



AFFIRMING LIFE INITIATIVE

PRENATAL & POSTNATAL PASTORAL CARE RESOURCES

Practical Supports for Priests and Pastoral Workers Supporting
Families Following an Unexpected or Challenging Prenatal
Diagnosis of Disability or Lethal Condition



The Roman Catholic
Archdiocese of
Washington

KNOW THE FACTS

“For it was you who formed my inward parts; you knit me together in my mother’s womb. I praise you because I am fearfully and wonderfully made. Wonderful are your works; that I know very well.”

Psalms 139:13-14

The Purpose of this Guide:

The Affirming Life Initiative is a collaborative effort of the Archdiocese of Washington’s Office of Life Issues and Department of Special Needs Ministries and local peer ministries and service providers, in consultation with the National Catholic Partnership on Disability (NCPD) and USCCB Secretariat of Pro-Life Activities. The goal of this Initiative is to reverse the alarming trend of women aborting after receiving an unexpected prenatal diagnosis of a disability or life-threatening condition.

Mission Statement

Our Catholic faith teaches us that every life is a gift and has inherent dignity; every life has meaning and purpose; and every life deserves to be protected. We believe that every child, regardless of circumstances, is loved and wanted by God. Further, we acknowledge God’s call to holiness, which at its core is a challenge to grow in our own capacity to love—to love as God does, without counting the cost. God’s call to protect the life and dignity of the human person is a vocation to which all Christians are called.

Prenatal Diagnosis

Today, the development of medical technology permits stronger diagnostic testing during prenatal care. The improvement of prenatal diagnostic technology has helped many families to seek out necessary medical treatment and to prepare for the birth of their child. This same technology can also introduce new challenges to our Christian moral teaching. The often confusing terminology of “early induction” or “medical induction” recommended by medical staff after an adverse prenatal diagnosis is, in fact, an abortion. Upon receiving an unexpected prenatal diagnosis, up to 90 percent of women decide to terminate their pregnancies.¹ The goal of the Affirming Life Initiative is to reverse this trend by providing information, resources, pastoral support and advocacy.

We know from parents who have followed these recommendations that the abortion does not “erase” the pain they are experiencing. Research indicates that when honest information, compassion and resources such as those provided by our local peer ministries are available, then the 90 percent abortion rate drops significantly. Furthermore, when pastoral care is offered to families faced with an unexpected prenatal diagnosis, both men and women experience better mental health outcomes in the short and long term.

1. C Mansfield, S Hopfer, TM Marteau, “Termination rates after prenatal diagnosis of Down syndrome, spina bifida, anencephaly, and Turner and Klinefelter syndromes: a systematic literature review. European Concerted Action: DADA (Decision-making After the Diagnosis of a fetal Abnormality),” *Prenatal Diagnosis* 19, no. 9 (Sep. 1999): 808-12, <https://pubmed.ncbi.nlm.nih.gov/10521836/>.





What You Should Know About Prenatal Diagnostic Testing:²

- Approximately 3-5% of pregnancies are complicated by birth defects or genetic disorders.
- Chromosomal abnormalities are present in approximately 1 in 150 live births.
- The most common chromosomal disorder is Trisomy 21 (Down syndrome). This disorder has an incidence of 1 per 800 live births.

² Laura M. Carlson and Neeta L. Vora, "Prenatal Diagnosis: Screening and Diagnostic Tools," *Obstet Gynecol Clin North Am* 44, no. 2 (Jun 2017): 245-256, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5548328/>

Why Faith Communities Matter

- A study presented in 2015 and published in *Prenatal Diagnosis* showed that women who chose to terminate their pregnancy reported significantly higher levels of despair, avoidance, and depression than women who continued their pregnancy. The study further demonstrated that organized religious activity was a significant point of healing for these women. Involvement in organized religion was associated with a reduction in grief for both men and women. The study concluded that "there appears to be a psychological benefit to women to continue the pregnancy following a lethal fetal diagnosis."³
- The Catholic Church teaches that *Prenatal diagnosis* is morally licit, "if it respects the life and integrity of the embryo and the human fetus and is directed toward its safeguarding or healing as an individual" (*Catechism of the Catholic Church* [CCC] 2274). This means that parents should be encouraged to learn about their pregnancy and potential complications to prepare for the birth of their child.
- The Church teaches that prenatal diagnosis is "gravely opposed to the moral law when done with the thought of possibly inducing an abortion, depending upon the results: a diagnosis must not be the equivalent of a death sentence" (CCC 2274). Ministers are encouraged to assist parents by offering spiritual and material support.

