Consoling Rachel:  
A Bereavement Program for Perinatal Loss

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Maternal grief associated with perinatal loss often is not acknowledged or addressed in the hospital setting, leaving patients to lament silently or in isolation. This article presents a program for specific bereavement intervention in which chaplaincy care is an integral part of the overall care provided to the woman who experiences loss as a result of infant death, stillbirth, early-term miscarriage or therapeutic medical termination of pregnancy.

I FIRST MINISTERED IN A SITUATION OF PERINATAL DEATH

as a chaplain intern, during an extended unit of clinical pastoral education (CPE) at The Methodist Hospital in Houston, Texas. The mother was twenty-one weeks into her pregnancy. The image that comes to my mind now is that of Rachel, “refusing to be comforted.”

In the Judeo-Christian tradition, Rachel is remembered as Jacob’s second wife and the mother of Joseph and Benjamin. (Gen 30:22, 35:17-18) Some one thousand years later, the prophet Jeremiah invokes her name to articulate the inconsolable grief and humiliation of the Babylonian exile: “A voice is heard in Ramah, lamentation and bitter weeping. Rachel is weeping for her children; she refuses to be comforted for her children, for they are no more.” (Jer 31:15 NRSV)

As the exiles departed after the fall of Jerusalem at the hand of the Assyrians in 587 BCE, “Jeremiah heard Rachel’s lament. She wept bitterly, refusing all consolation. Rachel had lost her own life in giving life to Benjamin …. Now she watched again as life and a future slipped away. She accepted no comfort.”

Rachel’s lament is reprised in Matthew’s gospel. After the birth of Jesus, King Herod ordered all the children in and around Bethlehem who were two years old and under killed. “A voice was heard in Ramah, wailing and loud lamentation, Rachel weeping for her children, she refuses to be consoled because they are no more.” (Matt 2:18)

This is often the figure I encounter when I enter the hospital room of a mother who has just experienced an infant death, a stillbirth, an early-term miscarriage or a therapeutic medical termination of her pregnancy. For me, Rachel is the icon of the woman who is inconsolable following such a loss. Thus, my ministry in these situations has a biblical, theological and spiritual basis.

Prior to April 2006, the nurse attending to a woman who experienced a perinatal death asked her if she wanted to see a chaplain. If the answer was no, the woman underwent the appropriate obstetrical procedure and was discharged, perhaps lamenting silently, without her grief being properly acknowledged. When we were notified, I brought a memory box filled with the baby’s armband, footprints, t-shirt and cap and provided emotional and spiritual support for the mother and father. If they wished, I also provided a service of blessing. As a rule, we were not notified in situations of miscarriage, except in the case of extreme grief or if the patient requested to see a chaplain.
In 2006, Texas state law was changed to require that any fetus weighing 350 grams or more be issued a fetal death certificate.\(^5\) Spiritual care interventions became much more extensive and comprehensive, using the Recovery Through Sharing (RTS) materials offered by Gundersen-Lutheran Medical Center.\(^6\) Care focused on the grief experienced by both the mother and father; bereavement interventions were expanded to include the following:

- The nurse notifies the chaplain of perinatal death, e.g., miscarriage, fetal demise, stillbirth or neonatal death.
- In the case of medical termination of pregnancy, the physician notifies the chaplain upon admission of the patient.
- On determination of weight and gender of the fetus, the chaplain brings the appropriate materials to the mother and father. These include memory box with disposable camera, teddy bear and bereavement folder containing the following: a condolence note from the director of spiritual care and education, the chaplain’s business card, RTS bereavement information and brochures from the support groups Houston’s Aid in Neonatal Death (HAND) and Mommies Enduring Neonatal Death (MEND). Volunteers provide the memory boxes, and HAND donates the teddy bears.
- When appropriate, the chaplain offers to take a photograph of the baby or notifies a volunteer photographer.
- The chaplain offers a service of blessing and remembrance (alternative ritual to baptism). If this service is provided, a certificate is mailed to the parents. (See Attachment A.) If parents profess a faith other than Christianity, the chaplain offers to contact clergy from their faith community, e.g. rabbi, imam, and also offers her prayers and presence.
- In the case of miscarriage, the chaplain brings only the bereavement folder. A teddy bear is given when appropriate.
- A condolence letter signed by the director of the Department of Spiritual Care and Education is sent following discharge from the hospital. (See Attachment B)
- The chaplain calls the mother within a week of her discharge to address any spiritual issues that might have arisen.
- The mother receives a card from the Department of Spiritual Care and Education 120 days after her hospitalization.
- The parents receive an invitation to the annual “A Life to Remember” ceremony.

