



# Stillbirths

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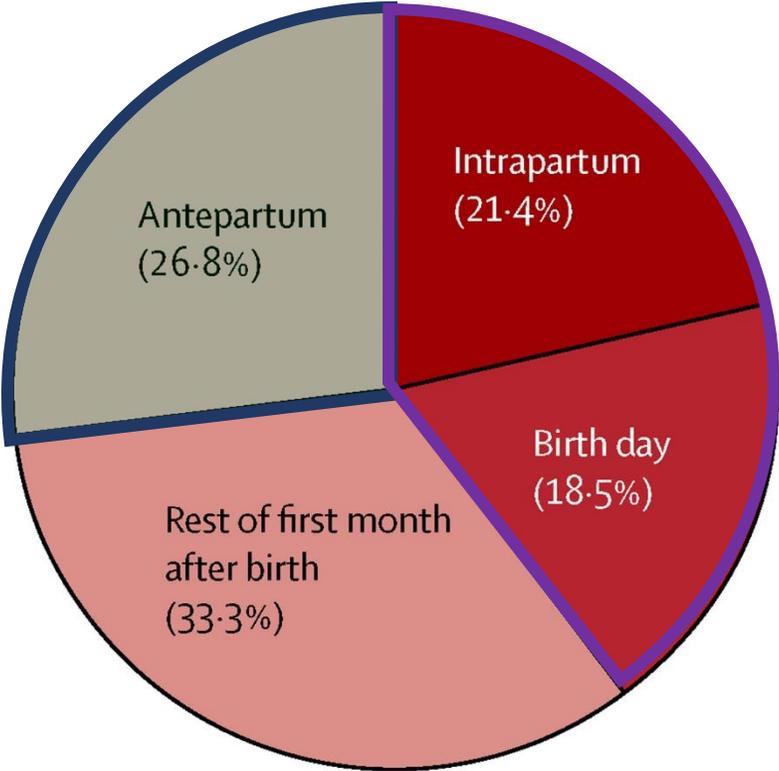
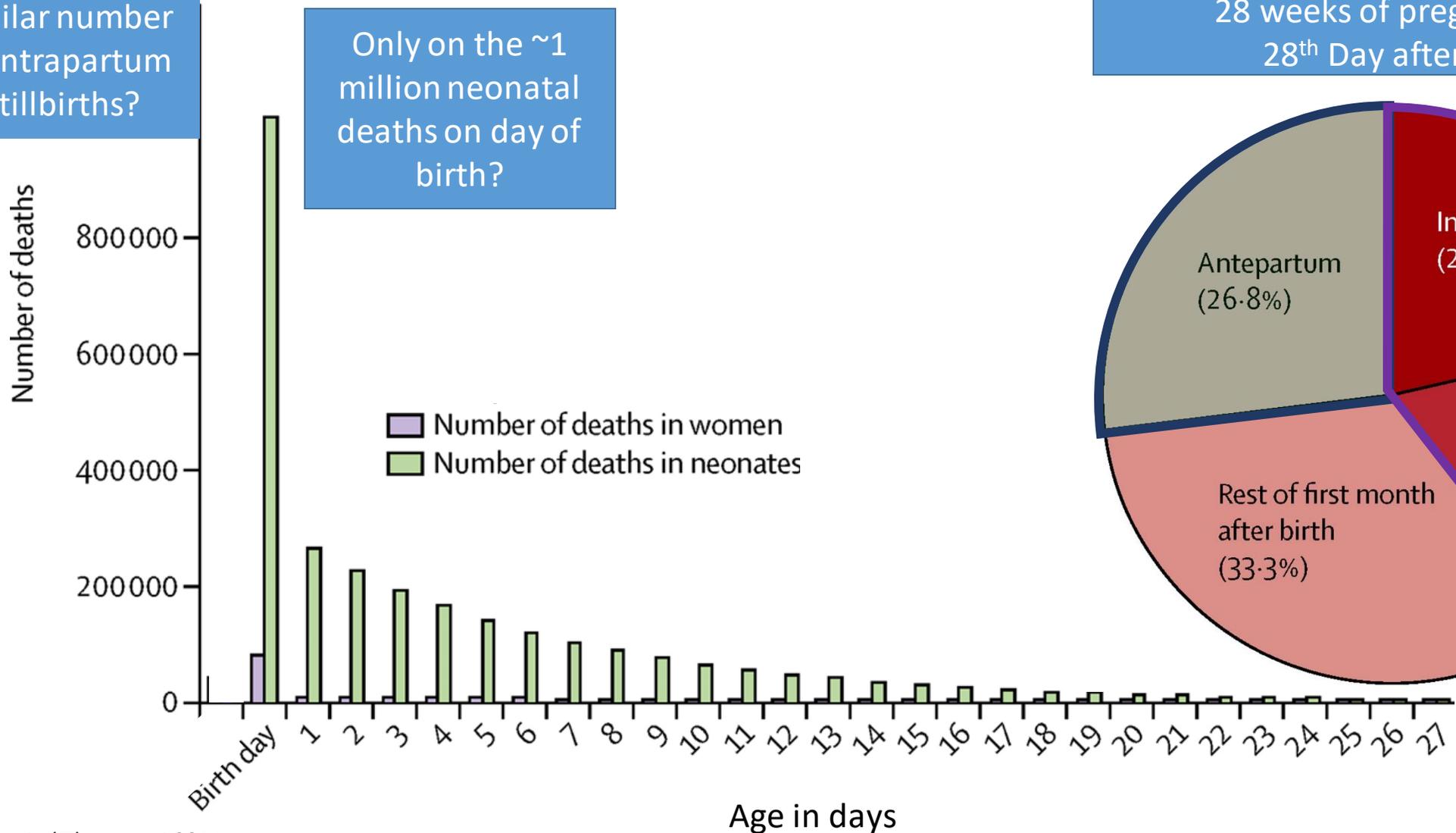