³ Heidi Cope, et al, "Pregnancy continuation and organizational religious activity following prenatal diagnosis of a lethal fetal defect are associated with improved psychological outcome," *Prenatal Diagnosis* (April 2015), <https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1002/pd.4603>.

The Archdiocese of Washington (ADW) offers this Postnatal Care Resource Guide for information purposes only; this is not an endorsement of any office, ministry or nonprofit. The ADW makes no representations concerning the quality of medical care or level of professional skills of any specific healthcare provider. Each person is encouraged to make his/her own investigation prior to consulting for treatment. Any decision to use a healthcare professional from this Guide is the sole responsibility of the user. Information listed here is appropriate, faithful to Catholic Church teaching and accurate at time of posting. Agencies, nonprofits and other institutions can and do change their mission and their websites. Please consider this as you review these resources.



THE SIX PRINCIPLES OF COMPASSIONATE PASTORAL CARE

- 1. Listen to Parents:** When facing a challenging prenatal diagnosis, each family will have a different experience. It is essential that we, as ministers, take the time to listen to their experience without judgment. Our first goal should be to help the parents experience some connection to their pre-born child.
- 2. Offer Spiritual Accompaniment:** Parents may ask for guidance from an ordained or lay minister. At times, they may be looking for professional counseling or a referral to Catholic healthcare. It is important for us to know what kind of guidance to offer, and also when it may be necessary for us to seek help from other sources.
- 3. Understand the Challenges:** When supporting parents, we need to acknowledge the true challenges that they are facing, as well as the many voices that may be informing their decisions. We need to research the many realities of prenatal diagnosis, including the possibility of parents losing their child through miscarriage or shortly after birth. Our spiritual guidance must be informed by open communication and constant support.
- 4. Remember that the Church is a Field Hospital:** Up to 90% of parents facing a difficult prenatal diagnosis will seek an abortion. We hope to lower this number by offering spiritual guidance and support for families. However, when parents choose abortion, we also hope to provide healing opportunities through Project Rachel Ministries.
- 5. Connect to Local Service Providers:** The Archdiocese of Washington hopes to refer ministers to local service providers. This list includes both agencies that provide Catholic spiritual support and other groups that provide material supports and programs for children with disabilities.
- 6. Connect to Parents with Similar Experiences:** The Archdiocese of Washington has produced videos to share experiences from parents. Similarly, Isaiah's Promise works with parents facing a difficult prenatal diagnosis to offer various supports for their journey.



Support for Families May Begin With These Key Concepts

- Listen carefully and fully. Help them reconnect with the baby inside them; ask them if they have thought of a name for the child; use the baby's name and gender if known.
- Take time to slow down and encourage them to be fully informed before any decisions are made.
- Let them know they are not alone, that there are experienced support counselors and resources available to them. Please refer to the resources section in this guide.
- Pray and bless the child by name in the womb. Remind the parents that their child is alive right now and safe within the womb; help them honor this time they have been given to love, hold and cherish their child; provide a blessing to the child & family.
- Create a communication strategy. Consider setting up a way for the parents to be in contact with you. Remember that establishing safe and appropriate boundaries is a prudent measure as you provide this ministry.
- Be willing to meet with the mother, father, or families over a period of time. This support cannot be provided in just one session. After providing suggested resources, continue to walk with them through this journey. diagnosis of a disability or life-threatening condition.



1. LISTEN TO PARENTS

As you provide pastoral care to these parents, reflect on the circumstances they have just encountered. During what was to be a routine office visit, a normal pregnancy and plans for a lifetime have been turned upside down - fear and despair have replaced hope and promise. Though their child is still alive inside the womb, the diagnosis becomes all-consuming and highly technical. The child is no longer referred to as a baby but the parents may hear phrases such as "incompatible with life" or "the pregnancy is not viable." These phrases can be confusing and overwhelming to parents.

As a pastor, priest, or lay minister, you may receive a request for advice or support from a family receiving an unexpected or difficult prenatal diagnosis of a disability or lethal condition. A key first step is to listen to the parents. The mother or father could come separately or together, or another family could approach the parish for guidance and accompaniment.



