



Stillbirths: When, Why and What is the cost to women families and society?

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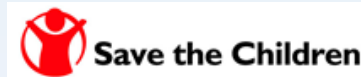
For *The Lancet* Ending Preventable Stillbirths Series team



#Stillbirth

#EveryNewborn

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MATERNAL
ADOLESCENT
REPRODUCTIVE &
CHILD
HEALTH

LONDON
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Estimated 2.6 million stillbirths in 2009

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Stillbirth rates

(deaths per 1000 livebirths)

Lowest countries

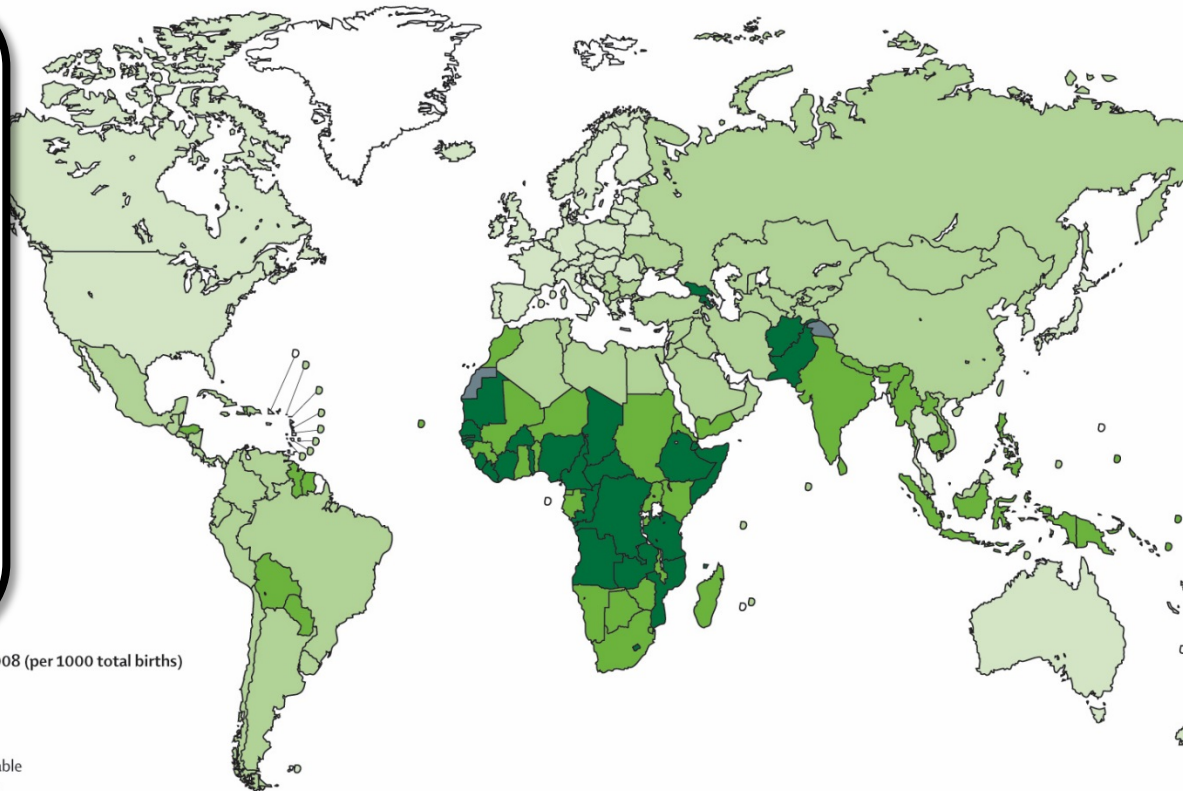
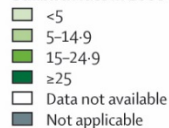
1. Finland (2)
2. Singapore (2)

33. UK (4)

Highest countries

192. Nigeria (42)
193. Pakistan (47)

Stillbirth rate in 2008 (per 1000 total births)



