



Stillbirths in 2015: progress and unfinished business

Luc de Bernis, UNFPA
GMNHC 2015, Mexico

Stillbirths: vision for 2020

- International community
 - Integrate stillbirths in MNH strategies and reports
 - Universal classification system
- Country Level
 - Stillbirth reduction plan, including data for action
 - Reduce stigma
- Communities and families
 - Empowerment for women and families
 - Provide bereavement support/ Reduce stigma
- Research Principles
 - Increase support/ capacity
 - Include stillbirth as outcome in all relevant research

Stillbirths: vision for 2020

- Are the Stillbirths better considered and visible?
- Are the Stillbirths better counted?
- Are the stillbirths better investigated?
- Are the stillbirths better respected?

Stillbirths: Progress and unfinished business

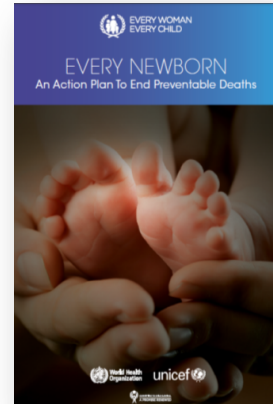
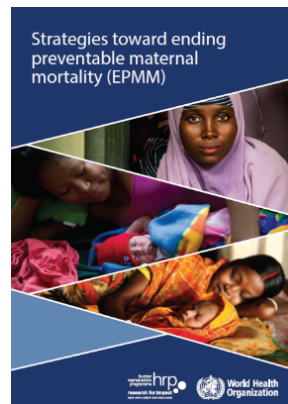
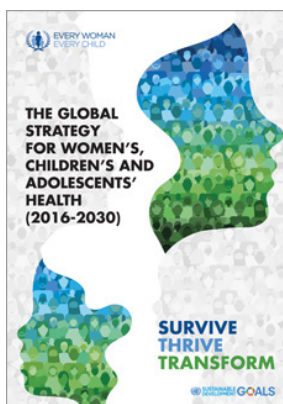
Stillbirths in 2015: Progress and unfinished business

Visibility - Global Frameworks and Policy

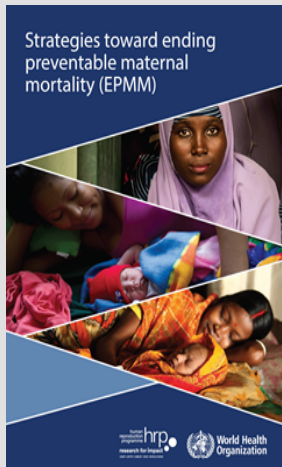
Counting - Improving data to inform progress

Care – Focus on quality, respectful integrated care for all

Investing – In women and the next generation

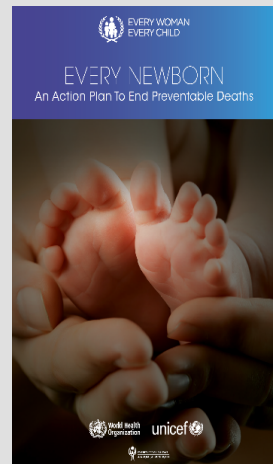


MDG 2015 Results for Women & Children



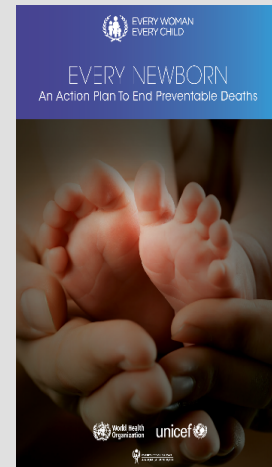
No woman should
die whilst giving life

~ 290,000 die



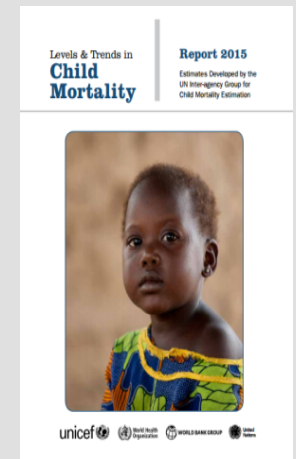
No baby
stillborn

2.6 million die



No newborn
is born to die

2.7 million die



No child dying

3.2 million die

~ 9 million women and babies die per year, two-thirds related to birth

It is every woman's right to quality health care and the highest attainable level of health across the life course for herself and her child

hardly

unity talked

WHY (BHP) WHO

1000

EWEC, iERG, COIA, UNCOLSC, WHO (RHR), WHO (MCA), FP2020, ENAP, PMNCH, UNICEF, UNFPA, Women Deliver, World Bank, Countdown2015, Global Campaign for Health MDGs