What to Say When Ministering to Parents: The Do's and Don't's

Do Say:	Don't Say:
Telling a parent that a diagnosis might be incorrect might give them a false hope. In reality, most prenatal diagnoses are accurate. Different tests are available with variable accuracy rates; some tests have 99% accuracy. ⁴ "I want to acknowledge the pain you might be experiencing right now. Please know that we are here to walk with you during this time"	"The diagnosis may be wrong"
Parents should feel empowered to make decisions that are in the best interest of their child. "As a parent, you have the right to seek out advice from doctors who value the life of your child. In some cases, seeking a second opinion would be helpful"	"Doctors make mistakes"
The family is grieving and needs pastoral care at this moment for this child. "Let us celebrate and embrace this child"	"You can still have another child"
Each child is unique and precious. "Are there ways the Church can support your family at this time?"	"You have other children at home"

4 Carlson and Vora, "Prenatal Diagnosis."



"In a culture paradoxically suffering from anonymity and at the same time obsessed with the details of other people's lives, shamelessly given over to morbid curiosity, the Church must look more closely and sympathetically at others whenever necessary. In our world, ordained ministers and other pastoral workers can make present the fragrance of Christ's closeness and his personal gaze. The Church will have to initiate everyone – priests, religious and laity – into this "art of accompaniment" which teaches us to remove our sandals before the sacred ground of the other (cf. Ex 3:5). The pace of this accompaniment must be steady and reassuring, reflecting our closeness and our compassionate gaze which also heals, liberates and encourages growth in the Christian life. Today more than ever we need men and women who, on the basis of their experience of accompanying others, are familiar with processes which call for prudence, understanding, patience and docility to the Spirit, so that they can protect the sheep from wolves who would scatter the flock."

Pope Francis, *Evangelii Gaudium* [EG], #169 & 171



2. SPIRITUAL ACCOMPANIMENT

After receiving an unexpected prenatal diagnosis, many families feel pressured into quickly following the doctor's recommendation. It is important to take time to process the shocking news. Allow for the parents to express their fears and concerns, as well as their grief for the loss of the child they were expecting. Take time to "remove your sandals" and sit attentively at the foot of their cross.

Listening

One who accompanies others has to realize that each person's situation before God and their life in grace are mysteries, which no one can fully know from without...Someone good at such accompaniment does not give in to frustrations or fears. He or she invites others to let themselves be healed, to take up their mat, embrace the cross, leave all behind and go forth ever anew to proclaim the Gospel. Our personal experience of being accompanied and assisted, and of openness to those who accompany us, will teach us to be patient and compassionate with others, and to find the right way to gain their trust, their openness and their readiness to grow. (EG, #172).

Each couple, or individual, will present themselves to you with varied spiritual, moral and psychological resources. Even with identical diagnoses, no two experiences could ever be the same. Be present to this particular person, or couple, in the unique spiritual hunger, doubt, question and struggle they bring with them.



Rites and Blessings

In 2012 the USCCB published the "Rite for the Blessing of a Child in the Womb". Additionally, appropriate text can be found in the Book of Blessings, nn.236, 238-239. Mary Kellett, founder of Prenatal Partners for Life, suggests the following: "God hears your pain. God loves you and calls all of his children to embrace the sanctity of all human life from conception to natural death. He will be with you and never leave your side."⁵

Psalm 139

"You formed my inmost being; you knit me in my mother's womb. I praise you, because I am wonderfully made; wonderful are your works! My very self you know. My bones are not hidden from you, When I was being made in secret, fashioned in the depths of the earth. Your eyes saw me unformed; in your book all are written down; my days were shaped, before one came to be. How precious to me are your designs, O God; how vast the sum of them!" Assure the parents that God is with them in the midst of this trial.

Affirm the love they have shared with their child since learning of the pregnancy. Encourage the parents to be open to the child that God has sent them, for whatever time they will have with their child. Grief is a natural response to loss. Allow room for that process, acknowledging their grief and sadness.

It is important also to acknowledge that it is not an easy road ahead. Support is available. Many of which are laid out in this document.