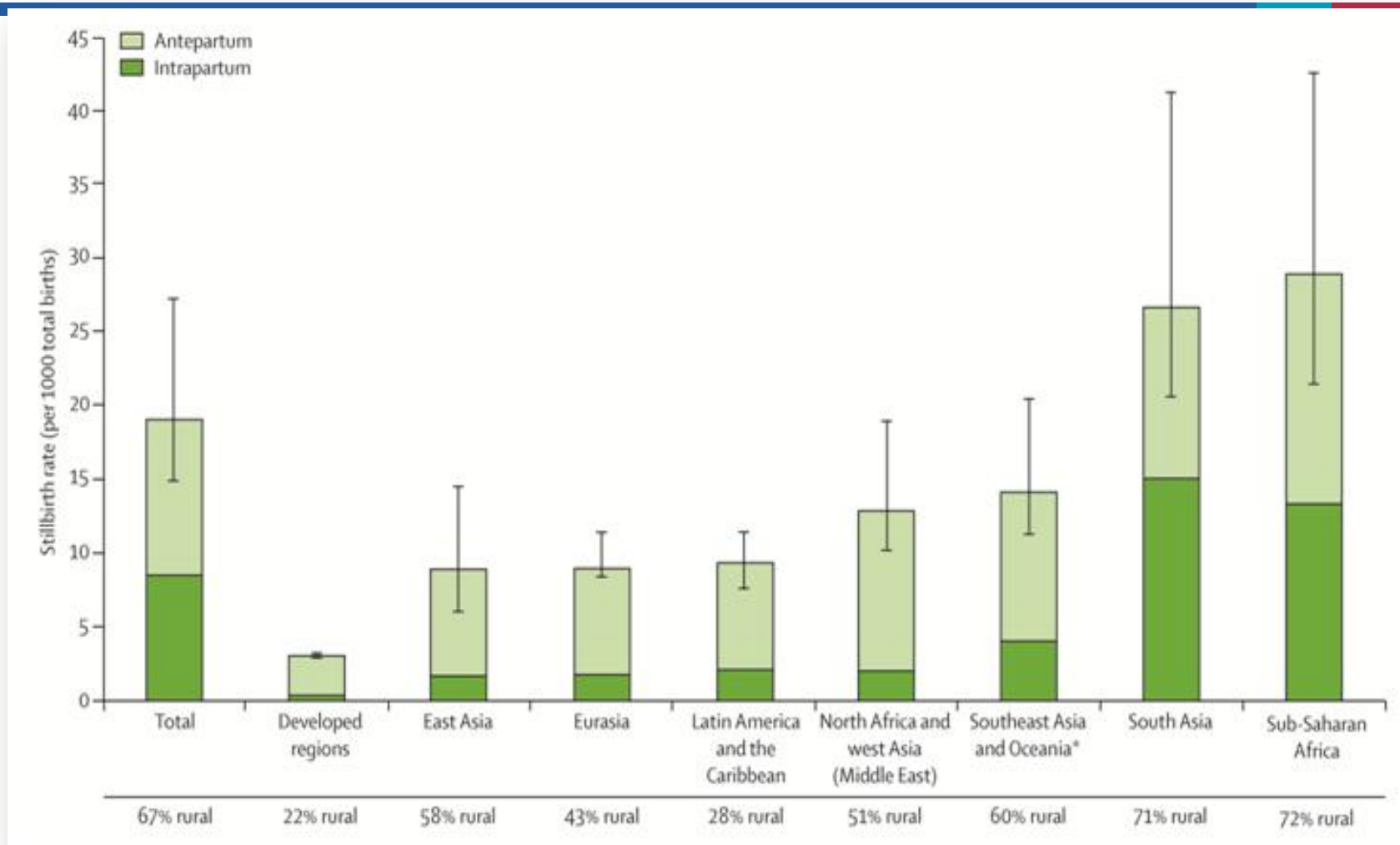
10 countries

account for 66% of the world's stillbirths – 66% of neonatal deaths and 60% of maternal deaths

1. India
2. Pakistan
3. Nigeria
4. China
5. Bangladesh
6. Dem Rep Congo
7. Ethiopia
8. Indonesia
9. Tanzania
10. Afghanistan

