

Since human life begins at conception, the remains of embryos and fetuses must be treated with the same respect as the remains of other human beings. Such remains should never be spoken of or considered as "mere tissue" or "medical waste," or treated in the same way as medical waste. The remains of embryos and fetuses should either be buried or cremated in a respectful manner and place. Cremated remains should either be buried or entombed.

Parents may wish to arrange for private burial and cremation with a funeral director, or may give the remains over for burial in a communal grave in a specially designated section of a cemetery. A health care facility at which the mother has been a patient during the miscarriage or stillbirth may be able to assist with these arrangements.

Families experiencing perinatal loss should be afforded all the services and support that would be offered for families who had an older child or adult die, including the proper care for and burial of their remains. Since in Iowa a death certificate is only required after the child reaches 20 weeks gestation, miscarriages require special attention in this regard. Unfortunately, miscarried children are often not automatically offered the same services as those children who are old enough to receive a death certificate. Therefore, in cases of miscarriage, more advocacy and guidance often need to be provided for families regarding obtaining and burying their child's remains.

BURIAL OF A CHILD'S REMAINS

The child's remains should be buried in a cemetery or cremated and interred in a mausoleum or columbarium. If the child is cremated, keeping ashes at home, dispersing the ashes, or making jewelry out of the ashes is not permitted according to Catholic teaching, so these should not be recommended. If appropriate, families should be counseled on what the Church teaches regarding the care for fetal remains, and why. This may be a difficult conversation to have, so it should only be done if the family is open to the discussion. If the family intends on keeping the cremains at home, spreading them, or making jewelry, etc., it may be advisable that such a conversation happens in the future rather than during the immediate grieving period. Regardless, ministers should not facilitate anything that is not aligned with Catholic teaching, but must allow families to make decisions for themselves.

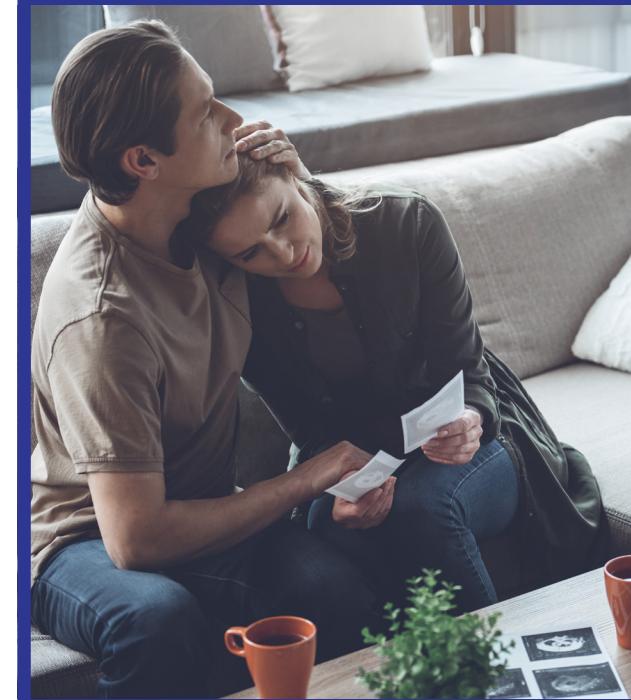
Some cemeteries have specific sections for children who died before birth. It is in the best interest of parents who will experience this type of loss for *Behold Your Child* ministry leaders to contact local funeral homes and cemeteries in order to find out what services are provided in the case of miscarriage, stillbirth, or infant death. This will allow you to have the information readily available for parents immediately during/after a miscarriage or stillbirth. Families will often ask "What do we do now?" or "Who do we call?" Having accurate information for them right away can relieve them of an enormous worry that their baby will be cared for with dignity and respect once it leaves their sight.

Some cemeteries will allow families to bury their child on another family member's plot. Inquire with your local cemetery if this is permissible. This can also alleviate the cost of purchasing a new plot or worrying that the child will not be buried with the family.

