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**To cite this article:** Daniel Nuzum, Sarah Meaney, Keelin O'Donoghue & Michael Jackson (2017) Stillbirth and Suffering in Ireland: A Theological Reflection from Healthcare Chaplaincy, *Practical Theology*, 10:2, 187-200, DOI: [10.1080/1756073X.2017.1296062](https://doi.org/10.1080/1756073X.2017.1296062)

**To link to this article:** <https://doi.org/10.1080/1756073X.2017.1296062>



Published online: 02 Mar 2017.



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# Stillbirth and Suffering in Ireland: A Theological Reflection from Healthcare Chaplaincy

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Stillbirth is a devastating experience for parents who in a short period of time move from the excitement and expectancy of new life in pregnancy to the depth of heart-rending grief in the experience of bereavement. Semi-structured in-depth qualitative interviews were conducted with parents bereaved through stillbirth who were cared for at an Irish tertiary maternity hospital. The data were analyzed using Interpretative Phenomenological Analysis prior to theological reflection using Green's Theological Spiral. This theological reflection explores the experience of suffering/ theodicy and providence as expressed by bereaved parents in the study as a focus for new insights to develop

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This article was originally published with errors. This version has been corrected. Please see Erratum (<http://dx.doi.org/10.1080/1756073X.2017.1307802>).

spiritual care by maternity healthcare chaplains. Theological engagement, pastoral tenderness and empathic presence are identified as key attributes for spiritual care by healthcare chaplains following stillbirth.

**KEYWORDS** theological reflection, stillbirth, bereavement, suffering, healthcare chaplaincy

## Introduction

Pregnancy is a deeply spiritual experience when new life is awaited and experienced with the expected outcome of the safe arrival of a healthy baby (Nuzum *et al.*, 2015). In Christian theological terms pregnancy has long been associated with the creative, generative, incarnational and redemptive nature of God. In pregnancy God once made Godself known through the enfleshment of the divine ‘logos’ (John 1:14). For the Christian, conception and pregnancy are more than biological ‘mechanics’ and as new life is created and nurtured *in utero*, creative mystery is intertwined and enfleshed with physiological ordinariness. To the person of faith parents are co-creators with the Divine as a new baby holds the genetic blueprint of parents and at the same time to the person of faith this baby also reflects the image of God (Genesis 1:27).

While pregnancy is an ordinary creative life event for many couples it is a sad reality that despite the advances of modern medicine not all babies will survive. In Ireland, where this study was conducted, 1 in every 238 babies will die from stillbirth (Corcoran *et al.*, 2016). Stillbirth in Ireland is defined in the *Stillbirths Registration Act 1994* as ‘a child born weighing 500 grammes or more or having a gestational age of 24 weeks or more who shows no sign of life’ (Oireactais Eireann, 1994). In addition to the loss of the baby as a human being, the ripples of stillbirth extend far into the grieving family, communities and wider society (Heazell *et al.*, 2016; Ogwulu *et al.*, 2015). The impact of the death of a baby continues far into the future with well-documented bereavement risks for those most closely affected (Gold *et al.*, 2014; Harper *et al.*, 2011; Hogue *et al.*, 2015). Healthcare professionals who care for bereaved parents at this difficult time also endure a personal and professional burden (Farrow *et al.*, 2013; Gold *et al.*, 2008; Heazell *et al.*, 2016; Nuzum *et al.*, 2014, 2016a,b; Nuzum *et al.*, 2015).

Acknowledging that birth and death are liminal moments and experiences in their own right, in stillbirth they become inseparably linked with the associated impact of two major life events in one (Nuzum *et al.*, 2015). Expectant parents without choice experience the conflicting and bewildering rollercoaster of emotions from anticipation of life to devastation and death. If parents receive a diagnosis that their baby has a life-limiting condition or anomaly *in utero* they make this journey within a very short timeframe before the inevitable death and birth of their baby. In the case of unanticipated stillbirth parents experience an emotional descent into heart-rending grief with no notice and therefore no preparation.