Estimated 1.2 million intrapartum stillbirths

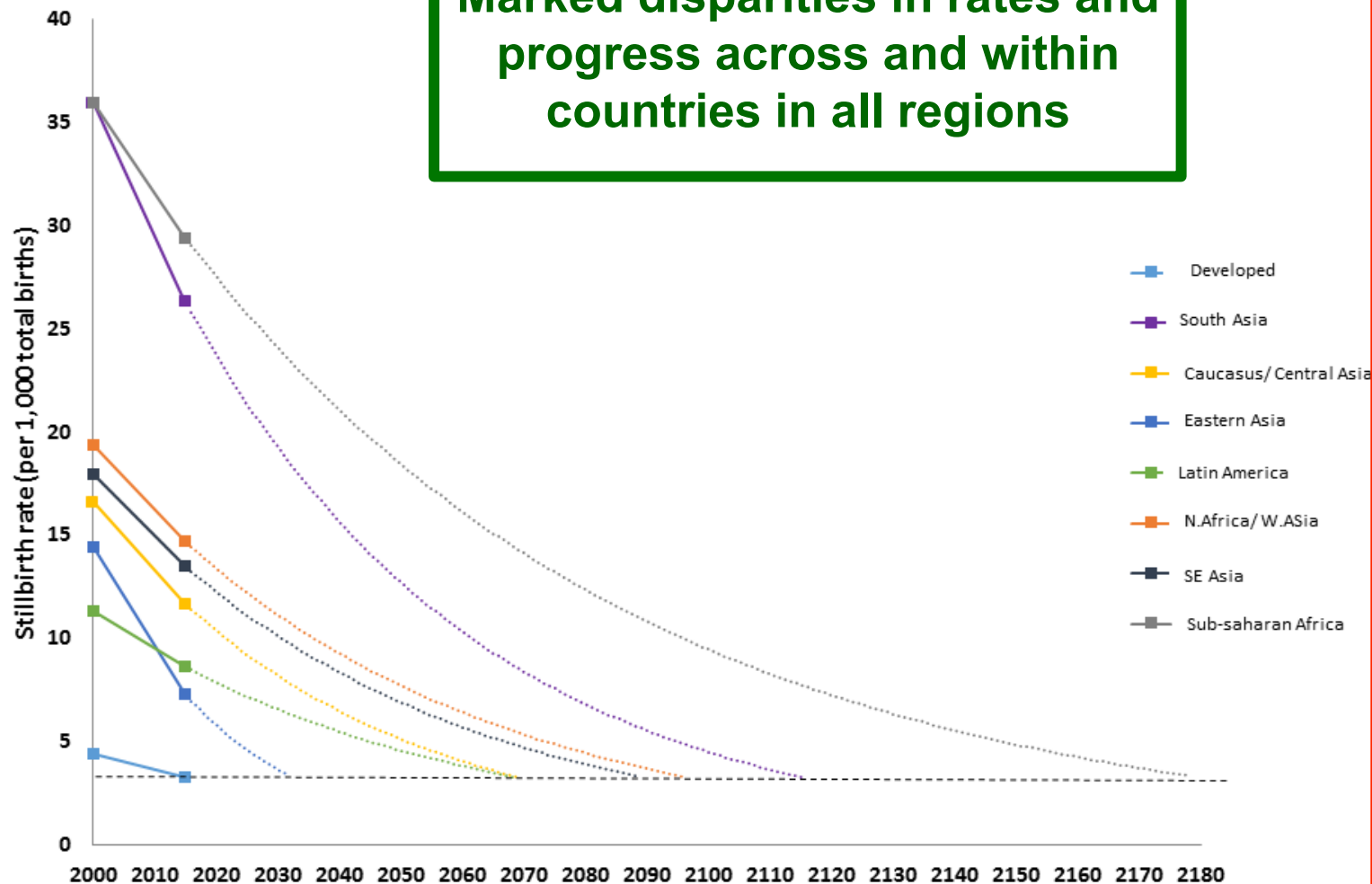
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Change is possible: Progress in reducing stillbirths



Marked disparities in rates and progress across and within countries in all regions