You may also refer to our videos which can be found by following this link: adw.org/living-the-faith/marriage-family/family/affirming-life

⁵ See Project Rachel Ministry Manual 2009 edition, page 84, Appendix A: "The Role of the Priest with Those at Risk of Aborting Due to an Adverse Prenatal Diagnosis" at <http://hopeafterabortion.com/projectrachelmanual/>.





3. UNDERSTANDING THE CHALLENGES

As parents continue through a difficult pregnancy, they will be dealing with a variety of spiritual, emotional, and physical challenges. As you seek to support parents, be sure to refer them to resources that can support them in these varied circumstances.

Some parents might be anticipating the birth of a child with special needs. Others might be preparing for the possible loss of their child before, or soon after, birth. Many more parents will be facing a general uncertainty about the life of their child. It is important that we ask questions to help parents prepare for the future, all while encouraging them to seek out assistance from local community organizations.

While we want to show a sense of hope for all families, we have to recognize the challenges that many families are facing. You can use the reference page in Section 5 to offer advice on disability services and perinatal hospice services. Additionally, we have included some resources on miscarriage to help prepare for some of the challenges parents might face during a difficult pregnancy. These resources might also offer some guidance on the loss of a child after birth.



Things to Keep in Mind:

- The Church offers one voice among many, especially for parents who are looking for advice on how to respond to an unexpected prenatal diagnosis. The parent(s) might be hearing different pieces of advice from friends, neighbors, family members, and even strangers. However, the fact that the parent(s) came to talk to you indicates a desire to choose life.

As ministers, it is our duty to encourage families to choose life. It is important for us to share the truth of our faith and to share the truth about the risks associated with abortion. It is also important to refer families to organizations that can assist and support them with their medical and emotional needs. The organizations listed in our Resource Guide can offer valuable resources to parents.

- You might suggest that society's attitude toward disability has changed over the years. Our Church views persons with special needs as having gifts to share, gifts that the Church and society need.

The Church has led the way in proclaiming the essential belonging of all baptized persons in the Body of Christ, that all are made in the image and likeness of God. A person with a disability is a person first, and a decision about the worth of their life cannot responsibly be made on just one characteristic discovered through prenatal testing.

- Many studies have shown the negative psychological impacts of termination of pregnancy, especially in the case of an unexpected prenatal diagnosis.

A 2007 study from the Netherlands showed that women who chose to terminate their pregnancy because of an unexpected or adverse prenatal diagnosis were at high risk for PTSD and depression. In fact, 44% of women and 22% of men showed high levels of post-traumatic stress symptoms, and 28% and 16% of women and men, respectively, showed symptoms of depression.⁶

⁶ MJ Korenromp, et.al., "A prospective study on parental coping 4 months after termination of pregnancy for fetal anomalies," *Prenatal Diagnosis* 27, no. 8 (Aug 2007): 709-16, <https://pubmed.ncbi.nlm.nih.gov/17533631/>.



"As regards children who have died without Baptism, the Church can only entrust them to the mercy of God... Indeed, the great mercy of God who desires that all men should be saved, and Jesus' tenderness toward children which caused him to say: 'Let the children come to me, do not hinder them' (Mk 10:14), allow us to hope that there is a way of salvation for children who have died without Baptism."

(CCC 1261)



MISCARRIAGE

Though it is difficult to calculate the exact statistics, an estimated 10 to 15 percent of pregnancies end in miscarriage after the parents receive medical confirmation of their pregnancy. Many more miscarriages happen before a woman even knows that she is pregnant.⁷ Many mothers and fathers grieve the loss of a child through miscarriage or stillbirth, and it is paramount they find compassion and care during their time of grief. Along with speaking to family and friends, they may turn to their priest and parish community to find solace during this time. The spiritual comfort a priest can provide following a miscarriage can provide hope. Other than pastoral care and praying with and for the couple, it may be appropriate, according to the wishes of the parents, to offer a funeral Mass for the child.

⁷ "Miscarriage," Loss & Grief, March of Dimes, last accessed August 24, 2020, <https://www.marchofdimes.org/complications/miscarriage.aspx>.