# Where is our focus?

Or also on the similar number of intrapartum stillbirths?

Only on the ~1 million neonatal deaths on day of birth?

Deaths amongst babies: 28 weeks of pregnancy to 28<sup>th</sup> Day after birth



# Why include stillbirth in newborn agenda?

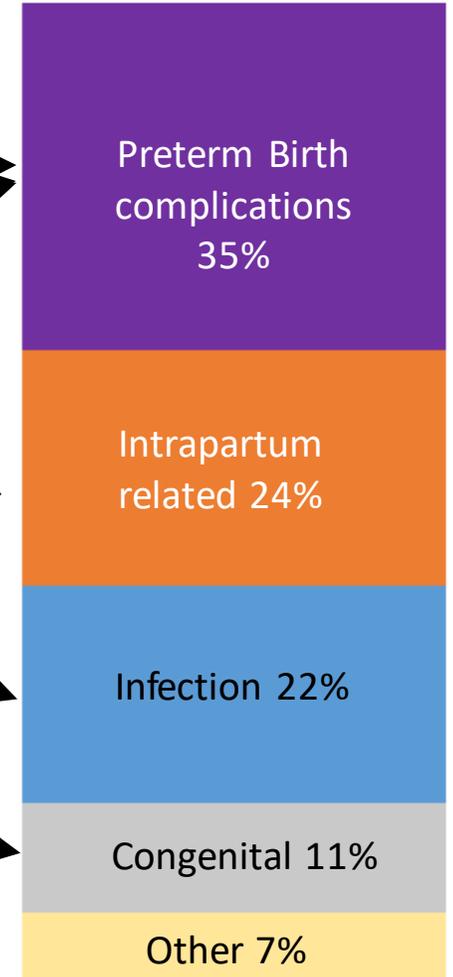


- Healthy newborns require healthy mothers, healthy in-utero and postnatal environments.
- Newborn health is strongly dependent upon maternal health and in-utero health
  - Dying before birth is the ultimate adverse newborn outcome
- Overlap between causes of stillbirth and sub-optimal newborn health/neonatal mortality

- **Important causes of stillbirth globally (Reinebrandt 2018):**

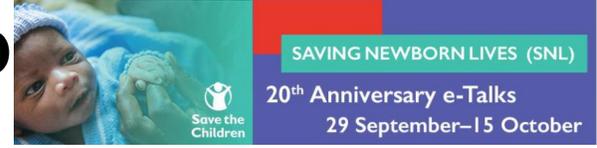
- Maternal conditions affecting placenta/ fetal growth e.g. hypertension, diabetes;
- Infections e.g. syphilis, Group B Strep;
- Intrapartum obstetric (Childbirth) complications;
- Antepartum haemorrhage;
- Congenital & genetic conditions

## ***Causes of Neonatal Mortality Liu et al 2016***



- NB No global estimates to date. Challenges with comparing across settings: > 50 different classification systems, varying levels of investigation of deaths have limited comparability of data.