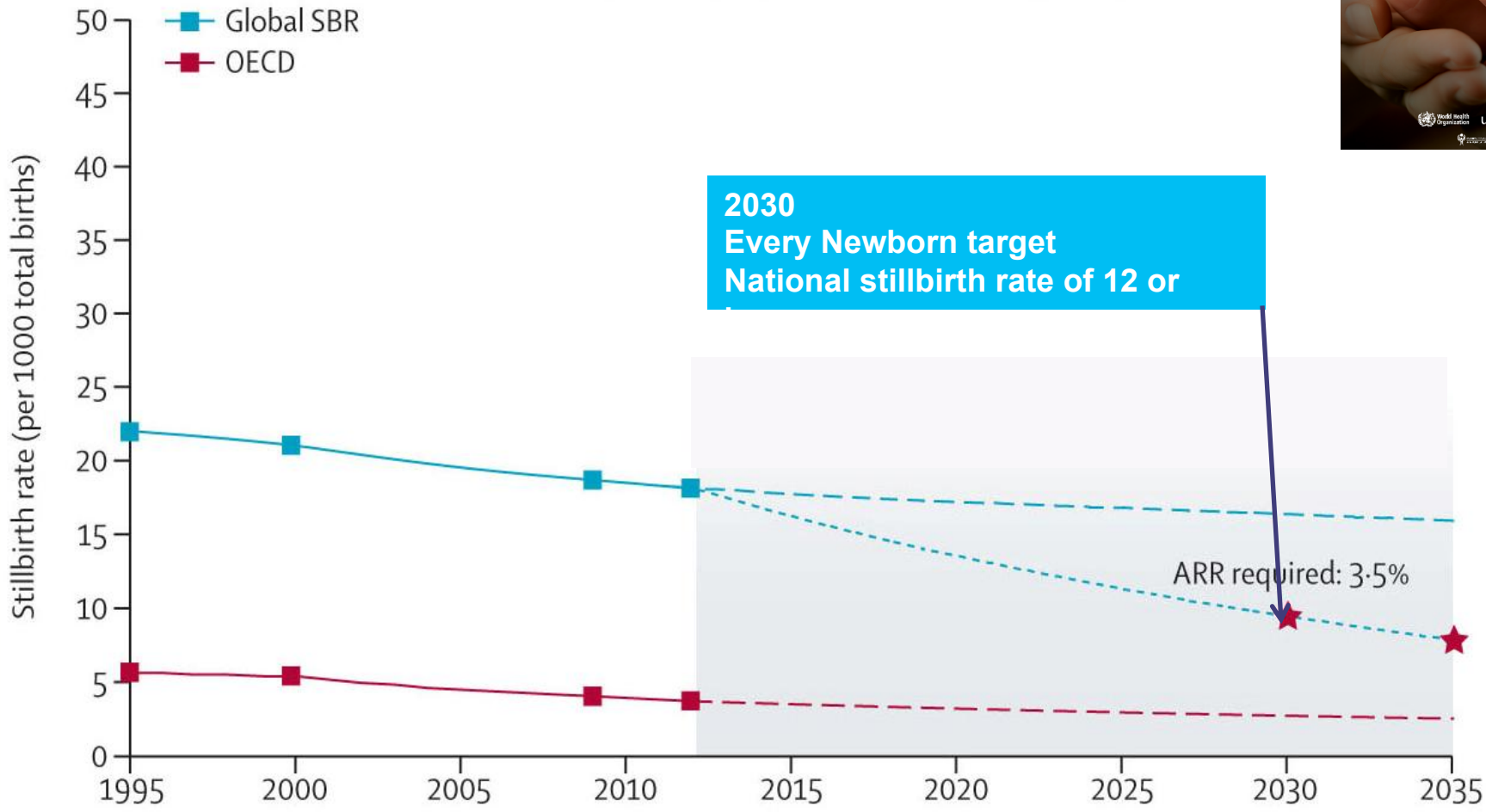
If the same progress continues, then will be 160 years before the average pregnant women in sub-Saharan Africa will have the same chance of her baby being born alive as a HIC women has today

Time for each region to reach the same stillbirth rate as high-income countries in 2015 based on ARR 2000 - 2015.

