

# GUIDELINES FOR CHRISTIAN CLERGY

PROVIDING CARE TO THE FAMILY  
EXPERIENCING PERINATAL LOSS,  
NEONATAL DEATH, SIDS OR  
OTHER INFANT DEATH



**The Bereavement Support Work Team of the National SIDS & Infant Death Program Support Center (NSIDPSC) created these guidelines.** Also available, are standards for other types of professionals and a list of recommended materials on pregnancy loss and infant death. To obtain a copy of this document or other materials, please visit our web site at [www.sids-id-psc.org](http://www.sids-id-psc.org) or contact us at 1-800-638-SIDS (7437). The NSIDPSC is a cooperative project of the SIDS Alliance, Inc. and the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) Sudden Infant Death Syndrome/Infant Death Program.

## **BACKGROUND**

The terms *perinatal death* (including miscarriage and stillbirth), *neonatal death*, *Sudden Infant Death Syndrome* (SIDS), and *infant deaths* (ID) encompass many types of pregnancy and early childhood losses. Following guidelines that outline standards of care is critically important to providing continuity of sensitive care to families experiencing these losses. Of the almost 4 million births in 1999, the National Center for Health Statistics reported 18,700 neonatal deaths, and 9,164 post neonatal deaths. Perinatal loss may occur in as many as 30% of pregnancies. When the loss of a child due to perinatal loss, SIDS or ID occurs, all normal components of grief – emotional disequilibria, physiological trauma, spiritual and mental disharmony – are heightened for parents, propelling them into one of life's major tragedies, the death of a child. Christian clergy need guidelines to provide competent and sensitive care throughout the families' experience.

## **METHODOLOGY**

The death of a child is one of the most difficult experiences parents may have. Families may question their religious beliefs at this critical time in their lives and blame God for the loss of their infant. Members of the clergy play an extremely important role in helping families maintain their faith and accept the many mysteries of God's work.

During this time, families will require their faith leader to serve as a consoling counselor, biblical reference and anger manager. Families will also look to their faith leader for leadership and guidance as preparations are made for the funeral of their infant, provide after-care for the family and other ministerial support. This document provides recommendations for Christian clergy in providing support for the parents/families suffering from perinatal loss, neonatal death, SIDS or other infant death.

## **GUIDELINES**

1. Christian clergy professionals caring for a family that has experienced a pregnancy loss or infant death can assist by doing the following:<sup>1</sup>
  - Call or visit the family as soon as possible, preferably within 24 hours of the loss. Hospital visits are appropriate as directed by the parents.
  - Express your sorrow and concern for their loss.
  - Encourage the parents to discuss the details of the baby's death with you and with their medical professional to obtain a clear understanding of the death.
  - Discuss childbirth rituals such as baptism or a naming and blessing service with the parents. Offer to perform these ceremonies in concert with the parent's wishes.
  - Discuss funeral or memorial service options with the parents. Ensure them that these ceremonies can be customized to suit their needs.
  - Offer the parents, siblings and other family members the opportunity to fully participate in the ceremonies surrounding the baby. They may wish to assist in

the actual planning, writing and speaking at the service. They could also scatter the ashes in a meaningful place, plant a memorial tree, or place a cherished toy in the coffin.

- Allow parents to take their time in decision-making. Do not create an atmosphere of urgency.
- Help the parents tell others about their loss-- yes, even a miscarriage. Announce it at church, encourage them to put an obituary in the newspaper, and send out birth/death announcements.
- With permission from the parents and family, notify your parishioners with details of the loss and suggestions for ways they can assist and comfort them. Suggest that your congregation send sympathy cards, visit the family personally, prepare a meal for them, offer to sit for their other children, send a memorial donation, bring a gift, be a willing ear, help with the service itself, and check in on the family in the weeks and months ahead. Offer a prayer or promote a prayer chain within your congregation. Take your cues from the family as to what might be helpful for them.
- Encourage the parents to read about their type of loss. Be prepared to offer them resources, books, literature, websites and other relevant materials. Suggest that they write down their feelings.
- Encourage parents and family to talk to others who have "been there", and perhaps join a bereavement support group. Provide support group and individual contacts, names of counselors who are versed in this issue and can offer the necessary services.
- After-care is crucial. Grief over the loss of a child through miscarriage, stillbirth or newborn death can be the most difficult kind because society does not usually recognize the loss or permit perinatal grieving. You, as a member of the clergy, have the power to change views and educate people while aiding the family. Grief is time consuming and their need for comfort and support only begins once the funeral has ended. Call or visit them often in the days, weeks and months ahead. This long term caring will be treasured as most will assume that they are "over their pain" in a very short time.
- Remember the parents and family at the next Christian holiday or when the next birthday arrives. Call, send a card, or reach out to the family in some other special way.
- If more intense or extensive counseling is necessary, offer to refer parents or siblings to the appropriate counselor to meet their needs.