For people of faith, the experience of stillbirth unsurprisingly raises existential questions about the nature of God and the painful reality of suffering. The

understanding and belief in a creating and loving God on the one hand conflicts with the experience of loss and death of new life on the other (Kelly, 2007). The hope and potential of new life and future is ruptured by the unwanted and uninvited presence of grief. The womb of life becomes the tomb of death (Jones, 2001). Expectant parents experience the paradox of grieving a baby they know but have not yet met face to face. A grief that for many is disenfranchised (Doka, 2008). In Christian understanding each life is unique and is not effaced by the sad fact of a short life. Each and every person is made in the image and likeness of God and lives in that image and likeness.

This study was conducted in Ireland where, although there is increasing multicultural and multifaith diversity, the population remains overwhelmingly Christian with 98% of the population identifying as Christian and 84% as Roman Catholic (CSO, 2012). There remains in Ireland a strong sense of belonging even if anecdotally levels of religious practice have decreased. The phenomenon of ‘believing without belonging’ as coined by Davie has not materialized in the way it has in the United Kingdom context (Davie, 2015). Sociologically, there has been a well-documented and painful history of how the remains of stillborn babies were treated with less respect than other human remains [A Swedish study by Wretmark however, indicates that this was not an exclusively Irish practice (Wretmark, 1993)]. The bodies of babies who died before baptism were often buried outside consecrated burial grounds and without religious ceremony — indeed their very place in the scheme of salvation was questioned with the popular belief in ‘limbo’ (Dixon, 2012; Lorna, 2015; Pierce, 2003). This practice continued until the 1970s. The Catholic Church clarified its position on the concept of ‘limbo’ with the 2005 publication and statement by Pope Emeritus Benedict XVI of *The hope and salvation for infants who die without being baptised* (Commission, 2007). Kelly’s study of ritual following perinatal death identified the immense authority that bereaved parents attribute to religious authorities concerning the salvation of a baby who has died (Kelly, 2007).

There is little in the published literature that explores in theological reflection what this painful and distinctive form of bereavement is like for bereaved parents. This theological reflection is drawn from a qualitative study into the spiritual impact of stillbirth on bereaved parents (Nuzum *et al.*, 2017). The focus of this paper is a secondary theological reflection on the experience of stillbirth.

## Methods

The study from which this reflection is drawn was a qualitative phenomenological study that used Interpretative Phenomenological Analysis (IPA) to study the experience of stillbirth for bereaved parents. As a methodology it allows experience — in this case stillbirth — and attributed meaning to be explored at considerable depth (Biggerstaff and Thompson, 2008; Smith *et al.*, 2009). The steps of the process of IPA are outlined at Figure 1. As a methodology, IPA complements the process of theological reflection where the practitioner is tasked with a process of disciplined engagement and critical reflection on life experiences and their meanings in the