Source: Lawn JE, Blencowe H, et al. Lancet Ending Preventable stillbirths series paper 2. Forthcoming.



Every Newborn Action Plan target for ending preventable stillbirths



From 2.6 to 1.1 million stillbirths
 Ambitious - 58 countries need to more than double their current progress
 Sub national equity goals also to be set

Data to inform action

Definitions:

- Late versus early fetal death/ Birthweight versus gestational age

Data Sources now:

- Updated stillbirth rate estimates for 195 countries 2000 – 2015:
 - >2000 datapoints for 157 countries
 - vital registration or national stillbirth registries, national household surveys, studies identified through systematic searches
 - Increase esp. in national routine data in middle income settings. Reported rate data from 31 countries.

Unfinished business:

- Urgent need for reporting mechanisms using standard definitions
- Recording and registering all facility births, including stillbirths could rapidly increase data availability
- Need improved data gathering systems for stillbirths, especially in countries with the greatest burden. Eg integrate into MDSR
- Data gap for intrapartum stillbirths

Source: Blencowe et al National, regional and worldwide estimates of stillbirth rates. - forthcoming

CERTIFICATE OF CAUSE OF PERINATAL DEATH			
To be completed for stillbirths and liveborn infants dying within 168 hours (1 week) from birth			
<i>Identifying particulars</i>		<input type="checkbox"/> This child was born live on	at _____ hours
		and died on	at _____ hours
	<input type="checkbox"/> This child was stillborn on	at _____ hours	
	and died before labour	during labour	<input type="checkbox"/> not known <input type="checkbox"/>
Mother		Child	
Date of birth	<input type="text"/>	1st day of last menstrual period	<input type="text"/>
or, if unknown, age (years)	<input type="checkbox"/>	or, if unknown, estimated duration of pregnancy (completed weeks)	<input type="checkbox"/>
Number of previous pregnancies		Antenatal care, two or more visits:	
Live births	<input type="checkbox"/>	<input type="checkbox"/> Yes	
Stillbirths	<input type="checkbox"/>	<input type="checkbox"/> No	
Abortions	<input type="checkbox"/>	<input type="checkbox"/> Not known	
Outcome of last previous pregnancy		Delivery:	
<input type="checkbox"/> Live birth		<input type="checkbox"/> Normal spontaneous vertex	
<input type="checkbox"/> Stillbirth		Other (specify)	
<input type="checkbox"/> Abortion			
Date	<input type="text"/>		
Causes of death			
a. Main disease or condition in fetus or infant			
b. Other diseases or conditions in fetus or infant			
c. Main maternal disease or condition affecting fetus or infant			
d. Other maternal diseases or conditions affecting fetus or infant			
e. Other relevant circumstances			
<input type="checkbox"/> The certified cause of death has been confirmed by autopsy		I certify	
<input type="checkbox"/> Autopsy information may be available later		
<input type="checkbox"/> Autopsy not being held		
		Signature and qualification	

Data to inform action



- Data comparisons impeded by >80 classification systems
 - Ongoing work by WHO and partners to develop consensus on system for international comparison
- Simplest classification by timing (intrapartum/ antepartum). Data still lacking.
- Important causes: Childbirth complications, maternal infections and NCDs, fetal growth restriction, congenital abnormalities
- Many associated conditions are potentially modifiable including maternal age, infections, non-communicable diseases, nutrition and lifestyle factors
- Women's Health is central combined with improved coverage and quality of care during pregnancy and childbirth
- Importance of maternal-perinatal audit

Timing of interventions for stillbirth prevention and care

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Pre-conception	Pregnancy	Labour	After stillbirth
<ul style="list-style-type: none">• Folic Acid• Family planning• Pre-conception screening• Improved women's health (smoking, nutrition, ...)• Addressing wider determinants (education, poverty, empowerment)	<ul style="list-style-type: none">• Antenatal care• Prevention/ Mx of infections eg malaria/ syphilis• Screening/ Mx of medical disorders including hypertensive disorders/ diabetes• Detecting/ Mx compl. inc. growth restriction/ prolonged pregnancy	<ul style="list-style-type: none">• Skilled birth attendance• Monitoring/ detect complications• Em obstetric care• Neonatal resus	<ul style="list-style-type: none">• Respectful, supportive care• Care in next pregnancy• Audit

Coverage is low and many missed opportunities within existing health system contact points, especially antenatal care. Quality highly variable.

