Milestones, Moments and Memories: How Child Life Specialists are Coordinating Weddings in Hospitals

Amy Lee, MS, MSW, CCLS, CIMI

Author's note: Responses are presented in each CCLSs own words and have only been lightly formatted for readability.

Hospitals are often thought of as places of urgency and recovery, but they are also where families live real life. Amidst the beeping of monitors and the rhythm of hospital life, there are birthdays, graduations and yes – even weddings. For Certified Child Life Specialists (CCLSs), these moments are not extras; they are extensions of family-centered care. They are powerful moments of legacy-building, connection and healing – aligned with the same care, sensitivity and creativity that defines child life.
This article highlights how three CCLSs) in Detroit, Fort Meyers, and the Chicagoland area have supported on-site weddings in ways that honor ethics, boundaries, and interprofessional teamwork.

Meet the CCLSs

- *Shay Rocco Jerzy works at Henry Ford St. John Children's Hospital in Detroit and is a one-person program that serves in-patient pediatrics, PICU, and is consulted to support children of dying adults.*
- *Emily McLellan worked at Golisano Children's Hospital of SWFL in Fort Myers serving the NICU population including, premature and infant patients, siblings and caregivers.*
- *Becky worked in the Chicagoland area serving the NICU and mother-baby unit, which included antepartum and postpartum patients.*

Q: How and why did you get started coordinating weddings in your hospital?

Shay: I helped coordinate a wedding for a terminally ill adult who wanted a son and nephew to be a part of the wedding. My role was to prepare and support the son and nephew.

Emily: Most of our patients were born prematurely, resulting in caregivers needing to "pause, cancel, and reschedule" milestones like weddings, baby showers, or anniversaries. The psychosocial support team in addition to the baby/patients' primary RN team coordinated the weddings.

Becky: I met expecting mothers who were admitted long term and expecting a NICU admission with a preterm delivery. There was one patient in particular who expressed the expecting parents had desires of getting married at a courthouse prior to baby's delivery. With the antepartum admission, this was no longer an option so this led to how can we help get them married while within the hospital. We didn't advertise it, but we'd help when appropriate.

Q: How often do you coordinate weddings, and what are the key components?

Shay: I have only coordinated one wedding and this adult patient was actively dying. A multidisciplinary approach is essential. Communication and coordination with the nursing staff, spiritual care, and bedside staff is crucial to ensure everyone is aware of the event.

Emily: I assisted with coordinating one wedding. We secured the location, hair/makeup artist, dresses, and photographer. Fortunately, the venue connected us to donors who provided items.

Becky: Rarely—about once a year. Plan for the marriage license, officiant, guest count, location (room/chapel/outdoors), decorations and timing.

Q: How did you balance other clinical responsibilities while coordinating the wedding?

Shay: With this being a one-time experience, clinical responsibilities were easy to navigate. I communicated with my staff the need to step away from my floor to participate in the wedding.

Emily: Similar to the typical prioritization of the day with the patient census, I was able to allocate a certain amount of time each day to the tasks. It was time sensitive as the wedding date was concrete, but it was deemed a child life intervention because of the family-centered care model in our NICU. Collaboration with multiple disciplines was key—our social worker led many logistics. This situation was priority given the psychosocial stressors associated with early labor, being in a foreign country, having no other family present, and language barriers.

Q: What issues arose and how did you address them?

Shay: Issues included the patient's cognitive ability to sign the marriage certificate. Due to her actively dying, it was imperative we moved swiftly to carry out the wedding. If we would have waited, even another hour, the patient would not have been able to participate.

Emily: Since the family we coordinated the wedding for were on their "babymoon" and resided in a different country, there were no attendees other than staff members, and both were of legal age and had been engaged for some time. Their actual wedding in Germany was cancelled because of their twin girls' premature birth in the states. The family was bilingual and were able to have the ceremony in English. One of my assessments was that family was comfortable with an English ceremony. One of the Respiratory Therapists that was in attendance was also fluent in German and was receptive to assisting with translation, as needed.

Becky: Age was never an issue that we faced as the patients I helped with were always over 18 and families were supportive. Our director always gave the final say on number of people who can be present, and this was typically based on the location in the hospital where the event was taking place. If outside in our garden about 20 people could participate and if inside in the room or chapel it was about 10 people. I would have accommodated language and cultural needs as they arose.

Q: What other disciplines assisted you in coordinating weddings?

Shay: Our Chaplain officiated the ceremony. Our Family Support/End of Life Team coordinated with nursing staff to ensure the patient was properly medicated and all medical interventions would be paused during the ceremony. Our nurse administration office provided us with battery operated candles and flowers to decorate the room. The family provided their own marriage license, as the patient was supposed to get married 10 days before her death.

Becky: The Chaplain officiated. The physicians and nurses approved time off the unit and coordinated around assessments. I helped the patient print, scan, and fax marriage license paperwork.

Q: Some child life specialists may feel like coordinating weddings can cross boundaries. How did you navigate boundaries?

Shay: This, by no means, felt like a boundary issue. I should mention that it was imperative to conduct the ceremony when we did to ensure that the patient's minor son could be cared for by the spouse. This marriage would allow her husband to have custody of her son, as he was not the biological father. You maintain a therapeutic relationship by only providing support in that moment and not seeking relationships outside of work.

Emily: Part of the therapeutic relationship is promoting normalcy with milestone celebrations and giving the caregivers permission to care for themselves and make time for one another. I continuously assessed missed milestones, partnered with organizations to honor them, an ensured any staff attendance beyond clinical duties was voluntary. Since I was the only CCLS on the unit, I did not need to model boundaries as everyone's scopes of practice were different than mine. The NICU leadership ensured that the babies had a primary team and extra support.

Becky: I always viewed this as I am helping them achieve a goal while they are in the hospital. I am not acting as a member of the wedding but instead helping to navigate the logistics to make it happen. Being able to give them something to look forward to and accomplish during their long-term admission helps keep a positive outlook and fosters the supportive professional relationship.

Q: Is there anything else you would like to share?

Emily: Some of the ways I incorporated the babies (patients) into the wedding was capturing footprints and surprising the Groom with a handkerchief with a footprint on it and long stems with footprints to include in the bride's bouquet. I wrote a letter to the parents from their babies and decorated their room so when they got back from the ceremony, the celebrations continued in the NICU environment. We have a professional camera that is used to take photographs in the room and make a scrapbook for the family prior to discharge. We intended to find a way to FaceTime during the ceremony so the babies could "be there" but we experienced internet difficulties. The family visits every year around the twins' birthday, and it is always really exciting to touch base with them,

Becky: We wear so many hats in child life, and this was definitely a unique way to support patients!

Conclusion

Coordinating weddings may not be what we initially imagined when thinking about supporting patients and families. Yet, it's often these unexpected acts of empathy and humanity-especially during life's most difficult moments-that deepen the therapeutic relationship and offer families a sense of comfort, dignity and connection when they need it the most. As child life specialists, we are uniquely positioned to honor the whole person, rather than just treating the diagnosis. By creating space for love, celebration and meaningful milestones, moments and memories we help preserve the identity of those we serve.