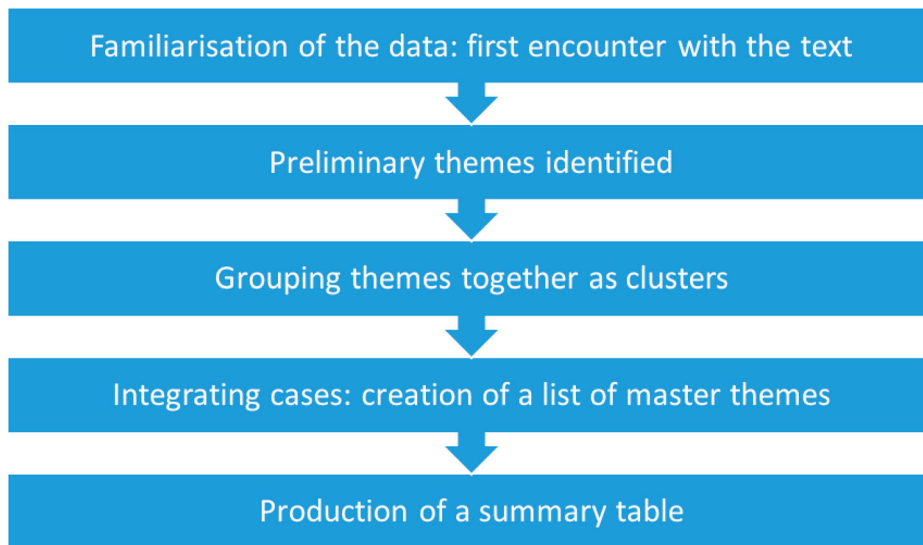


FIGURE 1 Interpretative phenomenological analysis

light of understanding values and faith (Ballard and Pritchard, 2006; Graham *et al.*, 2005; Miller-McLemore, 2012).

Theological reflection is an integrative and dynamic process where, the ‘connections between human dilemmas and divine horizons are explored, drawing on a wide range of academic disciplines including social sciences, psychotherapeutic and medical disciplines and the arts’ (Graham *et al.*, 2005). In this study the theological realities of suffering/ theodicy and providence as experienced following still-birth were reflected on alongside the Hebrew and Christian scriptures as the repositories of the revelation of the Divine in the weave of human history and understanding for Christians. The processes of theological reflection and IPA have an epistemological affinity where ‘thick descriptors’ are brought forth from human experiences (Thompson *et al.*, 2010). Both approaches are hermeneutic, heuristic, experiential and data-driven from the experiences of participants. Qualitative methodology has been recognized as an important approach alongside theological reflection to explore complex human situations and experiences (Swinton and Mowat, 2011). Theological reflection and IPA also recognize the role of the researcher as interpreter in the process (Cooper-White, 2012; Miller-McLemore, 2012; Smith, 2008; Smith *et al.*, 2009; Thompson *et al.*, 2010; Woodward *et al.*, 2000). As this study was conducted in the context of healthcare chaplaincy Green’s ‘Theological Spiral’ was considered appropriate for the structured theological reflection on still-birth in this study to engage with the data and explore new insights (Green, 2009). Green’s theological spiral allowed for the exploration of the universality of perinatal grief on the one hand and the unique experience of each parent on the other. The capacity for secondary reflection within the structure of Green’s spiral enabled an intimate hermeneutic response unique to each pastoral situation and yet allow the insights from this experience to shed light on the broader phenomenon of perinatal

bereavement. In addition, the long history of structured theological reflection focussing on the 'living human document' as part of Clinical Pastoral Education (CPE) nurtured a natural cohesion and hermeneutical potential between IPA and Green's theological spiral.

A semi-structured interview guide was developed by the research team based on the published literature in the field and from their experiences as a healthcare chaplain, social scientist and consultant obstetrician working in a specialist perinatal bereavement team at a large tertiary maternity hospital. The interview guide was a 'starting point' for data collection to allow sufficient flexibility to allow the data to be participant-driven while at the same time maintaining a consistency of topic (Smith, 2008). This approach enabled richer data to be shared, and maintained the importance of not confining the data collection to pre-identified topics identified by the research team (Smith *et al.*, 2009). In essence, participants were enabled to tell their own story.

Ethical Approval for the study was granted by the Clinical Research Ethics Committee of the Cork Teaching Hospitals (Ref. No: ECM 4 (pp) 06/03/12).

## Sample

IPA as a research methodology focuses on the depth of data and by their nature IPA studies have small sample sizes to allow experience to be studied at depth (Smith *et al.*, 2009). Twelve mothers and five fathers participated in the study. In total, 100% of mothers approached agreed to participate in the study. Bereaved fathers were recruited to the study through their partner and 42% of fathers participated. Inclusion criteria were that the participants had been cared for at the study hospital, were not currently pregnant, were over eighteen years old and had not previously indicated that they did not wish to be contacted by the hospital for study purposes.