Some Ideas for Caring for Mothers, Fathers, or Couples Grieving a Miscarriage:

- Acknowledge the reality of physical, emotional, and spiritual pain caused by miscarriage.
- Always be quicker to listen than to speak. Listen compassionately to the mother's or couples' story, feelings, and concerns. A listening and compassionate ear can be an anchor during this time.
- Consider having a parish contact (a woman, a man, or a couple) to whom you can refer a woman or couple who has had a miscarriage.
- Display material and resources for those grieving a miscarriage, and direct couples and individuals to these resources.
- Catholic Cemeteries of the Archdiocese of Washington welcome families who desire to bury the remains of pre-born children in sacred ground, following a miscarriage or stillbirth. Contact Catholic Cemeteries at ccaw.org/contact-us for more assistance.
- Consider beginning a parish devotion to one of the saints below for the intercession of those who have suffered a miscarriage. A list of these saints is included as an appendix to this document. Alternatively, on the feast day of these saints, if you preach or write about them, mention their relationship to and intercession for those affected by miscarriage.
- Avoid phrases such as "at least...," "maybe you shouldn't have...," "look on the bright side," and even "this is God's plan."
- Avoid stating facts or statistics about miscarriage.

A Few Things to Consider:

Many families facing an adverse prenatal diagnosis may also face higher risk of miscarriage. While many couples are hesitant to speak about their experience, statistics show that up to 25% of pregnancies end in a miscarriage before birth. In a 2014 survey conducted by the Archdiocese of Washington's Office of Life Issues, many families in the Archdiocese of Washington reported that they did not know the experience was so common, and they were relieved to find out that they were not alone in this loss.

Catholic guidelines encourage ministers to speak directly with the family about their experience and to provide pastoral support and healing during this difficult time. Our Catholic teachings remind us that an unborn child has a life that should be celebrated and honored. The following guidelines are offered to assist in the pastoral care of a couple who has experienced a miscarriage:



Compassion: In a 2014 survey conducted by the Archdiocese of Washington, many couples revealed that, despite knowing that family members and friends had also lost children, they did not know how to bring up the subject with anyone outside their immediate family. Many people expressed a desire for support groups and other conversations to open up the dialogue and share their experiences. When it comes to this type of loss, one of the best forms of pastoral care that we can offer is simply acknowledgement of the experience, and an openness to further conversation.

Healing: Many Catholic parents do not know that an unborn child can receive special burial rites. Many families are comforted with the knowledge that their child, like all unbaptized children whose parents intend for them to receive the sacraments, will be welcomed into God's loving arms. Parents are encouraged to meet with their pastor and to celebrate their child's life with a naming ceremony and burial rites. However, it is also important to note that some families might not yet be ready for a naming ceremony. Each couple might come to terms with their loss at a different time, and we should remain open to their individual path toward healing.

Catechesis: For many parents, a miscarriage will lead to serious questions about the Catholic Church and her teachings. Many couples express fear about their future and about God's desires for them. This confusion is exacerbated by the language that some use to describe difficult situations, "This was God's plan." In order to understand our faith, we must emphasize that God does not provide challenges in order to test our faith. Rather, we are sometimes faced with challenging circumstances and God walks with us during these most difficult times. We can only take good from God, not evil.

Hope: There is hope after miscarriage. Studies show that a previous miscarriage has little to no impact on the parents' ability to conceive in the future. Opening up this conversation, and communicating about the challenges and fears that come from miscarriage, will help the family to heal and recreate their own sense of hope.

Closure: Each family will experience the loss of their child in a different way, and might find different ways to celebrate the life of their child moving forward. It is important that we, as ministers, acknowledge and encourage the different stages and different rates of healing across the spectrum of experience. We might consider sharing resources on spiritual direction and counseling to families. We might also consider checking in regularly with families who might be struggling to conceive and/or need additional counsel from their pastor. Finally, many couples will benefit from an annual celebration of their child's life. Pastors might consider having an annual mass for all preborn children, or even consider remembering the loss of a particular child on the anniversary of her passing.





4. WHEN PARENTS CHOOSE ABORTION: THE CHURCH AS A FIELD HOSPITAL

- *"In my distress I called upon the Lord; to my God I cried for help. From his temple he heard my voice, and my cry to him reached his ears."⁸*

Women and men may choose abortion even after you have offered accompaniment and life affirming resources. Others may come to you seeking help after the decision to abort has been made, and without seeking spiritual advice first. No matter what guidance is offered to a couple, they may still choose abortion. If you, as a minister, helped to advise the parents before this experience, this does not mean you failed. As someone who knew this little one existed, who was hopeful for his birth, and who prayed for him and his parents, you will need to acknowledge this loss for yourself. Just like when you are called accompany others with other challenges in life, going to Christ in the Blessed Sacrament is a good way to give your pain to our Lord and to ask Him for the grace to continue to accompany this family. As ministers, we do our best to communicate the truth in love. Sometimes individuals will still decide to abort. The words of St. Teresa of Calcutta, "God has not called me to be successful; He has called me to be faithful," can help us gain perspective and courage to press on in spiritual accompaniment.