## 2. General principles and approaches in caring for families from diverse cultures:

- The family as defined by each culture is the primary system of support and preferred point of intervention.<sup>2</sup>
- Families from diverse cultures have a unique set of stresses to which the system must be equipped to respond.<sup>2</sup>

- Individuals and families from diverse cultural groups make different choices that must be considered if services are to be helpful.<sup>2</sup>
- The dynamics of cross-cultural interactions must be acknowledged, adjusted to and accepted.<sup>2</sup>
- Recognize that important moments in the cycle of life are typically imbued with great meaning within cultures. Customs, beliefs, religious laws, and ceremonies are deeply connected with events such as birth and death. When the two come very close together in a life, the importance of culture in serving and supporting the family, friends, and community who have suffered the loss becomes especially critical.<sup>3</sup>
- Actions that might prove extremely comforting to some families may be prohibited and unsettling to others.<sup>3</sup>
- Approaching families with suggestions or actions that are not acceptable within their culture can actually intensify the grief and create a breach between caregivers and families.<sup>3</sup>
- Recognize that for some families who are new immigrants to this country, medical or other professional personnel are seen as authority figures. They also may not want to appear “un-American” and may be reluctant to share beliefs, practices, and customs from their own culture. It may help to have a “cultural broker” from their own culture who can assure them that their choices will be honored. If this is not possible, it is important for the professional to make clear that suggestions are just that and the family has choices that will be honored.<sup>3</sup>
- Recognize that there may be as much variation among individuals within a cultural, ethnic or racial group as there is between groups. Thus, use the information you gain to guide your questions and offers of service to families, but be sure to ask what the individual family prefers. There is no one-way to approach all families from a given cultural, ethnic, or racial group.<sup>3</sup>
- Familiarize yourself and any other staff with diverse cultural, ethnic, racial, religious, and linguistic groups served in your area.<sup>3</sup>
- Connect with “cultural brokers” or leaders from those groups who are willing to share the customs, practices, and beliefs associated with an infant death within their culture. Also learn about traditional family structure and decision-making patterns. In some families it may be appropriate to ask the mother to make major decisions. In others, the father must be approached as the decision-maker or a spiritual or other leader in the community must be brought into the decision-making process.<sup>3</sup>
- Identify potential interpreters who can help you work with families who want such services and train them to ensure that they understand the terms you are using and thus correctly convey information to families.<sup>3</sup>

## **SUGGESTED READING LIST**

*Threads of Hope: Pieces of Joy*  
Teale Fackler & Gwen Kik  
Door of Hope Pregnancy Center  
P.O. Box 371  
Madisonville, KY 42431  
(270) 821-9825

*Pastoral Care in Pregnancy Loss*  
Thomas Moe  
Haworth Pastoral Press  
10 Alice Street  
Binghamton, NY 13904-1580  
(607) 771-0374

*Bittersweet... Hello, Goodbye*  
Sister Jane Marie Lamb, OSF†  
Share Publishers,  
National Share Office  
300 First Capitol Drive  
St. Charles, Missouri 63301-2893  
(800) 821-6819

*A Loving Goodbye-  
Planning a Service* (Pamphlet)  
Oklahoma/SIDS Alliance  
Scott Prough  
P.O. Box 12282  
Oklahoma City, OK 73157-2282  
(800) 248-SIDS

*Don't Take My Grief Away From Me*  
Doug Manning  
Insight Books, Inc.,  
Human Services Press  
P.O. Box 2423  
Springfield, IL 62705-2423  
(217) 787-7227

*Planning A Precious Goodbye*  
Sherokee Ilse & Susan Erling Martinez  
Wintergreen Press  
3630 Eileen St.

