

Pastoral Guide for Pregnancy Loss

Blessed for use in the Diocese of New York and New Jersey of the Orthodox Church in America by His Grace, The Right Reverend MICHAEL, Bishop of New York and the Diocese of New York and New Jersey. September 2012.

One in four pregnancies will end in a pregnancy loss. This means that 25% of all babies die prior to, during or shortly after birth. But this is not just a statistic. It is a life *and* a death.

It is a universal truth of the Gospel and a universal truth of the Orthodox Church that life begins at conception – that is, the fertilization of the ovum by the sperm. God knows the name and age of each person from their mother's womb, as we pray during the Liturgy of St. Basil. We must therefore recognize that pregnancy loss - miscarriage, ectopic pregnancy or stillbirth - all result in the death of a human being, a baby, a *Child of God*. Once it is accepted that pregnancy loss is in fact the death of a child, we then must deal with this death and its associated grief. Parents who were anticipating life are now confronted with death. These deaths result in millions of parents grieving who may need willing and able ministers.

Most of the parents who experience the loss of a child during pregnancy suffer alone. This is especially true in the instance of early pregnancy loss (i.e. miscarriages and ectopic pregnancies) where there is no “body” to be seen and often the mother shows no outward signs of pregnancy. This is because many people, including members of the clergy, are unaware of the grief that pregnancy loss causes. And sometimes the grieving parents themselves reinforce the idea that they are not grieving by pretending they do not experience hurt, as they resolve to “get on with their lives” and to “try again”. In addition, not talking about the experience or just trying again, can also be related to the thought “No one takes the short life and therefore the subsequent death seriously.” And therefore the person is afraid to mention it. Clinical experience suggests it is well for the priest to take initiative in a sensitive way, to offer a ministry of presence.

Not only is a parent’s grief over a pregnancy loss real and normal, it is also Christian. Too many times it is assumed that grief is not Christian; that the bereaved should

accept the reality of the loss as being God's will. Especially in early losses (most miscarriages occur before the twelfth week of pregnancy) people often try to minimize the pain with such clichés as, "It's God's will"; "God wanted the baby in heaven for himself"; or "God knows best; the baby would have probably been deformed." However, the only thing these sayings do is indicate to the parents that they should not mourn - that if they "are Christian" they will accept God's will and not "complain".

As with any loss, the parents will go through a period of questioning. The most common questions parents ask are, "Why did this happen? What did I do wrong? Why did this happen to me? What did I do to deserve this?" Some may ask, "Where is God?" or even "Is there a God?" Others will wonder what will happen to the baby in the afterlife, especially if the baby is not baptized. These questions can challenge one's faith; they deserve time, respect, and compassion.

Parents usually do not expect to have their questions answered; rather, they just need to *talk* about their questions. They need someone to listen to them and allow them to explore their feelings, even their anger at God. They need gentle guidance and acceptance as they try to find God's presence in this very difficult situation. With understanding, support and even grieving, over time they can come to a fuller understanding of this painful loss and achieve a deeper relationship with God.

As a Christian and specifically as a priest or lay minister, you will have the opportunity to get to know parents and families who are mourning the loss of a child during pregnancy or in early infancy. You will be in the position to grieve with them and to provide them support when most others will not. You will also be the revealer of God's love and have a chance to show them that God has not abandoned them. Parish priests who, with the consent of the parents, include their community in prayers for the grieving parents and their babies who have died, are enlightening the community and

are encouraging a community in which love is central. They are affirming that life is precious and that suffering and grieving is not to be done alone in silence.

Below are some suggestions to help in your ministry to the bereaved:

Proactively

- During pre-marital counseling, when the topics of family, children, and/or shared grief arise, discuss with the couple the possibility that they could face these kinds of losses. Impress upon them that there is an Orthodox Christian response to this grief and that they should involve their pastor immediately should it happen to them.
- Incorporate these themes into sermons at appropriate times during the Church year, into educational talks, and into normal conversation where potential parents are present. Public recognition of pregnancy loss makes grieving more acceptable and possible. Sermon illustrations can use miscarriage or stillbirth as an example of loss or grief. (Sermons might also highlight the positive biblical images of adoption, e.g., the royal psalms and the adoption imagery at Jesus' baptism.)
- Preach and teach sanctity of life
- Commemorate Pregnancy Loss Awareness month – October (especially on October 15th)
- While being careful to respect the parents' need for privacy, the congregation can publicly recognize the loss in the same way that it makes mention of other deaths and offers consolation.