Why invest for stillbirths?

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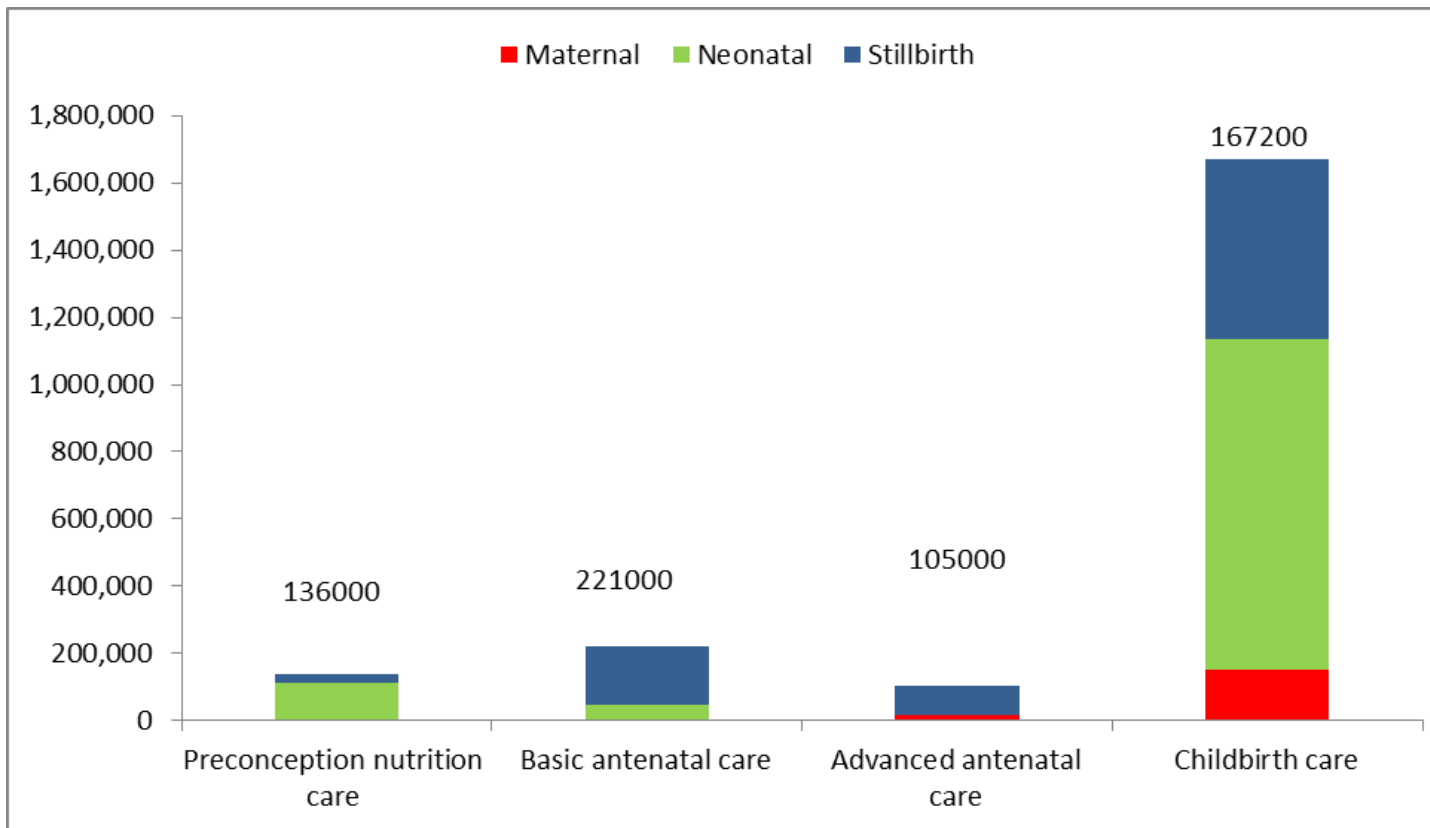
Effective interventions to prevent stillbirths		Stillbirths prevented in 75 high burden countries by 2030 (90% coverage)
Periconceptual folic acid fortification	Preconception care	22,000
Malaria in pregnancy - ITNs & IPTp	Basic antenatal care	175,000
Syphilis screening and treatment		
Screening and management of diabetes + hypertensive disorders of pregnancy	Advanced antenatal care	90,000
Fetal growth restriction management		
Induction of labor at or beyond 41 completed		
Obstetric Care (including C section)	Childbirth care	535,000