Changing Global Landscape



Global data:

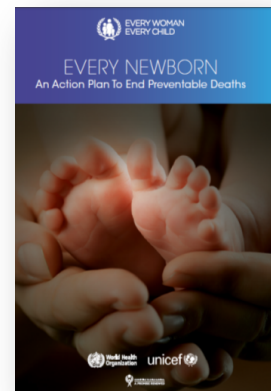
- NOT routinely reported to the World Health Organization
- NOT included in the Global Burden of Disease metrics
- NOT measured appropriately in most national surveys

Global goals and targets:

- Stillbirths NOT counted in the MDGs although intimately linked to:
 - Maternal health in MDG 5
 - Neonatal deaths, accounting for 43% of child deaths in MDG4
 - Poverty (MDG 1) and girls education (MDG2)
- Stillbirths NOT included as a target under SDG health goal

BUT recent evidence of some change:

- Target for stillbirth reduction included as part of the Every Newborn Action Plan following country consultation
- Included in new WHO list of 100 core indicators





Five things to do differently

Intentional leadership development

Especially in countries with highest burden



Increase the voice of women

Women's rights, and their voices for accountability, attention to respectful care

Implementation and investment

Address health system bottlenecks, *integrate* and *invest* in Quality of Care

Indicators & metrics

2030 Targets
Measurement of progress and impact



Investigation of critical knowledge gaps

Stillbirths - The time for silence is over

Criteria for integration of stillbirths into women's and children's health

Three ways to effectively and appropriately incorporate stillbirths in post-2015 initiatives for women's and children's health in order to meet the full potential of efforts.

These criteria include:

- 1) acknowledge the burden of stillbirths;
- 2) address actions needed to prevent stillbirths with antenatal and intrapartum care; and
- 3) monitor stillbirths with a target and/or outcome indicator



Integrating stillbirths into the changing landscape for quality, respectful care

International Journal of Gynecology and Obstetrics 128 (2015) 95–99



www.figo.org

Contents lists available at ScienceDirect

International Journal of Gynecology and Obstetrics

journal homepage: www.elsevier.com/locate/ijgo



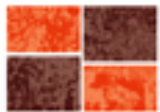
FIGO GUIDELINES

Mother—baby friendly birthing facilities[☆]



International Federation of Gynecology and Obstetrics^{1,2}, International Confederation of Midwives, White Ribbon Alliance, International Pediatric Association, World Health Organization

Consultation on
Improving measurement
of the quality of
maternal, newborn and child care
in health facilities



World Health Organization and
Partnership for Maternal, Newborn and Child Health
Geneva, Switzerland
9–11 December 2014



REPRODUCTIVE HEALTH

Volume 11 Supplement 2

Quality of Care in Maternal and Child Health

Reviews

Edited by Tarek Meguid

Safe Motherhood is more than the prevention of death and disability...It is respect for every woman's humanity, feelings, choices, and preferences.

**RESPECTFUL
MATERNITY CARE:
THE UNIVERSAL
RIGHTS OF
CHILDBEARING
WOMEN**



Addressing quality of care

Stillbirth prevention requires emphasis on quality maternity care that is respectful of a woman's rights and tailored to her needs.

- Better communication and information-provision
- Access to clinical practice guidelines
- Delivery of evidence-based interventions
- Quality bereavement care
- Develop maternal satisfaction reports and indicators of women's maternity care experiences



Conclusions

Further reduction in stillbirth rate in HICs, L and MICs is possible through:

- Improvements in health status of women
- Improvements in quality of maternal care
- Reducing social inequalities
- Perinatal mortality audits
- Elimination of stigma and fatalism

YOUR IDEAS NEEDED!!

How to include stillbirths in our action plan for quality care at birth for women & newborns?

When: Tuesday 20th October
07h00 – 08h20

Where: Don Diego II
Second Floor,
Hilton Mexico
City Reforma

Breakfast will be offered during the session