## Data collection

Each interview took place at a location and time of the participants' choosing. Most participants ( $n = 14$ ) were interviewed in their home environment and the remaining ( $n = 3$ ) chose to return to the study hospital. Interviews lasted between 31 and 104 minutes, were digitally recorded and subsequently transcribed verbatim (Nuzum *et al.*, 2017). Transcripts were anonymized to protect the identity of the study participants. Each transcript was checked for accuracy against the original recordings by the researcher before analysis began.

As part of personal theological reflection the researcher used a process of reflexive journaling to record personal insights, experiences, feelings and theological insights that arose during each interview. This included the impact of witnessing the depth of grief as parents shared their stories. Additional data such as body language and non-verbal communication were also recorded. As a perinatal healthcare chaplain, experienced in CPE, the researcher used the 'living human document' approach espoused by Anton Boisen where the participants were acknowledged as the experiential experts in their suffering and grief (Boisen, 1960; Smith *et al.*, 2009).

## Results

All parents expressed that the death of their baby had caused them to wrestle with their faith structure. One mother expressed that she did not identify with any particular belief system; all remaining parents were Christian. All parents expressed that their faith/belief was challenged as a result of their bereavement. The parents of one baby felt that their faith was stronger as a result of their baby's death; the parents of three babies expressed that their faith was unchanged and the parents of eight babies expressed that their faith was weaker.

All parents were emotional and demonstrated spiritual distress during the interview process and the depth of emotion expressed demonstrated that, in keeping with the published literature, stillbirth had an enduring and profound impact. As the researcher was a healthcare chaplain the interviews also had a pastoral/ therapeutic dimension as parents recalled their experiences. Most parents felt that while religious/ ceremonial needs such as naming and funeral liturgies were attended to while in hospital, their deeper spiritual needs concerning their questioning of God's love, sense of injustice, theodicy, anger and abandonment were not adequately met. These spiritual needs are explored in the superordinate themes.

The superordinate themes from the data were (i) Searching for meaning, (ii) Maintaining hope, (iii) Importance of the personhood of the baby (iv) Protective care (v) Questioning core beliefs and (vi) relationships. These data have been published separately (Nuzum *et al.*, 2017). Linking each of these superordinate themes together, the theological realities of suffering/theodicy and providence emerged for the author to wrestle with. Suffering and providence in stillbirth is the focus of this theological reflection and is discussed using Green's Theological Spiral (Green, 2009). Direct quotations from participating parents are used to illustrate the results.

## Theological reflection: suffering and providence in stillbirth

The question of suffering was raised by all parents as they sought to find meaning in their loss. Theologically, the enormity and rawness of suffering caused spiritual distress for bereaved parents regardless of their belief structure. Suffering was characterized by the question 'why?'. Why would a creative and loving God allow the death of a baby who should have the potential of a lifetime ahead? The experience of death so late in pregnancy jarred with the natural order of life, birth and death. The wider theological backdrop out of which this theological reflection comes, particularly in times of sorrow, is that of providence. Providence concerns the proactive concern that God has for God's people. Nonetheless it does not mean that people receive what they want. The greatest enigma in this is Job in the Old Testament. Providence leads into theodicy, that is: the justification or substantiation by human beings of the ways of God in the circumstances where providence does not deliver conventional happiness.

Parents who received a diagnosis that their baby had a life-limiting condition struggled with a sense of powerlessness and the related conflict of being unable to protect their baby from inevitable death. For these parents the reality that every

day closer to their baby's birth was a day closer to their death placed them in a theological and experiential wilderness or powerlessness.

All I could think of was my poor baby and I was just looking at him up on the screen ... he was just lying there and I couldn't do anything. I was thinking 'my poor baby'. I had to keep going for him because for whatever length of time he was coming for I had to mind him until he was gone.

Where can hope be found in such an apparently hopeless place? How then does one reflect theologically on these raw experiences of heart-rending grief? Where is God to be found in the midst of such pain and barrenness?

