow, or nature

These acts validate that your baby existed and mattered—and continue to matter.





SUPPORTING YOUR PARTNER & STRENGTHENING YOUR RELATIONSHIP

HOW COUPLES GRIEVE TOGETHER — AND DIFFERENTLY

Grief can bring couples closer or strain the relationship depending on communication, expectations, and support. Differences in grieving styles do not indicate a lack of love—they reflect different ways of coping.



HOW MEN AND WOMEN OFTEN GRIEVE DIFFERENTLY

RESEARCH CONSISTENTLY SHOWS:

Men often:

- Suppress emotions to “stay strong”
- Focus on solving problems
- Use distraction (work, tasks)
- Worry about burdening their partner
- Avoid talking if they fear causing more distress

Women often:

- Express emotions verbally
- Seek conversation and emotional connection
- Revisit details of the loss
- Display visible grief behaviors
- Desire frequent check-ins

These patterns can create misunderstanding if not discussed openly.

COMMUNICATION SUPPORT STRATEGIES

1. Use Clear, Compassionate Language

Statements that help:

“I miss the baby too.”

“I want to understand how you’re feeling today.”

“It’s okay if we grieve differently.”

“What do you need from me right now—listening, space, or help?”

Statements to avoid:

“At least we can try again.”

“It could have been worse.”

“Be strong.”

“You need to move on.”

2. Create a Daily or Weekly Check-In

A simple structure for shared grief processing:

What was hard today?

What helped today?

What do we need from each other this week?

Check-ins allow emotional connection without forcing constant discussion.

NAVIGATING INTIMACY & PHYSICAL CONNECTION

LOSS IMPACTS INTIMACY IN DIFFERENT WAYS:

- Some partners experience decreased desire due to grief or fear
- Others seek physical closeness for comfort
- Timing and comfort levels may differ dramatically

Healthy approach:

- Ask for consent and comfort: “Is touch okay right now?”
- Discuss fears without blame
- Move at the pace of the slower partner
- Understand that intimacy may return gradually

RECOGNIZING WARNING SIGNS IN YOUR PARTNER

SEEK SUPPORT IF YOUR PARTNER SHOWS:

- Persistent sadness beyond expected grief
- Loss of interest in activities
- Difficulty functioning at work or home
- Sleep disruption for extended periods
- Thoughts of self-harm or hopelessness
- Emotional detachment or shutting down

Support does not mean fixing—support means connecting her with professional help when needed. Ask for consent and comfort: “Is touch okay right now?”

TEAM-BASED HEALING: WORKING TOGETHER

WAYS COUPLES CAN HEAL AS A TEAM:

- Attend counseling together
- Share how each person prefers to cope
- Take turns planning remembrance rituals
- Set boundaries with insensitive people
- Support each other’s self-care practices

Each partner can grieve individually and still move forward collectively.

RECONNECTING THROUGH SHARED RITUALS

Meaningful rituals strengthen the relationship and honor your baby. Examples:

- Lighting a candle on due dates
- Creating a small memorial shelf
- Visiting meaningful places
- Reading a prayer or affirmation together
- Donating to a charity in the baby's name
- Writing shared letters

Rituals create a bridge between grief and connection.

REFERENCES

Martin, T. L., & Doka, K. J. (2011). "Men, Grief, and Solitude." In K. J. Doka & T. L. Martin (Eds.), *Grieving Beyond Gender: Understanding the Ways Men and Women Mourn* (2nd ed.). Routledge.

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, 11.

Stinson, K. M., Lasker, J. N., Lohmann, J., & Toedter, L. J. (1992). Parents' grief following pregnancy loss: A comparison of mothers and fathers. *Family Relations*, 41(2), 218–223.

Stroebe, M., & Schut, H. (1999). The Dual Process Model of coping with bereavement: Rationale and description. *Death Studies*, 23(3), 197–224.

Stroebe, M., & Schut, H. (2010). The Dual Process Model of coping with bereavement: A decade on. *Omega: Journal of Death and Dying*, 61(4), 273–289.

Summers, J., Givens, J., & O'Donnell, K. (2023). Paternal grief after perinatal and pediatric loss: A review of men's coping processes and support needs. *Journal of Men's Health*, 19(2), 145–160.





Angels for Audrey

Special thanks to the bereaved parents who generously shared their experiences and feedback in loving memory of their babies. This booklet was created by Angel's For Audrey, Inc., a nonprofit dedicated to supporting individuals and families through the journey of grief following the loss of a fetus, infant, or child. We are also deeply grateful to the healthcare providers and advisors who contributed their expertise, helping make this booklet a meaningful and valuable resource to share.

Mark your calendars: October 15 th each year as “The Wave of Light” as part of Pregnancy and Infant Loss Awareness Month. Individuals and communities around the world light a candle at 7 PM local time and leave it burning for at least one hour to create a continuous wave of light across time zones to remember babies who have died too soon, including during pregnancy or infancy. Your participation will foster a shared moment of remembrance, healing and support. When you participate, please use the hashtag **#WaveOfLight** on all social media to connect with others participating in this global event!

Thank you!

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