# Why include stillbirth in newborn agenda?



These deaths are a continuum – underlying pathology may be the same, but complex interaction between pathology and care affect the ultimate outcome

Severe placental dysfunction → Severe Growth restriction not detected in pregnancy → **Antepartum Stillbirth**

Severe placental dysfunction → Severe Growth restriction not detected in pregnancy → Spontaneous labour at 34 weeks → attends health centre → **sub-optimal fetal monitoring in labour/ delayed referral** → **Intrapartum Stillbirth**

Severe placental dysfunction → Severe Growth restriction not detected in pregnancy → Spontaneous labour at 34 weeks → attends hospital → **adequate fetal monitoring in labour** → Fetal distress detected → Emergency c-section → live born baby boy weighing 1049g, not breathing, **no neonatal resus** → **Neonatal death (likely misclassified as an intrapartum stillbirth)**

Severe placental dysfunction → Severe Growth restriction not detected in pregnancy → Spontaneous labour at 34 weeks → attends hospital → adequate fetal monitoring in labour → Fetal distress detected → Emergency c-section → live born baby boy weighing 1049g, not breathing, **neonatal resus successful** → Admitted to neonatal ward, develops sepsis day 12 → **Neonatal death**



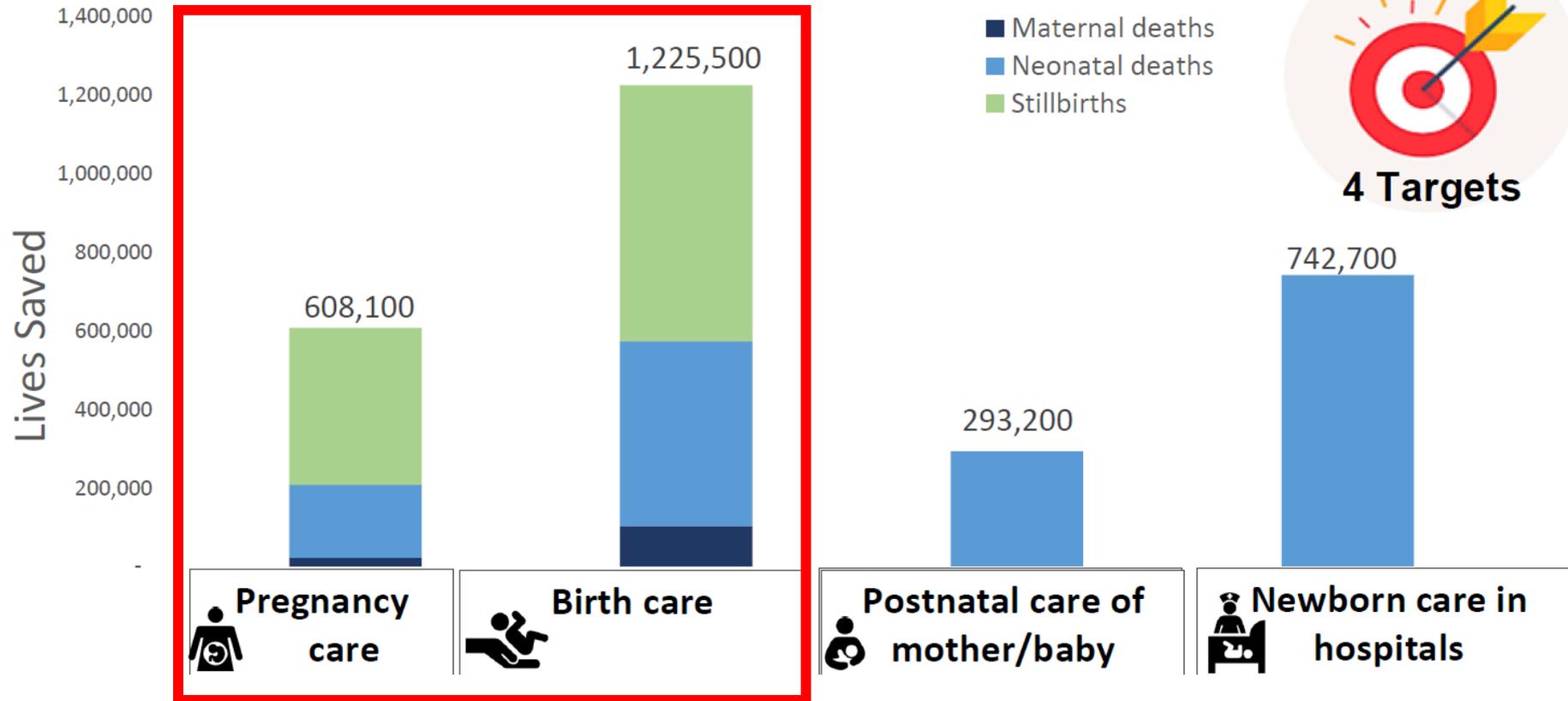
Mary has severe pre-eclampsia, undetected