Maple Plain, MN 55359  
(952) 476-1303

*Bereavement Support Group Guide*  
Margaret Pike & Sara Rich Wheeler  
Grief Center  
1200 Orchard Drive  
P.O. Box 380  
Lovington, IN 47932  
(800) 252-3775

*Good Grief*  
G.E. Westburg  
Centering Corporation  
7230 Maple Street  
Omaha, NE 68134  
(402) 553-1200  
[www.centering.org](http://www.centering.org)

*Death And Grief: A Guide For Clergy*  
A.D. Wolfeit  
Accelerated Development Center for Loss  
and Life Transition  
Companion Press  
3735 Broken Bow Road  
(970) 226-6050

*A Baby Dies, A Family Grieves;  
The Clergy's Response To SIDS*  
D.B. Sanders  
California SIDS Program  
533 Primrose Drive, Suite 231  
Fair Oaks, CA 95628-3542  
(800) 369-7437  
(916-536-0146

† Christian focused literature

## **APPENDIX I: COUNSELING RECOMMENDATIONS FOR CHRISTIAN CLERGY**<sup>2</sup>

### **Scriptures Of Comfort**

Comfort and solace in times of bereavement can be found in Holy Scripture. Below are some examples of scriptures that provide healing, peace, and reassurance of God's glory.

Ephesians 6:10

1 Corinthians 15:55

Psalms 46

Psalms 119:76

Job 9:27

Jeremiah 8:18

2 Corinthians 10:5

Hebrews 10:23

Matthew 28:20

1 Chronicles 28:20

Psalms 31:24

### **Potential Areas Of Counseling And Subject Matter**

Members of the clergy are called upon to provide counseling to persons in bereavement. Potential areas of concern are listed below. Please take cues from your congregant as to their special counseling needs.

Anger

Sensitivity

Self-Esteem

Loneliness

Fear

Grief

Depression

Shock

Intimacy

Stress

Indecision

Perinatal Health Care

Loss of Control

Emptiness

Shame

### **Recommended Methods Toward Achieving Healing And Comfort**

A creative outlet for experiencing grief may be a necessary medium for those who have experienced the loss of a child. Pay special attention to your congregant's interests and talents during counseling.

Prayer

Journal Writing

Poems

Short Stories

Public Speaking

Attending Group Sessions

Creative/Artistic Expression

Exercise

Proper Nutrition

## **APPENDIX II: FIVE FACTORS FOR HEALTHY MOURNING** <sup>4</sup>

### **1. A Nurturing, Supportive Social Network**

It is most important to maintain a supportive social network after loss. Loneliness increases the risk of illness and premature death. When people are cut off from others- spouse, family, and friends - their risk of dying doubles. Participation in support groups, telephone networks and regular social activities can be crucial to maintaining vitality.

### **2. Adequate Nutritional Balance**

Maintaining adequate nutritional balance is also important. Although the use of junk or quickie foods is quite common after a crisis, good nutrition is important. A change in appetite is not unusual nor is a weight gain/loss of 10 pounds, but a weight gain/loss of 25 pounds or more may indicate physiological or emotional problems.

### **3. Adequate Fluid Intake**

Mourners have a tendency to override their sense of thirst. Fluids are necessary to carry away the body's toxic wastes and maintain appropriate electrolyte balance. Alcohol and beverages with caffeine tend to cause dehydration and agitation, and should be avoided.

### **4. Daily Exercise**

Exercise that involves a full range of motion will provide the pumping functions for nourishing and cleansing the body. Walking vigorously for 20 minutes, stretching, and aerobic activities are helpful. Exercise also carries oxygen to the blood, which is important for reducing stress and is necessary for the body.

### **5. Daily Rest**

It is important to have regular rituals of rest, even if sleep is not possible each day. Try not to stay awake into the night if normally, before this crisis, night is when you slept. Keep your body on a similar schedule. Un-medicated rest is better than medicated sleep. If on medication, try using it every other night rather than every night.

## **REFERENCES:**

1. Written and used with permission from Reverend Kathy A. Merritt, Warren Chapel A.M.E., Fremont, Ohio.
2. Cross, T., Bazon, B., Dennis, K. and Isaacs, M. (1989). *Towards a Culturally Competent System of Care: Volume I*. Washington, D.C. Georgetown University Child Development Center, CASSP Technical Assistance Center.
3. Developed by Suzanne Bronheim. National Center for Cultural Competence, Georgetown University Child Development Center. Washington, D.C.
4. Excerpted and adapted from *Understanding Mourning, A Guide for Those Who Grieve* by Glen Davidson, Augsburg Publishing House.

## **ACKNOWLEDGEMENTS**

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