⁸ Psalm 18:6 [NRSV]



Helpful Hints and Tips on How to Begin the Dialogue After Abortion:

- Extend your sincere condolences for their loss, and offer support for their healing.
- Tell them there are specific day retreats for couples who had aborted due to an adverse prenatal diagnosis.
- They may associate Project Rachel Ministry as being only for women who had an abortion at a clinic and their situation was “different,” because they “wanted” their child.
- Stay connected with them as they heal from this pain.
- The family may request you offer a Mass for their child, after doing some one-on-one work in spiritual direction, professional counseling and/or attending a day retreat.

- *Field hospital after the “battle,”*: We need to continue to serve the couple as they are willing to engage. The decision to have an abortion or to carry to term is a spiritual battle. Once the couple has gone through with having an abortion, they are in need of healing and forgiveness. In a 2013 interview with Fr. Antonio Spadaro, Pope Francis shared how he envisions the Church.
*“The thing the church needs most today is the ability to heal wounds and to warm the hearts of the faithful; it needs nearness, proximity. I see the church as a field hospital after battle. It is useless to ask a seriously injured person if he has high cholesterol and about the level of his blood sugars! You have to heal his wounds. Then we can talk about everything else. Heal the wounds, heal the wounds.... And you have to start from the ground up.”*⁹
- *Spiritually accompanying souls* who have participated in the death of their child through abortion is complicated. The wounds resulting from abortion are spiritual (sin), emotional (grief), and psychological (trauma). There is no one roadmap to navigate the healing journey. These moments of being with a couple grieving and grappling with their sin after abortion is “holy ground” and you are being called upon to be merciful like the Father. Pope Emeritus Benedict XVI encourages us with these words:
*“The Church’s first duty is to approach these people with love and consideration, with caring and motherly attention, to proclaim the merciful closeness of God in Jesus Christ. Indeed, as the Fathers teach, it is he who is the true Good Samaritan, who has made himself close to us, who pours oil and wine on our wounds and takes us into the inn, the Church, where he has treated, entrusting us to her ministers and personally praying in advance for our recovery.”*¹⁰
- *The healing* that follows after abortion takes time. The spiritual healing comes most quickly through the Sacrament of Reconciliation. It takes time for the human person to process the grief and trauma that the abortion ensues. Project Rachel Ministry offers spiritual accompaniment through this healing journey. As someone who walked along with the couple as they made a decision, you are in a unique position to guide the couple to this healing ministry. Take courage in the words of our Holy Father Francis:
*“So many people need their wounds healed! This is the mission of the Church: to heal the wounds of the heart, to open doors, to free people, to say that God is good, God forgives all, God is the Father, God is affectionate, God always waits for us...This is the mission of the Church: the Church heals, it cures. Sometimes I speak of the Church as if it were a field hospital. It is true: there are many, many wounded! So many people need their wounds healed!”*¹¹

⁹ Fr. Antonio Spadaro, “Interview with Pope Francis,” Vatican, September 2013, http://www.vatican.va/content/francesco/en/speeches/2013/september/documents/papa-francesco_20130921_intervista-spadaro.html

¹⁰ Pope Emeritus Benedict XVI, “Oil on the Wounds: A Response to the Ills of Abortion and Divorce,” Address to an International Congress, April 5, 2008.

¹¹ Pope Francis, “Homily at Casa Santa Maria,” February 5, 2015.