# Why include stillbirth in newborn agenda?



Similar numbers to neonatal mortality. The majority of these deaths are preventable – taking action to prevent these would also improve maternal and newborn death and reduce maternal and newborn deaths

Lives saved (LiST) analysis for the year 2030 compared to baseline 2016, with 90% universal coverage



Success in optimising newborn survival and health is only possible if we work together to improve maternal health & access to care along the continuum from early antenatal care to high quality childbirth care.

# Why include stillbirths?

- Stillbirths matter to women and families across the globe.
- Worldwide every 16 seconds a family experiences a stillbirth .... Each is an individual and painful story associated with significant direct, indirect and intangible costs for women, families, society and healthcare workers.
- Grief associated with stillbirth complex and unique because of stigma, blame and lack of legitimization of grieving process in society. Profoundly affects families.
- Substantial effects also on health care providers.



# Global progress for stillbirths: 2000 - 2006



← 2000: Stillbirths not included in MDGs

2005: First global estimates of intrapartum complications

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## Research

No cry at birth: global estimates of intrapartum stillbirths and intrapartum-related neonatal deaths

Joy Lawn,<sup>1</sup> Kenji Shibuya,<sup>2</sup> & Claudia Stein<sup>3</sup>

## Chapter 6



Incorporating Deaths Near the Time of Birth Into Estimates of the Global Burden of Disease

Dean T. Jamison, Sonbol A. Shahid-Salles, Julian Jamison, Joy E. Lawn, and Jelka Zupan

Articles



2006: Work to include stillbirths in Global Burden estimates

First global estimates of stillbirths  
103 countries with data

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Stillbirth rates: delivering estimates in 190 countries



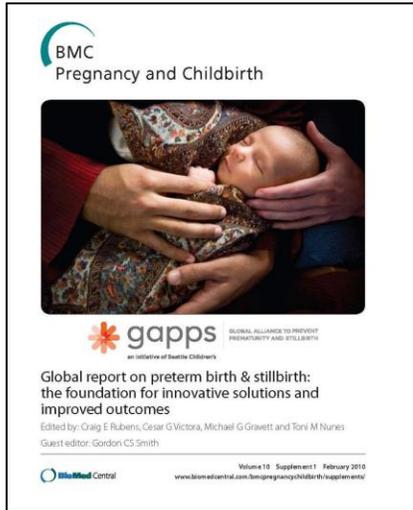
Cynthia Stanton, Joy E Lawn, Hafiz Rahman, Katarzyna Wilczynska-Ketende, Kenneth Hill

## Neonatal and Perinatal Mortality



World Health Organization Country, Regional and Global Estimates

# Global progress for stillbirths: 2007 - 2012



**2009:** First International Conference on Prematurity and Stillbirth in Seattle hosted by GAPPS, with partners. >200 stakeholders develop a Global Action Agenda – report and papers published 2010.

