



especially true in cases where the pregnant woman is under pressure to abort because of genetic defect/fetal anomaly or concerns regarding her health.

With advances in pre-natal diagnosis, it is not uncommon for expectant women/couples to learn from their doctor that the possibility exists that their baby is suffering from a genetic problem or fetal anomaly. These women/couples are often advised by their doctors to abort their babies. Following such advice women and their families frequently seek counsel from the Church's representatives. They come often filled with fear and grief-stricken over the news they have received from their doctor. Those to whom they turn have a serious responsibility to speak the truth compassionately and lovingly. It is important that those who give counsel; (1) are confident about and committed to the Church's teaching in the midst of very painful emotions, (2) are able to serve generously in assisting women/couples in living out the truth of Christ.

Notes for Pastoral Ministers:

✚ Ask some simple questions early on in the conversation to ascertain whether the baby is still living or has died in utero. Some families agonize needlessly over what to do when the baby is dead in utero. In the case of a baby that has died in the womb, the judgment that must be relied upon is completely medical. Sadly, some women, because it is the best medical course of action, must carry their deceased child until nature takes its course and they go into labor. Other women undergo medical procedures

similar to those used in abortion to remove the remains of a baby that has died prior to birth. If the baby is deceased, these procedures are not to be viewed as an abortion, and are morally acceptable. There are a number of options for the pastoral minister in ministering the care and prayer of the Church to families that experience miscarriage or stillbirth. They are outlined in Pastoral Notes available from the Office for Worship.

✚ If it is clear that the baby is living (a fetal heart beat is present), but because of a diagnosis of genetic defect/fetal anomaly abortion is mentioned or recommended as an option by a physician, it is important to listen carefully. Often women/couples feel an urgency to make a decision immediately because of pressure from their doctor and/or to relieve the great distress they are experiencing. It is helpful to slow down the entire process and encourage them to take the time to think carefully, to seek a second medical opinion, and to pray. Enabling them to find a doctor who will provide expert care and will support them in choosing life for their child is vital. The Pregnancy Help staff is available to assist with referrals to such doctors.

✚ It is helpful to put a woman/couple in touch with someone else who has given birth to a child with a similar diagnosis. The reality of what to expect, explained by a parent who has had a similar experience, often alleviates the woman's worst fears. An extensive network of practical and emotional support is available for families after the birth of a child with disabilities.