Using Green's Theological Spiral as a theological reflection methodology, the starting point of experience for parents was the excitement and joy of discovering they were pregnant. This sense of achievement, future, hope and joy was present for parents when they were asked how they felt when they discovered they were pregnant.

We were so excited, we were planning and preparing. Everything was great.

During this time parents began to develop a relationship with their unborn baby. There was a strong faith correlation with how parents knew and experienced their baby even though they had never met them. Fathers in the study expressed that they did not share the same depth of attachment during pregnancy and that for them their strong attachment happened at birth, when they met their baby face to face. For parents when they felt that something was wrong their sense of hope and excitement was replaced by fear and terror. Parents described how in this time of fear and uncertainty they instinctively asked for help from God.

I prayed, I cried out to God... I prayed for my baby.

In this phase parents descended to a powerless and confusing place, unable to protect their baby. The point of diagnosis or confirmation of death was a place of darkness for parents. It was described as numbness, disbelief, disorientation. Theologically parents experienced a rupture of confidence, faith and belief during what was an experience of intense suffering. In the time between diagnosis and birth parents described how they bargained in the hope that the outcome might be different. Of note, most parents described a mixture of pleading with God and anger towards God. Fathers in particular expressed a desire of substitutionary redemption where they would have gladly taken the place of their baby if that would have changed the outcome.

I wouldn't be the crying type but it would just break your heart, it would shatter everything, everything you have, your family life, your beliefs, your everything... Its like a form of depression where you do not have tablets or anything. We are just suffering our way through it ... one hour at a time ... I'd have preferred if I could have gone and let him stay ... I wish I could have gone and could have stayed and let him have a life.

The depth of this protective stance from fathers revealed a profound spiritual struggle akin to that described by Frankl ([Frankl, 2006](#)). The reality of providence and theodicy was exacerbated in the highly charged circumstances of stillbirth and



had a particular poignancy in the heartfelt voices of parents of both genders. As Swinton argues ‘raw pain inevitably inspires hard questions’ (Swinton, 2006).

In the period following diagnosis and before birth, parents who had a number of weeks to prepare for the death of their baby expressed how this time enabled them to create memories and to adjust to the reality of impending loss. They began their grieving process from the moment of diagnosis. However, this was framed by the poignant awareness that the lifespan of their baby as experienced *in utero* and witnessed on ultrasound scan as very much alive, was finite. Parents who received an unexpected diagnosis that their baby had died entered an acute experience of shock and grief with a sudden descent from the joy of pregnancy to the depth of grief. Theologically these parents expressed a very vocal anger with and towards God. One mother expressed

“I screamed at him [God] ... I didn’t say prayers, I spoke and I screamed and I roared at him ‘Why am I going through this? Why are you doing this?’” Another mother expressed “My husband was crying ... I discarded God at that point and I shouted at Our Lady saying ‘what’s wrong with you? Why have you left me?’”

Progressing through Green’s Theological Spiral brings new insights to bear for those responsible for providing spiritual care in the midst of this devastating grief. Primarily in the hospital setting, this is the role of the professional healthcare chaplain. Drawing on the experiences of bereaved parents, how does a maternity healthcare chaplain provide meaningful care for parents following stillbirth? Entering into Green’s theological spiral to explore the depths of pain and grief experienced by bereaved parents how does a chaplain intuit and attend to this pain?

The data, above all, suggests that chaplains need the ability to accompany parents through the pain and wilderness of grief. The data from this study revealed that previously used faith supports or operative beliefs on the part of parents were challenged and for some hard to access for support. This bewildering reality charged with strong emotion is the context of pastoral care.