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**2011:** First Lancet Stillbirth series, Updated WHO stillbirths estimates. 129 countries with data

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National, regional, and worldwide estimates of stillbirth rates in 2009 with trends since 1995: a systematic analysis

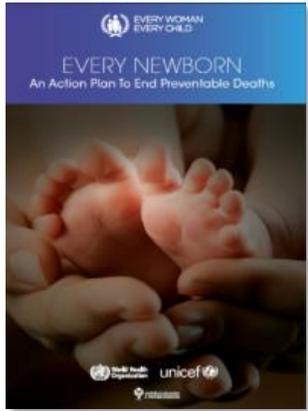
Simon Cousens, Hannah Blencowe, Cynthia Stanton, Doris Chou, Saifuddin Ahmed, Laura Steinhardt, Andreea A Creanga, Özge Tunçalp, Zohra Patel Balsara, Shivam Gupta, Lale Sav, Joy E Lawn

Articles



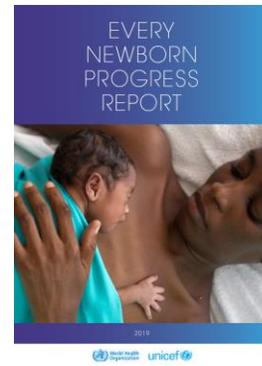
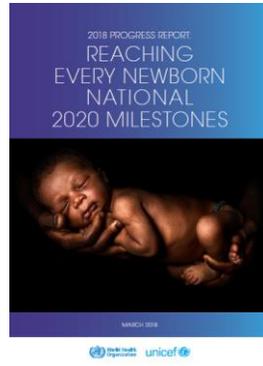
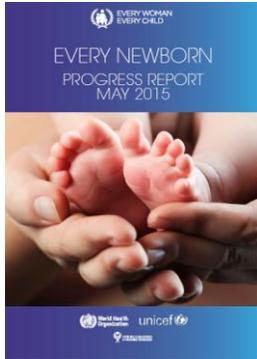
International Stillbirth Alliance annual conferences with some global focus

# Global progress for stillbirths: 2013 - 2019



**2014:** Every Newborn Action Plan. WHA resolution. Includes a stillbirth reduction target. Annual progress reports.

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**2016:** First Lancet Stillbirth series, Updated WHO estimates. 157 countries with data.



Stillbirth rate included as a core indicator in Global Strategy

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International Stillbirth Alliance annual conferences: increasing global focus  
**2016:** Stillbirth Advocacy Working group founded by PMNCH, co-chaired by ISA

Articles

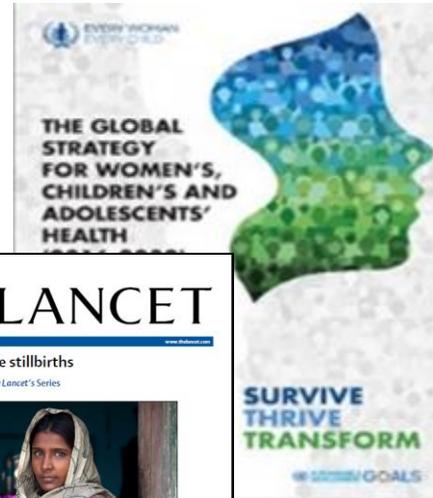
National, regional, and worldwide estimates of stillbirth rates in 2015, with trends from 2000: a systematic analysis

Hannah Blencowe, Simon Cousens, Fiorella Bianchi Jassir, Lale Say, Doris Chou, Colin Mathers, Dan Hogan, Suhail Shiekh, Zeshan U Qureshi, Danzhen You, Joy E Lawn, for The Lancet Stillbirth Epidemiology Investigator Group\*



Global, regional, national, and selected subnational levels of stillbirths, neonatal, infant, and under-5 mortality, 1980–2015: a systematic analysis for the Global Burden of Disease Study 2015

GBD 2015 Child Mortality Collaborators\*



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# Progress for stillbirths: not fast enough



## Progress towards ENAP 2030 targets

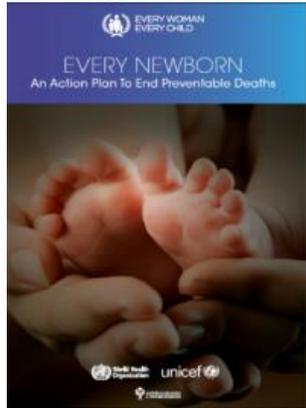
- Slower progress in reducing stillbirths than for maternal mortality or neonatal or child deaths
- Current trends estimate that 56 countries are at risk of missing the ENAP target of 12 or fewer stillbirths per 1,000 total births