"I would now like to say a special word to women who have had an abortion. The Church is aware of the many factors which may have influenced your decision, and she does not doubt that in many cases it was a painful and even shattering decision. The wound in your heart may not yet have healed. Certainly what happened was and remains terribly wrong. But do not give in to discouragement and do not lose hope. Try rather to understand what happened and face it honestly. If you have not already done so, give yourselves over with humility and trust to repentance. The Father of mercies is ready to give you his forgiveness and his peace in the Sacrament of Reconciliation. To the same Father and his mercy you can with sure hope entrust your child. With the friendly and expert help and advice of other people, and as a result of your own painful experience, you can be among the most eloquent defenders of everyone's right to life. Through your commitment to life, whether by accepting the birth of other children or by welcoming and caring for those most in need of someone to be close to them, you will become promoters of a new way of looking at human life."

*Saint John Paul II,
Evangelium Vitae 99*

Project Rachel

Through Project Rachel Ministry couples will be offered an integrated approach to healing. The avenues to healing are varied:

- Referrals to priests or deacons specially trained in helping couples heal after abortion.
- If you are a priest or deacon and will be the one to continue spiritually accompanying this couple and you are not part of the Project Rachel Ministry clergy referral network, if you would like, the Project Rachel Ministry director is available to connect you with other clergy, provide you with the "Post-Abortion Resource Manual for Priests and Project Rachel Leaders," and to provide support as requested.
- Referrals to licensed Catholic/Christian mental health professionals.
- Information about Entering Canaan Days of Prayer and Healing for couples that aborted due to an adverse prenatal diagnosis offered in our diocese or in New York when we are not offering that retreat.
- The entire ministry is bilingual in English and in Spanish.
- Financial assistance for professional therapy is available for those in need and assistance is assessed case by case.
- Helpline: 301-982-2008
- Non confidential email: ProjectRachel@adw.org
ProyectoRaquel@adw.org



5. CONNECT TO LOCAL SERVICE PROVIDERS

After receiving a prenatal diagnosis, parents will likely be seeking advice from many different sources. While we can offer spiritual accompaniment and encouragement, we also need to recognize our limitations as ministers. It is important that we refer parents to resources that can support a variety of needs.

National Down Syndrome Society: Resources for families supporting a loved one living with Down Syndrome.
ndss.org

The Arc: Resources for individuals, families, & service providers supporting people living with intellectual & developmental disabilities.
thearc.org

National Catholic Partnership on Disability: Catholic teaching on special needs and resources for persons with disabilities.
ncpd.org

National Catholic Bioethics Center: Resources for clergy and parents. The NCBC also accepts calls at 215-877-2660 for any bioethical questions.
ncbcenter.org

Catholic Charities DC Sanctuaries for Life: Pregnancy support including affordable prenatal care and resource linkages for women facing an unintended pregnancy.
catholiccharitiesdc.org/sfl

Option Line (Call 1-800-712-4357 or Text "HELPLINE" to 313131): Map of local crisis pregnancy centers, searchable by City, State, and Zip Code. These organizations offer supports and services to women and children before and after birth.
optionline.org/center-locator

Gabriel Network: Local agency that provides housing, material and spiritual supports, and other services for parents. Gabriel Network partners with parishes throughout Maryland to host Angel Friends teams to support parents in need
gabrielnetwork.org

Grief Counseling Resources: Resources for individual and family counseling from Stella Maris, a long-term care and nursing home facility in Timonium, MD. Resources include guides for grief, counseling, and support groups.
stellamaris.org/health-services/resources-counseling.

Isaiah's Promise:
Peer support for parents carrying to term after receiving a severe or fatal prenatal diagnosis.
isaiahspromise.net



6. CONNECT TO PARENTS WITH SIMILAR EXPERIENCES

Archdiocese of Washington Affirming Life Initiative:

To learn more about programs and support offered by the Archdiocese of Washington, please visit our website or contact one of the specialized departments listed below:

adw.org/living-the-faith/marriage-family/family/affirming-life

specialneedsministry@adw.org

projectrachel@adw.org

proyectoraquel@adw.org

prolife@adw.org

Guide for Pastors, Clergy, and Pastoral Workers

youtube.com/watch?time_continue=2&v=8tq2vhAgyd4&feature=emb_logo

Family story of receiving an unexpected prenatal diagnosis

youtube.com/watch?time_continue=14&v=yoD3rUQ7u1Q&feature=emb_logo



"All life has inestimable value even the weakest and most vulnerable, the sick, the old, the unborn and the poor, are masterpieces of God's creation, made in his own image, destined to live forever, and deserving of the utmost reverence and respect."