>800,000 stillbirths could be prevented in 75 high burden countries by 2030

Why invest?

Triple return on investment

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2.1 million lives of women and babies saved

Total additional running cost of US\$ 4.6 billion

US\$ 2,143 per life saved

for the 75 priority countries per year for 90% coverage of care.

NB attention to quality of care is critical

Investment in maternal-newborn health should count the full effect

Why invest?

Stillbirth cost for women



photograph
provided by SANDS



“No fetal heartbeat. These three words began the surreal journey of inducing labour and finally my daughter's stillbirth... In the weeks that followed I waded through each day trying to keep my head above an ocean of sorrow. I mostly hibernated... I just wanted to stop breathing, to stop time moving me forward...” Malika Ndlovu, South African artist

Whether they are famous or not, in a rich country or poor, the grief associated with stillbirth is overwhelming, and usually hidden, often tinged with guilt

Follow up studies show that unresolved grief is common even 20 years afterwards

INVISIBLE EARTHQUAKE

A woman's journal through stillbirth



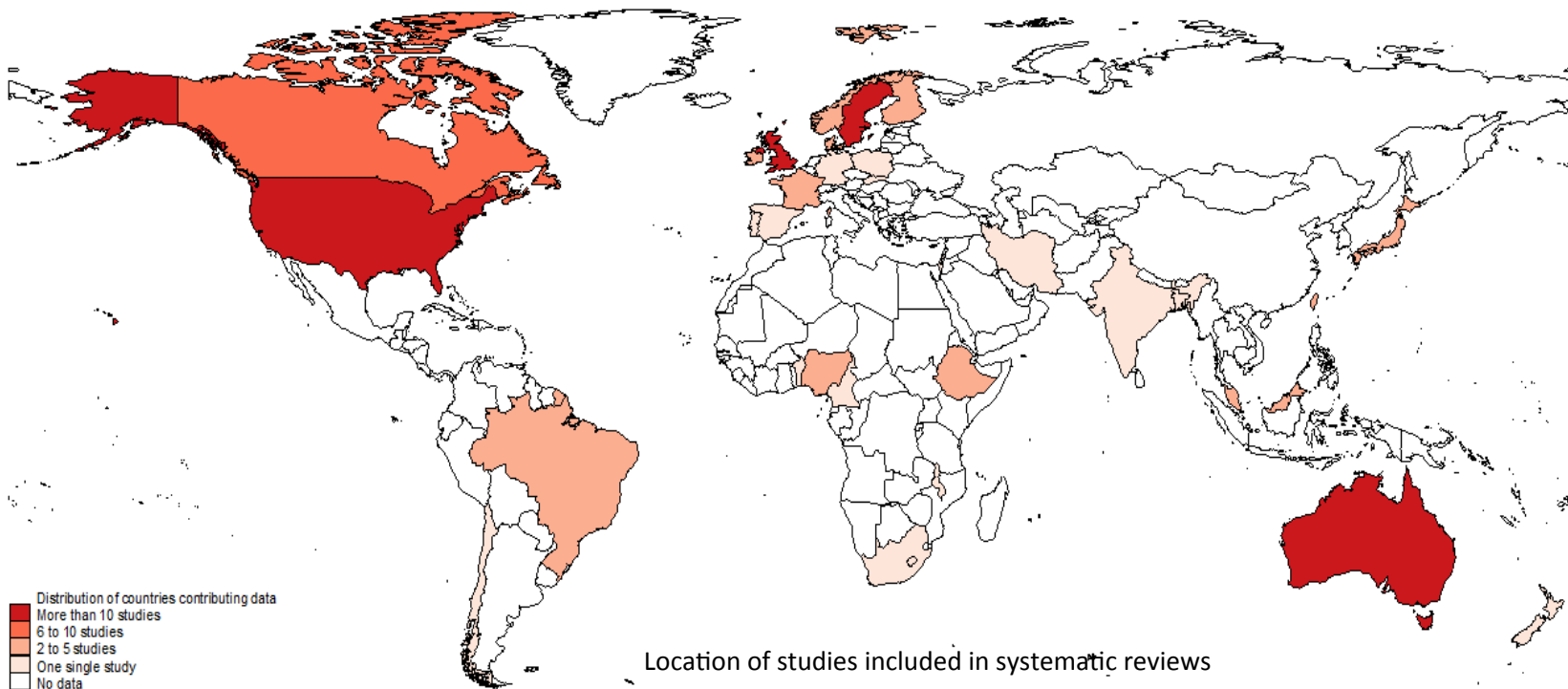
Malika Ndlovu

Why invest?

Stillbirth: stigma and support

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- Data to inform supportive care for women and families affected by stillbirth
- New systematic review – evidence of more recent progress in LMIC data but data gaps remain



Why invest?

Stillbirth: stigma and support

- ‘Every time I walked into the living room, my in-laws lowered their voices.... I disappointed them because I didn’t give them a descendent like every daughter-in-law should do. I felt unwomanly, since I failed to have a baby’ (Mother of a stillborn baby, Taiwan)
