Perinatal Hospice for the Unborn
By Cecelia Cody

On February 7, 2013 Jennifer McKenna Morbelli, a 29-year-old woman from New Rochelle, New York died the victim of a botched abortion at Leroy Carhart’s Germantown Reproductive Health Center in Maryland; her 33-week-old preborn daughter, Madison Leigh, also died in the failed legal abortion. Why did Ms. Morbelli choose to abort so late in her pregnancy? I wondered if she had been told her baby had a condition that was “not compatible with life.”

I was reminded of another mother on the opposite coast who made a different choice. When told her preborn baby had a condition that was “incompatible with life,” Ms. Johnson decided to continue the pregnancy and gave birth at 36 weeks gestation (only three weeks more than Morbelli’s aborted baby.) Her baby lived only a few moments dying of respiratory failure; Ms. Johnson and her husband were able to spend precious time with their newborn and have closure with him. Ms. Johnson wrote a moving letter to the doctors thanking them for the care she and her baby received and for “allowing her to choose life.”

Ms. Johnson and her baby experienced “Perinatal Hospice.” Congenital anomalies now account for the majority of deaths in the first year of life. Many lethal anomalies may now be diagnosed antenatally including anencephaly, bilateral renal agenesis, or acrania. Prenatal diagnostic capabilities continue to accelerate while thinking regarding hospice care for terminal perinates has lagged.

Adult hospice care began in the 1960’s in Great Britain by Cicely Saunders when it was realized that end of life issues for terminally ill patients were not being addressed in a coherent, thoughtful, and supportive environment. The hospice idea was developed to provide nursing and medical care that addressed the common fear of pain and abandonment. By the 70’s and 80’s, hospice care became increasingly available as an alternative. The work of Saunders laid the ground work for awareness of end of life issues, and hospice care became the focus of research and improved methods of care delivery. The hospice concept even developed further into childhood in the treatment of the terminally ill child. Eventually work was done to further refine Saunders’ work to include the neonatal hospice concept to support families of dying infants.

Ms. Johnson and her baby received prenatal care at Madigan Army Medical Center (MAMC) in Tacoma Washington, where the idea of hospice has been extended into the prenatal period. Because of the increasingly common scenarios of the prenatal diagnosis of a lethal congenital anomaly, the process of providing care for a grieving family no longer begins at birth, but at the time of diagnosis, utilizing the concept of perinatal hospice which allows for a continuum of supportive care from the time of prenatal diagnosis through to the death of the infant.

The availability of perinatal hospice is important during prenatal counseling of families. Patients need to see the baby on ultrasound and be allowed to grieve. Most birth defects are not as gruesome in appearance at birth as the families imagine. Input is provided from the various individuals that will be involved in the terminal care of the infant, including maternal-fetal medicine subspecialists, obstetricians, neonatologists, anesthesia services, labor and delivery nurses, and neonatal intensive care nurses, as well as chaplains/pastors/social work services. In concert with the hospice ideals, this allows for open communication and minimizes derailment of carefully prepared care plans by lack of information. Through participation in the ultrasound evaluation, birth planning and on-going medical management in the antepartum, intrapartum and postpartum periods, patients are provided with the fetal diagnosis and the expected prognosis during extensive time with the maternal-fetal medicine and neonatology staff. They are allowed to grieve, explore life issues, and prepare for the precious time they may have to spend with their very special child.

When the time of delivery approaches, nursing staff who will be involved with the parents and the infant become increasingly involved in support and planning
of delivery and postpartum care. The early and consistent involvement of the staff with the family prevents the "withdrawal" of care by the professional staff that Elizabeth Kubler-Ross so elegantly described in her work *On Death and Dying*. Method of delivery is based on obstetrical indications and the infant is handed immediately to the parents to share in the baby’s life or death. Many of these infants are stillborn, but some may live for minutes or days.

The parents are allowed to stay in the delivery suite with the child as long as they wish; dressing the baby, taking pictures and holding the baby by all family members, including children if appropriate. Non-anomalous features of the baby are emphasized to the parents. Descriptions of cute hands and/or soft skin give the parents a positive focus for their child’s life and death.

Neonatologists and nursing personnel comfort the baby as needed. The infant is kept warm and cuddled. Some of these babies may even feed. Those infants who survive for longer periods may be kept comfortable in the nursery during the postpartum period, if the parents are feeling overwhelmed. Comfort measures are emphasized to the family. Chaplain and social services provide key spiritual and emotional support as needed.

Parents, when given loving support, freedom from abandonment and careful counsel as to clinical expectations, will choose the alternative of perinatal hospice, however brief that time may be. Parental responses have been overwhelmingly positive. These parents are allowed the bitter-sweetness of their child’s birth and too soon departure. Grief lessens as time passes and parents rest secure in the knowledge that they shared in their baby’s life, treating the child with the same dignity as a terminally ill adult.

For many of us, our testing ground has been and continues to be Planned Parenthood. It is here that we are daily challenged with the brutal reality that the consequence of sin is death. We witness with all our senses the wrath of hell manifested in the vitriolic attacks by abortion workers unleashed on us—and much worse, on the tiny, innocent babies they kill and throw in the trash.