*Pope Francis
Message to Catholics taking
part in annual Day for Life in
Britain and Ireland
July 28, 2013*

APPENDIX



Compassion in Action: A Guide for Faith Communities Serving People Experiencing Mental Illness and their Caregivers (U.S. Department of Health and Human Services)

hhs.gov/sites/default/files/compassion-in-action.pdf

1978 Pastoral Statement of US Catholic Bishops on People with Disabilities: theological foundation on access to faith issues, explaining how all baptized persons are part of the body of Christ, with gifts to share and obligations to serve; a forerunner to the 1990 Americans with Disabilities Act.

uscbb.org/beliefs-and-teachings/what-we-believe/catholic-social-teaching/upload/Pastoral-Statement-of-U-S-Catholic-Bishops-on-Persons-with-Disabilities.pdf

For the Love of Angela written by Isaiah's Promise co-founder, Nancy Mayer-Whittington, about her own experience of carrying to term following prenatal diagnosis of a lethal condition.

amazon.com/Love-Angela-Nancy-Mayer-Whittington/dp/0976228475

Yes to Life! Taking Care of the Precious Gift of Life in its Frailness e-book from the Vatican Dicastery for Laity, Family, and Life. A series of presentations given at the international conference on pre-natal diagnoses (2019).

laityfamilylife.va/content/laityfamilylife/en/documenti/yes-to-life-ebook.html



SAINTS RELATED TO MARRIAGE, INFERTILITY, MISCARRIAGE, CHILDBIRTH, CHILDLESSNESS, AND DIFFICULT CASES

<i>Sts. Joachim and Anne:</i>	Parents of the Blessed Virgin Mary. Said to have been childless for many years before conceiving in their old age. Feast Day July 26.
<i>St. Anne Line:</i>	Young childless widow. English martyr, killed for hiding priests when Catholicism was outlawed. Feast Day February 27.
<i>St. Anthony of Padua:</i>	Patron against barrenness, sterility, and for expectant mothers. Feast Day June 13.
<i>St. Brigid of Kildare:</i>	Patron saint of babies. Feast Day February 1.
<i>St. Catherine of Siena:</i>	Patron saint of miscarriage and miscarriage prevention. Feast Day April 29.
<i>St. Catherine of Sweden:</i>	Patron saint of protection against miscarriage. Feast Day March 24.
<i>St. Colette:</i>	Patron saint of stillbirth, women seeking to conceive, expectant mothers and sick children. Feast Day March 6.
<i>St. Elizabeth: Cousin of Mary</i>	"And behold, your cousin Elizabeth has conceived a son in her old age, and this is the sixth month for her who was called barren, for nothing is impossible with God." (Luke 1:36-37). Feast Day November 5.
<i>St. Eulalia:</i>	Patron saint of protection against miscarriage. Feast Day December 10.
<i>St. Gerard Majella:</i>	Patron saint of expectant mothers, infertility. Feast Day October 16.
<i>St. Gianna Beretta Molla:</i>	Doctor/mother who suffered two miscarriages. St. Gianna refused radiation treatment while pregnant in order to protect her unborn daughter. After her daughter was born, St. Gianna died from cancer. Feast Day April 28.
<i>St. Hannah:</i>	Patron saint of infertile women and childless wives. Feast Day December 9.
<i>St. Joseph:</i>	Patron saint of married couples, husbands, the unborn, and fathers. The patron saint of fathers was himself an adoptive father. Feast Day March 19.
<i>St. Jude:</i>	Patron saint of the impossible. Feast Day October 28.
<i>St. Monica:</i>	Patron saint of married women and wives in difficult marriages. Feast Day August 27.
<i>St. Nicholas:</i>	Patron saint of children. Feast Day December 6.
<i>St. Marie-Azelie and St. Louis Martin:</i>	Parents of St. Therese of Lisieux, their marriage was marked with much suffering, including the loss of four of their young children. Feast Day July 12.
<i>St. Philomena:</i>	Patron saint of children, infants, babies, sterility. Feast Day August 11.
<i>St. Raymond Nonnatus:</i>	Due to his own risky birth by cesarean in the 13th century, he is a patron of expectant mothers, pre-born babies, Christian families and those falsely accused. Feast day August 31.
<i>St. Rita of Corsica:</i>	Patron saint of impossible cases, difficult marriages, and parenthood. Feast Day May 22.