The pain of abandonment, anger, fear and loss are emotions found in many places of scripture and faith history and in these experiences the Christian is invited to reflect on where God might be found. The open expression of these emotions towards God is not easy for people of faith and yet when reflected upon theologically they are very close to the strong expression of lament and existential pain recorded in the Judeo-Christian scriptures. Expressed emotion at this depth can also be hard to witness on the part of the chaplain and requires a mature capacity and strong self-awareness to attend to it meaningfully. It is a form of ‘co-suffering’ in itself (Cooper-White, 2012; Nuzum et al., 2015). The feeling and expression of grief following the death of a baby is understandably visceral. This acute pain in turn gives way to a life-long prospective grief and frequent reminders of loss. Many of the Hebrew psalms express the depth of human response and pain following trauma and death. These scriptural texts give voice to the human emotions of pain, angst, anger, fear, loneliness and abandonment; all of which were present in the data from bereaved parents in this study. Psalm 130 captures this depth of lament to God ‘Out of the depths I cry to you, O Lord’ (NRSV Anglicized Bible, 1998). Christologically this sense of abandonment and unclear providence is also

to be found in the closing crucifixion account of Jesus Christ ‘My God. My God why have you forsaken me?’ (Matthew 27:46). There is an apparent meaningless and senselessness to it that calls into question the possibility of a life-giving God. There is to be found in this place of suffering and abandonment an ultimately uncontrollable liminal experience. As waters rupture, a body — one full of life — is now delivered into death and for the Christian into new life. As bereaved parents wrestle with questions of theodicy and existential pain so too do chaplains who accompany parents as they search for meaning in their loss (Nuzum *et al.*, 2015). There is in this place of reflection and exploration the confluence of personal and vicarious loss and suffering. ‘Where are you?’ is the natural cry to God for the person of faith. An abandoned and lonely place that is experienced rather than explained. So where is meaning to be found?

Rowan Williams in describing a sense of abandonment following the New York terror attacks in 2001 articulated in a liberatingly honest way that ‘at times like this God is useless’ (Williams, 2004). The immediate context of Williams’ reflection was that he was lecturing at the nearby Trinity Church Wall Street at the time the now infamous ‘9/11’ explosions took place. His reflection draws us into the devastation of futility while making a particular theological point by the word: useless. It does not in this instance mean fruitless. Rather, it points us to presence as anterior to function. One may not be able to do anything but by being there you provide a presence that stands with those who are finding it hard to stand with themselves. This insight by Williams requires us to inhabit the space of pain and suffering without agenda.

This insight and ‘new witness’ — to use Green’s term in the theological spiral — opens up the importance for chaplains not to ‘fix’ bereaved parents but to accompany them, to stand with and alongside them in their grieving. In this paradox of uselessness, is the insight that God is indeed ‘uselessly’ found; not in answers but in presence. Integrating this insight into ministerial practice as the model of Green’s Theological Spiral (see figure 2) continues, the healthcare chaplain drawing on the data from bereaved parents in this study is able through empathic presence and accompaniment to incarnationally meet bereaved parents at their place of deepest pain, spiritual rupture and fractured hope. By witnessing to the pain of stillbirth a space is held open for that pain to be expressed. This is suffering at its rawest point. This is the space of presence where there are no words necessary or indeed useful (Swinton, 2006). It is from this place of acute, painful and raw suffering that meaning can be found and recovery can begin (Cooper-White, 2012). Williams and Swinton hold open for us a new awareness that when we are tempted to be ‘useful’ to ‘fix’ or to ‘explain’ that this in fact serves no purpose (Swinton, 2006; Williams, 2004). Rather, there is now a deeper reality of divine presence, divine suffering and ultimately divine redemption.

The value of pastoral presence as ‘being rather than doing’ in chaplaincy has gained increasing importance in recent years (Kelly, 2012; Newitt, 2015, 2016). Building on the value of pastoral presence and accompaniment and recognizing the spiritual pain of stillbirth, this can be incorporated into pastoral practice as the theological spiral continues and the chaplain meets a new family, with a new life, a new death and a new grief. A common phenomenon: a unique experience.