- The men feel [the pain of one stillbirth], maybe [the wife] has some demons at her place of birth; two, maybe she is a woman with bad luck it can cause breakage of marriage and also anxiety. (Father of a stillborn baby, Uganda)
- No one wails as they do for an older child, but they feel sorry for the mother as she stays home without saying goodbye to her dead baby (TBA, Uganda)

SOCIAL DISADVANTAGE & STILLBIRTH: **DOUBLE** THE RISK

AFRICAN
AMERICANS

2X



ABORIGINAL AND
INDIGENOUS PEOPLES
(Canada, Aust, NZ)

2X



MIGRANTS

2X



LOW
INCOME

2X



LOW
EDUCATION

2X



EARLY
TEENAGERS

2X



PRECONCEPTION

PREGNANCY INTENTION
LACK OF ACCESS TO CONTRACEPTION
POVERTY
SOCIAL STATUS
ECONOMIC STATUS

- Nutrition
- Interpregnancy interval



DURING PREGNANCY

LACK OF ACCESS TO CARE
DELAYS IN CARE
POORER PLACENTAL HEALTH

- Poorer quality care
- Institutional racism
- Lack of involvement and empowerment in own care
- Lack of community involvement



THE MAJOR RISK FACTORS

SMOKING
OVERWEIGHT AND OBESITY
FETAL GROWTH RESTRICTION

- Pre-existing diabetes
- Illicit drug use
- Pre-eclampsia
- Hypertension
- Maternal mental health
- Infection
- Previous stillbirth

Where to invest for stillbirths?

- Focus on equitable coverage of high quality care along the continuum including:
 - Access to family planning
 - Antenatal and Maternity care that is respectful of a woman's rights and tailored to her needs.
 - Supportive care after a stillbirth or neonatal death
- Integrated within:
 - Wider RMNACH strategies
 - Broader strategies to address determinants of health including poverty reduction, education and women's empowerment.

Stillbirths

The time for silence is over

The time to act is now



Stillbirths

When quality care for mothers and babies fails

Counting stillbirths post-2015 will track and improve quality of care for women and babies

What will you do to ensure stillbirths are no longer left out and left behind?

Coming early 2016: *The Lancet* Ending Preventable Stillbirths Series

#stillbirth

#everynewborn

#EWECisMe