But by God’s grace, in the midst of all that spiritual turmoil and killing, it is very common for abortion workers to walk away from Planned Parenthood once the Church comes to the sidewalk. Those of us who have been active in pro-life work for decades can point to many who have walked away because of our presence on the sidewalks outside Planned Parenthood.

And as we ponder how great God’s grace is in rebuilding broken souls, I wonder how many of us can see God’s image in every human being we encounter.

- In that person who persecutes us relentlessly?
- In the face of a convicted murderer?
- In the face of the neighborhood abortionist?

These people were all created in the image and likeness of God. Yet, through sin, through free will, through “choice,” and through sexual license, people continually warp themselves into the image and likeness of sin—into the image and likeness of the one they are following; into the image and likeness of evil incarnate.

Still, we know, the immortal soul of each person is created to know, love, and serve God in this life and to be with Him forever in the next. It is our constant challenge to recognize that and to overcome our sinful nature so that we can reach out to these individuals.

Former Planned Parenthood facility director Abby Johnson has focused her attention on her mission to rescue abortion workers with an outreach that she appropriately calls “And then there were none.” As she who has walked the fiery path of running a Planned Parenthood abortion center explains, no abortion workers means no more abortions. How is that accomplished? It is all about reaching out to them—giving them a hand up out of hell into the arms of God.

Just this week Abby announced that, in the few months this vital ministry has been in operation, 44 abortion workers have been rescued from Planned Parenthood. She also shared this letter she received from a former late-term abortionist that shows just how God’s supernatural grace
After receiving a pro-life tract, and having read it, I got angry, but I didn’t throw it away. And then for some reason, I couldn’t perform abortions anymore.

Finally one day, something hit me... and my hard heart began to soften. After receiving a pro-life tract, and having read it, I got angry, but I didn’t throw it away. And then for some reason, I couldn’t perform abortions anymore.

I broke down that day and felt like I had died on the inside. Millions of emotions came at me and I had a weight of guilt on my shoulders so heavy. So heavy, worse than any depression I’ve ever felt. I felt like every baby I had taken from this world a part of me died as well. I cry as I write this. I cry for the mothers, the fathers... who decided because of “choice” they would kill their children. I cry for the babies who were brutally murdered at my hand. It takes a lot to admit that. A LOT.

This former abortionist closed her letter with the ultimate zinger, addressed, fittingly, to the churches.

Where are the churches? The outreach groups? Get out there! Do something. Please! Don’t say, “It isn’t my field.” Shouldn’t it be every moral person’s responsibility to defend the defenseless? And don’t tell me pro-life outreach doesn’t work, or tracts don’t help. It certainly did for me.

There’s not a day that goes by now where my heart isn’t heavy with grief, or I don’t get angry. I can only hope God can forgive me. If anyone deserves a hell, it’s the one who murders children.

Loving the sinner doesn’t mean overlooking the sin. On the contrary, the surest way to let sin fester and warp a soul into the image of sin is to ignore that sin. The Church is called to confront the sin of abortion and the sin of sexualizing children at the very doors of Planned Parenthood and to confront it on a daily basis. It is only through peaceful, prayerful, loving confrontation that the sinner will find a portal back into the heart of God.

For many years, American Life League (of which California Right to Life Educational Fund is an “affiliate group) has been calling the Church forth, through its clergy and laity, to witness to life at the very gates of the hell that is Planned Parenthood. When a former abortionist realizes the power of the churches to stop abortion, surely it is time to answer that call and make haste to come to the aid of those in most need of the mercy of God.
consider joining other pray-ers out on the public sidewalk outside your local abortion center.. for a listing of current sites see:

40 Days for Life

One of the ways we might consider responding to the call of the above article is to participate in the Spring 40 Days for Life that began Wednesday, February 13, and will continue until March 24, 2013. For more information, including a list of locations, visit the website www.40daysforlife.org

Calendar of Events
For the latest updates of events see www.calendarforlife.org

Do you know someone who might be considering abortion?
Make sure they get the facts first!
A LIFE depends on it…
1-800-712-HELP (4357)

WHO IS CALIFORNIA RIGHT TO LIFE?

This is the newsletter of California Right to Life Education Fund, a 501-c-3 organization established to educate the public about pro-life issues. Donations to the EDUCATION FUND are tax-deductible and can be sent to P.O. Box 4343, Walnut Creek, CA 94596-0343.

California Right to Life Committee, Inc. is a 501-c-4 organization providing information on legislative issues affecting the right to life, and pro-life political advocacy. CRLC, Inc. is not permitted, under IRS regulations, to offer a tax deduction for donations. $24.99 annually is requested for a subscription to the CRLC legislative email updates list and can be sent to 1920 Monument Blvd #309, Concord, CA 94520.

Both are affiliates of American Life League, headed by Judie Brown, and share the same “no-exceptions, no excuses” beliefs and the same dedication to promoting the Culture of Life, respecting all innocent human life from the single-cell stage to natural death.

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