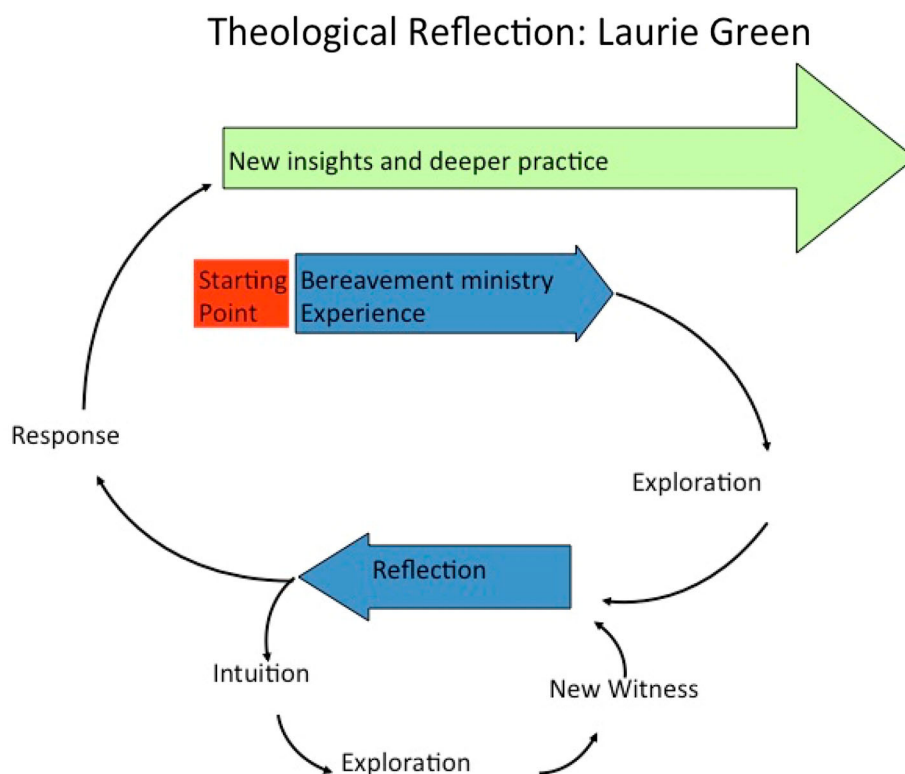


FIGURE 2 The theological spiral

Being able to utilize the theological spiral the chaplain can re-enter that space of suffering with another family and respond to their particular needs in their place of suffering and grief by being rather than doing.

## Conclusion

In this paper we have outlined that stillbirth is a devastating experience for parents requiring a high level of professional and compassionate care from healthcare professionals. Responding to the experiences of bereaved parents in this study we affirm that for Christian healthcare chaplains pastoral care following stillbirth demands pastoral sensitivity and theological depth to be able to accompany bereaved parents at what is a very vulnerable time. Reflecting theologically on the suffering associated with stillbirth using Green's Theological Spiral opens up new insights for pastoral ministry drawing from the biblical tradition of lament, suffering and providence and modern theological insights of Cooper-White, Swinton and Williams.


The rawness and emptiness of this distinctive suffering following the death of a baby invites us to draw close when our temptation and inclination is to withdraw. The discipline of critical, vulnerable and theologically informed engagement and


wrestling with the lived experiences of stillbirth by bereaved parents opens the possibility for meaningful and transformative spiritual care. This approach recognizes that in the midst of the inevitable suffering of stillbirth, healthcare chaplains require the capacity to embody pastoral tenderness, empathic presence and spiritual resilience in their care of bereaved parents. Where pastoral presence meets the sheer honesty of lament and raw expression of grief, possibilities are opened to experience the theological paradox of the suffering God, a ‘useless God’ as Williams might describe God. The paradox, that in recognizing God as presence and being, a new future of recovery can begin where the painful, suffering tears of stillbirth flow in perichoretic synchronicity with the one who says ‘I am with you’ (Isaiah 41:40).


## Acknowledgements

The authors wish to acknowledge the participation of bereaved parents who generously shared their stories of loss.