- Church libraries could easily include some books on the subject, such as *Naming the Child: Hope-Filled Reflections on Miscarriage, Stillbirth, and Infant Death*, by Jenny Schroedel or *Miscarriage*, by Sherokee Ilse and Linda Hammer Burns (Lakeland Press, 1985). Both are short, good, and easy reading.
- Know the laws of your state on whether or not the parents can request the remains of their baby. It may be up to the pastors and parents to be assertive. In DNC and miscarriage hospital situations requests for remains often must be made **before** the procedure. If parents want the option of burying their child they may need to advocate for it immediately and loudly. In some hospital systems it may be necessary to state it as a religious freedom issue as some facilities may resist returning “medical waste” to parents.

At the time of loss

- Be sensitive to the different types of death: miscarriage, ectopic pregnancy, stillbirth, accident or illness. Go immediately to the family when notified of the death.
- Recognize that the infant is a unique and irreplaceable Child of God. Bereavement causes great pain, an emotional ripping apart. Do not think that if a person is "strong" or "has faith," he or she will not express deep feelings and emotions. It is normal and healthy to grieve.
- Do not rationalize the loss with comments such as "You can have other babies;" or "You have other children at home;" "It's God's will;" "He's better off;" "She's with God now;" or "Now you have an angel in heaven." These ideas bring comfort to some parents but to most, they arouse negative emotions. Do say "I'm sorry;" "This must be so hard;" or "How can I help?"

- Learn what this particular loss means to the parents. Many factors influence the depth of the grief. It is important to consider the age of the parents, previous losses, a history of infertility, or any other significant factors. If you do not know the family well, take time to become acquainted with them so that your ministry will be more personal and helpful. No matter the age of the baby, it is important to realize that parental bonding begins long before birth and that the baby is already very much a part of his or her family.
- Reassure the parents that their expression of grief and the intense feelings associated with loss are normal. Grief is not proportional to the size of the person who dies.
- Be real; share feelings of distress and sadness with the parents. Do not emotionally separate yourself from the grief-stricken family. Parents greatly appreciate others who express their feelings. Becoming an honest part of the hurt establishes a relationship for sharing. Showing emotion need not mean losing objectivity and professionalism, provided the pastor makes a conscious effort not to be drawn into the emotional intensity of the parents' experience so deeply that he loses the ability to guide them through it.
- Talk about the baby by name. Parents need others to acknowledge the existence and personhood of their child. They need others to know this child was known, loved and will never be forgotten.
- Validate the grief. Society often treats pregnancy losses as non-events and minimizes the grief of parents. This increases the pain and isolation of bereaved parents. Parents might need permission and encouragement to experience all that is part of their journey - pain, fear, loneliness, shame, guilt, confusion, helplessness, anger, tears, and rage. Confirm for them that they have, indeed, lost a child and that it is all right to mourn the loss of that child.

- Listen. Bereaved parents need to express themselves. Some feelings they express may cause you discomfort. But do not let your own sense of helplessness and awkwardness keep you from reaching out to bereaved parents. Respond with empathy and make sure you leave room for them to do most of the talking. Your presence and words are meant to empower theirs.
- Allow silence. Silence allows a space within which each family member can cry, shout out in anger, doubt, plead with God or fall into his or her own painful quiet. A caring silence is a valuable ministry.
- Educate them on the Liturgical services available. (Be aware that many books on grief recommend asking for prayer services, so the parents may have expectations that are outside of Orthodox tradition.)
- Pray with them. The priest is not merely a "psychologist". Bring the bereaved the comfort of Scripture (such as the 23rd Psalm), however, do not quote too much Scripture. Remember the bereaved in *your* prayers--it is a lonely journey for them!
- Above all, do not use Scripture as a means of attempting to whitewash their grief or induce shame.

Help with Practical Needs

- Serve as an advocate for the family, when necessary, with the hospital personnel or funeral director. In DNC and miscarriage hospital situations requests for remains often must be made **before** the procedure. If parents want the option of burying their child they may need to advocate for it immediately and loudly. In some hospital systems it may be necessary to state it as a religious freedom issue as some facilities may resist returning “medical waste” to parents.
- Let parents know they may take their time after the baby is delivered. There may be decisions to make (should they see and/or hold their child, burial

arrangements, etc), but nothing needs to be decided immediately. Families need to be comfortable with the decisions they make.

- Encourage the parents to see their baby (although never force them). There are often fears about death and the baby's appearance. You can help set aside these fears by visiting with the baby first and then describing gently and honestly how their baby looks.
- Suggest that they hold and touch their infant and have some private time alone to say good-bye in an unhurried fashion. Parents who have taken the time to say good-bye in person seem to have an easier and more manageable grief. Holding their baby may prevent a lot of future regrets. Parents who have declined this offer have expressed deep and long lasting guilt and remorse. If they do not want to hold their baby immediately, give them some time and make the offer again, even if this means having a hospital worker make a trip to the morgue. If the parents are still hesitant, ask them if **you** can hold/ touch/ see the body. That will model for them and help them move past inhibitions. Also offer to take pictures. Even if the parents don't want to see pictures now, they may in the future.
- Encourage the parents to name their baby and use the name when referring to the child. A name provides an identity, a means of talking about this little person, and can help facilitate the grieving process. If the family chooses not to name their baby, be careful to always refer to the child by the appropriate sex. If the baby is named after a saint, the parents can then add their icons in the family prayer corner and commemorate them at house blessings, etc. This is a lovely resource available to the Orthodox that parents might not think to do.
- Give special attention to the baby's brothers and sisters. They too are hurt and confused and in need of attention which their parents may not be able to give at

this time. Sometimes grandparents (or other close relatives) may need the benefit of your ministry as well. Be sure to ask if this is the case.