Prior to the implementation of these specific bereavement interventions for perinatal death, the chaplain and the bereavement coordinator conducted a series of nursing in-services to educate the staff. In March 2007, The Methodist Hospital collaborated with St. Luke’s Episcopal Hospital, Texas Children’s Hospital and Woman’s Hospital of Texas to hold the first annual “Life to Remember” ceremony in Hermann Park. Some 200 people came to celebrate and to remember those who had died. Parents were invited to call their children’s names aloud and to participate in planting a tree in their memory.

Quality pastoral care in the case of perinatal death allows for and is present to the “wailing and loud lamentation” of present day Rachels. At The Methodist Hospital, our efforts are not meant to smother the grief, to silence the lament or to discount the loss. Walter Brueggemann says that, “Mother Rachel cannot cease her trembling, shattering, sobbing, ever because the children are never forgotten and never given up. It is the hard work of mothering always to remember.”\(^7\)
It is our belief that in allowing mothers—and fathers—to grieve and in providing education about the bereavement process, healing may begin. Although our chaplaincy interventions have become more extensive and intentional, we realize that they continue to evolve and that ultimately, they only approximate the healing that God affords.

1 Frederick A. Niedner, "Rachel’s lament," *Word and World* 22, no. 4 (Fall 2002): 408.


3 Memory boxes are donated by volunteers, who paint and decorate the boxes.

4 Smith, "Pastoral and ritual response," 26-35.


6 RTS Bereavement Training In Early Pregnancy Loss, Stillbirth and Newborn Death, Gundersen Lutheran Medical Center, LaCrosse, WI.

7 Walter Brueggemann, “Texts that linger, words that explode,” *Theology Today* 54, no. 2 (July 1997) 185.
Certificate of Remembrance

Let the children come unto me, for of such is the kingdom of heaven.
Matthew 19:14

On ________________, prayers and a blessing were offered in remembrance of ________________________________
child of ______________________________________

Gracious God, your Son took children into his arms and blessed them. Grant us now the assurance that ________________________________ is nestled in God’s loving arms. In the midst of our grief, strengthen our faith and hope in your Son, Jesus Christ our Lord. AMEN.

Department of Spiritual Care and Education

Methodist The Methodist Hospital
Attachment B – Condolence letter

Dear

We at The Methodist Hospital wish to express our love and sympathy to you, your immediate, and extended family in the loss of your baby, who recently died within our hospital. Even though death ended our efforts to help, it did not put an end to our caring. Leaving the hospital without your baby was very painful and we join with you in your grief.

A common initial response is shock and disbelief. Whether death was sudden and unexpected or anticipated makes little difference. For many parents it is only later that the reality of what has happened begins to sink in. This delay in accepting reality is perfectly normal. As one’s inner strength increases, death will be more realistically faced.

You may also experience feelings of anger. It may take the form of mild agitation or verge on the point of rage. As an emotion that is felt, anger should be accepted as normal and healthy. Hopefully your family will offer understanding and encourage you to share those feelings.

Guilt is often felt among many family members. Many people try to identify something they did or failed to do as the possible cause of their baby’s death. We encourage you to consult with your physician who can help you understand the medical events that led to your baby’s death. Of course, feelings of guilt can persist even with the reassurance that you acted in the best interest of your baby. These troublesome feelings will ease with time.

Couples often consider the death of their infant as a failure at parenthood. Feeling a loss of one’s femininity or masculinity is not unusual. In response, couples frequently want to quickly plan for another baby. We urge you to resist this alternative and give yourself sufficient time to work through the loss you have experienced. Courageously facing this loss will help you feel better about yourself and will enable you to deal more effectively with the future.

As time passes, your grief will lessen in intensity. God’s love for you will reveal itself in the inner strength you will gain and in the care and concern of the people around you. To assist you, we offer two sources of help. First, we provide a Grief Support Group, which meets monthly. Secondly, our Bereavement staff offers individual support and a listening ear. For information about the Group or individual emotional support, please call our toll free number at 1-866-519-6111 or e-mail hope@tmhs.org.

We consider it a high privilege to have had the opportunity of caring for you and your baby here. We will continue to ask God to minister to you in your grief and in your new life ahead.

Sincerely,

Theodore M. Smith, Director
Department of Spiritual Care and Education

The Reverend Sandra Londa
Chaplain