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## Notes on contributors

Daniel Nuzum is a healthcare chaplain and practical theologian specializing in perinatal and palliative care ministry at Cork University Maternity Hospital and Marymount University Hospital and Hospice, Ireland. Daniel received his PhD from University College Cork in 2016 where his thesis was 'The spiritual and professional impact of stillbirth'. Daniel is an active member of the Pregnancy Loss Research Group and an adjunct lecturer in the Department of Obstetrics and Gynaecology, University College Cork. Daniel is the Co-Chair of the Spirituality Interest Group of the Irish Association of Palliative Care and an Associate Clinical Pastoral Education Supervisor. Daniel's research interests are in the area of ministry following stillbirth and neonatal bereavement, spirituality in specialist palliative care and practical theology. Daniel is currently pursuing further postgraduate study in the Faculty of Theology, Pontifical University, St Patrick's College, Maynooth.

Sarah Meaney is a researcher in the National Perinatal Epidemiology Centre, University College Cork in Ireland. Sarah undertook her PhD in Obstetrics and Gynaecology in University College Cork, where she examined the causes and consequences of pregnancy loss and perinatal death. Sarah has a particular interest in the patient perspective of health care, as well as in the development of effective health information systems to improve and promote better health.

Keelin O'Donoghue is an honours medical graduate of University College Dublin (1995) and a Fellow of the Royal College of Obstetrics and Gynaecologists (2012). She received her PhD in Obstetrics and Gynaecology from the University of London in 2005, following studies at Imperial College London in 2001–2004. She was awarded CSCST by the Irish Committee on Higher Training in 2006. She completed RCOG sub-speciality training in Maternal and Fetal Medicine at Queen Charlotte's Hospital London, and was awarded RCOG sub-specialist accreditation in 2007. Keelin took up a post as Consultant Obstetrician/Gynaecologist and Senior Lecturer at Cork University Maternity Hospital and University College Cork in 2007. She both established and leads the multiple pregnancy, foetal medicine and pregnancy loss services at CUMH, and is part of the Perinatal Medicine team. From 2009 to 2014, Keelin was Obstetric Lead on the Division of Obstetrics, Gynaecology and Neonatology at CUMH and was Clinical Director for Women and Children at Cork University Hospital from 2013 to 2014. Keelin's work has resulted in >90

peer-reviewed original papers and >200 published conference proceedings. She established the first Irish Masters programme in Obstetrics and Gynaecology, which commenced in 2008, and now runs successfully with a full annual intake. She remains the Director of this programme along with a leading role in postgraduate education at CUMH, while maintaining a teaching role on the medical undergraduate programme and has also developed an ABA-certified midwifery-based teaching programme in third trimester obstetric ultrasound. She is a national trainer for the RCPI in Basic and Higher specialist training in Obstetrics and Gynaecology. Keelin is a member of the National Working Party for the Obstetrics and Gynaecology Clinical Programme, the Clinical Advisory Group of the Institute of Obstetricians and Gynaecologists, the Speciality Training Committee of the RCPI, the National Perinatal Epidemiology Centre Perinatal Mortality Group and the HSE Bereavement Care Standards Development Group. Keelin's research interests include prenatal diagnosis and screening, miscarriage, pregnancy loss, stillbirth, perinatal palliative care, complicated multiple pregnancy and qualitative research in Clinical Obstetrics. She heads the multi-disciplinary pregnancy loss research group at CUMH, combining supervising a large group of doctoral and masters students with collaborative clinical research in this area. She was a co-applicant on the Irish Fetal and Neonatal (INFANT) Clinical Trial Network, funded by the Health Research Board in 2015, having worked with the Perinatal Ireland research consortium since 2010. Keelin joined the INFANT centre at UCC as an SFI-funded Principal Investigator in June 2016. In 2017, Keelin takes up a new role as National Implementation Lead for the Bereavement Standards in Pregnancy Loss and Perinatal Death.

Michael Jackson is archbishop of Dublin having formerly been Chaplain of Christ Church Oxford, dean of Cork and bishop of Clogher.

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