- If the children want to talk about the death, don't be afraid to engage them in conversation. Children, in particular children under nine, are open and direct about death with adults with whom they are comfortable. When children are allowed to share their dreams and thoughts openly, they are not usually impacted by death in a negative way. In addition, when parents allow the children to view (and touch) the baby who has died, the children get a chance to see "their baby" and to grasp what death is. A natural bond also occurs between the children; children can then participate in conversations in the future that are more concrete and based on experience rather than fantasy.
- Make sure to include children in any funeral/ memorial services. They will benefit from them as much or more than any adult. It will help them grieve in a healthy way and will help them know that God and community are present with them too.
- Offer the parents telephone numbers of funeral directors, if needed. Encourage both parents to be involved in this decision making process.

Mementos

If these items are not offered to the family by the hospital, let them know that they may ask for them:

- Pictures - offer to take the pictures
- The blanket that wrapped their baby
- A lock of hair
- Certificates: birth and death (according to state laws)
- Handprints/footprints

- Hospital name band and name card

Teach parents about the grief process

- The parents will probably have a lot of questions. Be approachable and accessible to them - both in the hospital and afterwards. Grieving parents may need to ask the same questions over and over again before they are able to fully understand what has happened.
- Some parents may not know what to ask, or what information may be helpful to them in the days and weeks ahead. Your experience will be invaluable. Consider sharing some of the experiences other parents have had, without mentioning names. Most importantly, assure the family that you will be available to answer any questions that may come up at a later date.
- It is important for parents to know which physical and emotional symptoms to anticipate so that they will not think they are "going crazy," and so that they can prepare themselves to cope with these experiences. Physical symptoms may include sighing, tightness in the throat and chest, fatigue, exhaustion, changes in appetite and sleep patterns, sexual problems, restlessness, decreased concentration, and "aching arms." Emotional symptoms may include confusion, anger, feelings of disappointment and failure, guilt, isolation (feeling isolated by others and/or isolating oneself from others), jealousy of pregnant women or women with babies, preoccupation with thoughts of the baby, vivid dreams or nightmares about the baby, a change in daily activities, hostility, irritability, crying spells, depression, lack of motivation, feeling empty and lonely, phantom cries and intrauterine "kicking," fears of "going crazy," decreased self-esteem, marital problems, and religious crisis. Let parents know that sudden and dramatic emotional shifts can be a normal part of the grieving process. Encourage them to express their feelings including telling them to seek God in prayer as Job did.

- Be patient and realize that most of the parents' energy is directed toward coping and they may be functioning at a minimal level.
- Tell them there may be differences in the style and length of grieving between the mother and the father.
- Parents do not forget, but as time passes the pain lessens. Let them know that even when life seems to be back to normal, there may still be some unexpected and painful reminders such as anniversary dates and some holidays. It is not unusual for parents to continue to experience occasional moments or days of sadness throughout their lives.
- Keep a list of support couples, especially Orthodox couples, who have experienced losses. Contact one or more of these couples and ask if they would be willing to contact the newly stricken family.
- Provide the names and numbers of support groups for parents who have experienced the death of a child. It may be very difficult for parents to reach out for support on their own at this time. No one understands grieving parents better than those who have suffered the same losses.
- As a clergy person, form your own network of resources to draw on in situations of perinatal loss such as: counselors, psychiatrists, support groups, web sites, peer support couples, help to siblings (help therapists).
- Offer to make that first call - to the funeral director or the support groups.

Liturgical Rites

Studies have shown that “rituals” (prayer services and memorials) help the bereaved start the healing and grieving process, and should be offered generously at the time of a loss. Prayer services connect the bereaved to their community of faith and they let the community know that a miscarriage or stillbirth, the death of a baby, needs to be

recognized and that the family deserves care and support. Services also provide a cathartic moment to release pain, to acknowledge the loss and to both start and continue the mourning process. It is in these prayers that we entrust the deceased child and the surviving family members into God's loving care. In addition, a prayer service is a way of validating that a *child* died and was not merely "tissue."