For more information, please visit:
www.DBQArch.org/BeholdYourChild



Caring for Your Baby's Remains after a Miscarriage



**ARCHDIOCESE
of DUBUQUE**

OBTAINING A CHILD'S REMAINS AT HOME

When a miscarriage occurs at home, the remains of the child may be difficult to identify, depending on the age of development of the child. It is recommended that someone collects as much of the remains as possible, keeping in mind the following:

- The embryo will likely look like a large blood clot in the earlier stages of development and the child may not be easily perceived within the amniotic sac.
- It is not required to search through the amniotic sac to find the remains of the child specifically, although if the parents, a family member, or friend is comfortable doing so it can be done.
- It is important that any handling of remains should be done with proper blood-borne pathogen protections (for example, nitrile medical gloves).
- Miscarriage kits are available at some doctor's offices and hospitals or could be purchased online.
- Place the child's remains in a container with a saline solution and place in a refrigerator at home until burial and/or until they are transferred to the care of a funeral home. Ensure that the container will not leak, has a tight seal, and is in a place that it won't be dropped or mishandled. A possible option to make the place of reservation of the remains slightly more suitable would be to place a lit candle near the refrigerator as a sign and symbol of the importance of the child's remains.
- Remember that the child's remains are likely very small and fragile and, depending on the age of development, may be imperceptible. A miscarriage can occur and resolve in a short time, but it can also take days. When the miscarriage happens over several days, this complicates the collection of the remains, especially when the child is in early development stages, because of the other biological materials that are also expelled over this period of time.

- Someone who has had a miscarriage at home should seek follow-up medical assistance to ensure that nothing is still present in the uterus that could cause infection.
- Depending on the type of miscarriage and whether or not the fetus has been expelled from the uterus, a Dilation and Curettage (D&C) procedure may be necessary. This procedure involves the cervix being dilated by the doctor and the contents of the uterus being removed (this may include parts of the fetus, the placenta, etc.). This may be necessary whether the miscarriage happened at home or in the hospital. Some confusion surrounds the morality of this procedure as it is also used for certain types of abortion. If, however, a miscarriage has occurred and the fetus is deceased, this procedure is morally permissible and likely necessary to ensure the health and safety of the mother.
- Any remains obtained should be given a proper burial or cremation, followed by burial.



OBTAINING A CHILD'S REMAINS AT THE HOSPITAL

When a miscarriage takes place at a hospital, or a D&C procedure is conducted after a miscarriage, it is important for parents to obtain the remains of their child for a proper burial. Laws vary by state regarding the rights of parents to obtain their child's remains from a hospital. Unfortunately, some hospitals might have their own policies that would prohibit or dissuade parents from obtaining their child's remains for Christian burial, especially in the case of early miscarriages.

Even if a hospital does not have a policy against releasing the remains, they might not voluntarily offer the remains to the parents and might have the practice of discarding the remains as "medical waste." Parents, therefore, should proactively request the remains of their child. Then, parents should coordinate with local funeral homes and cemeteries to properly bury the child's remains. If hospital policy prohibits parents from obtaining the child's remains for Christian burial, parents should contact the hospital legal department to advocate for permission to obtain the remains.



Important Notes:

- Some parents may have had a miscarriage in the past in which they were unaware that they could collect their child's remains for burial so they may have allowed the hospital (maybe unknowingly) to incinerate the remains with other "medical waste" or may have flushed the remains of their child down the toilet. This can weigh heavily on parents who may feel they abandoned their child, that they did not do the right thing, or regret the decision not to obtain the remains and have a burial and/or funeral for their child. It is important to identify what obstacles may have been present which hindered parents from making a decision that they now wish they had made in hindsight. Oftentimes, it is ignorance of the option to bury their miscarried child, or panic in the moment of serious distress that prevents pursuing burial.
- Whether or not the child is buried, **it is important for parents to name their baby** (even if the child was miscarried years ago).