Prayers and liturgical rites that may be of benefit to families mourning an infant death may include prayers said at the time of the loss, confession, unction and memorial services, as well as a funeral and/or burial rites. Do the following:

- Let the parents know they can and should have prayers said at the time of the baby's death (or as soon as possible afterward, depending on when they notify you). Explain to the parents what private prayers, church services and burial practices are available to them.
- Encourage the parents to have a prayer service or funeral held at the church.
- Encourage parents to utilize appropriate memorial services such as the 40-day and one year Panikhida Service.
- Encourage the parents to add the name of their infant to the list for the departed.
- Encourage the parents to add the names to their family list for house blessings.
- Talk about a gravestone or some commemorative object with the child's name.

Follow-up

Follow-up is helpful and should be done at these times:

- Two or three days after discharge from the hospital
- Two to four months after the death: this is critical, because the hardest times are usually not when the death occurs but often months later. Support has dropped off, the shock has worn off, and the reality of the child's death has set in. (This is part of what makes the 40-day Panikhida such a blessing.)
- On the actual due date in cases of early miscarriage. This date may bring about a strong resurgence of grief, and reactions may be as intense as when the loss first happened.
- On the one year anniversary of the child's death and one year anniversary of the due date.

Additionally:

- Do not assume that it is within your power to heal the mourner from complicated grief. As soon as abnormal grief is noticed, you should advise the mourner to seek professional help. (A list of counselors who will recognize the loss of the baby and will respect the couple's belief system is essential to keep on file.)
- Create a handout that educates friends, family, and community about how to treat grieving parents.

Taking Care of the Caregiver

- In order to work effectively with grieving parents, you need to become aware of your own feelings of grief, failure, anger, and helplessness regarding the loss. Do

not hesitate to seek support from fellow clergy or other caregivers. **You must meet your own needs in order to be able to meet those of the bereaved.** Perhaps this type of loss experienced by your parishioners reminds you of one of your own losses for which you have not fully grieved. This moment can become an opportunity to complete the grief and mourning of your own loss.

Resources for the Caregiver

- *Pastoral Care in Pregnancy Loss: A Ministry Long Needed*, by Thomas Moe
- *When A Baby Dies: A Handbook for Healing and Helping*, by Rana K. Limbo and Sara Rich Wheeler
- *The Grief Recovery Handbook*, by John James and Frank Cherry
- [Comforting Those Who Have Lost a Baby During Pregnancy or Shortly Thereafter](#)
(http://holytrinityeastmeadow.org/images/Comforting_parents_handout.pdf), a pamphlet for friends and family

Resources for the Bereaved

- *Naming the Child: Hope-Filled Reflections on Miscarriage, Stillbirth, and Infant Death*, by Jenny Schroedel (Orthodox)
- *Empty Cradle, Broken Heart, Revised Edition: Surviving the Death of Your Baby*, by Deborah L Davis
- *A Broken Heart Still Beats: After Your Child Dies*, edited by Anne McCracken and Mary Semel

Helpful Websites

http://htocem.org/Ministries/pregnancy-loss_service.html -- Articles and prayer services for pregnancy loss.

<http://namingthechild.com/> -- Hope-filled reflections on miscarriage, stillbirth, and infant death, many from an Orthodox perspective.

<http://lostinnocentsorthodox.blogspot.com/p/practical-helps.html> -- Practical help for miscarriage from an Orthodox Christian perspective

<http://www.nationalshare.org/> -- Helping those who have experienced the death of a baby due to early pregnancy loss, stillbirth, or in the first few months of life.

<http://www.compassionatefriends.org/> -- A national self-help organization providing friendship, support and resources for parents and siblings grieving the loss of a child.

<http://www.hannah.org/> -- Christian support for fertility challenges, including infertility or the death of a baby at any time from conception through early infancy.

Glossary

Grief – the thought and feeling experienced within oneself upon the death of someone loved. It is the internal meaning given to the experience of bereavement.

Mourning – the taking of the internal experience of grief and expressing it outside oneself.

Miscarriage – Death of an infant during the first 20 weeks of gestation. Usually a miscarriage occurs in the first 12 weeks. In most states the hospital is responsible for the remains of the baby, however, some states are introducing legislation that would allow parents to request the body for burial.

Ectopic Pregnancy – When the baby (fertilized egg) implants itself outside of the uterus. Medication or surgery is necessary to remove the conceptus (baby) and prevent rupture of the fallopian tube and to safeguard the mother's life. A ruptured ectopic pregnancy is a potentially life-threatening event for the mother.

Stillbirth – Death of an infant in the last 20 weeks of gestation, but prior to birth. In most states it is the responsibility of the parents to bury the baby.

Neonatal Death – Death of an infant during the first 28 days after birth.

Perinatal Loss – Death of an infant during pregnancy, childbirth or during the first 28 days after birth.

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