## Progress towards ENAP 2020 milestones (92 high burden countries)

- Only 32 have set a target for reducing stillbirths, compared to 78 with a target for reducing neonatal mortality
- 42% have adopted guidelines and an implementation plan to improve maternal newborn quality of care
- 43% have a human resource plan/ strategy for births to be attended by skilled health personnel
- 50% have prepared a community engagement strategy for maternal and newborn care (33% in 2017)
- 53% have a perinatal death review policy (83% have maternal policy)
- 44% have a research agenda that includes stillbirth research

## Progress towards Lancet Ending Preventable Stillbirth series milestones

- Respectful care, including bereavement support after a death:  
*global consensus on a package of care after a death in pregnancy or childbirth for the affected family, community, and caregivers in all settings*
- Reduce stigma:  
*all countries to identify mechanisms to reduce stigma associated with stillbirth*



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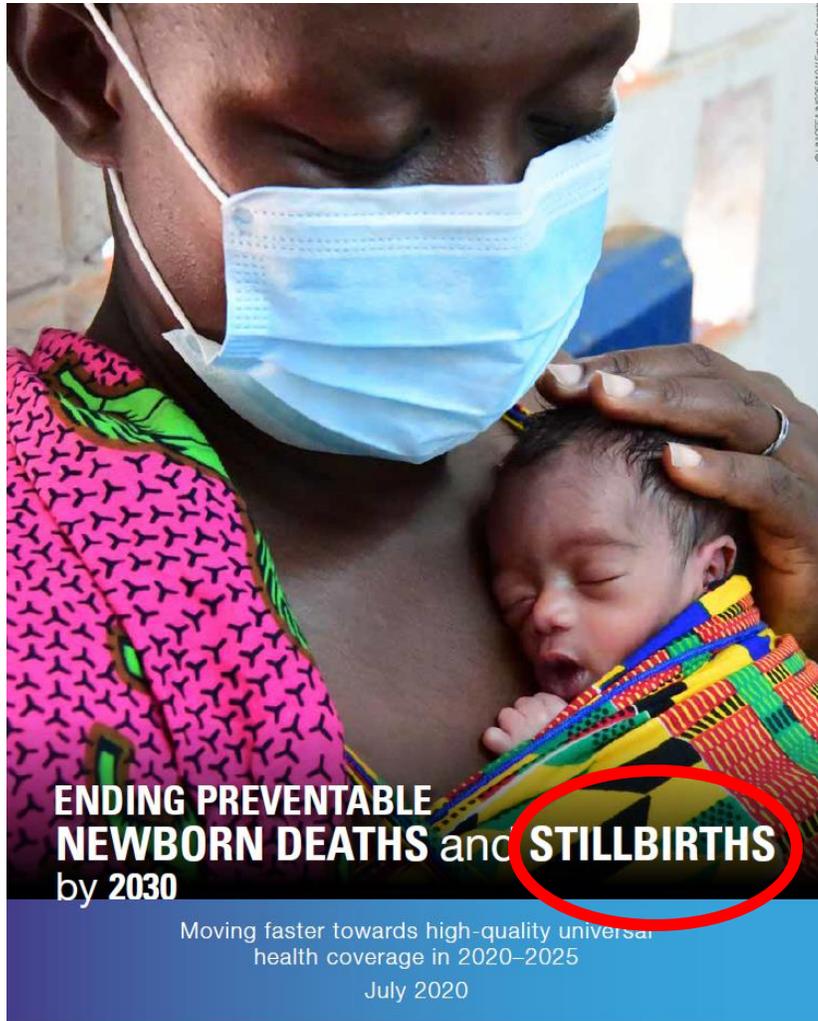
CLINICAL ARTICLE  
Obstetrics

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OBSTETRICS | RSC

The RESPECT Study for consensus on global bereavement care after stillbirth☆

Clare Shakespeare<sup>1,\*</sup> | Abi Merriel<sup>1</sup> | Danya Bakhbakh<sup>1</sup> | Hannah Blencowe<sup>2</sup> | Frances M. Boyle<sup>3</sup> | Vicki Flenady<sup>3</sup> | Katherine Gold<sup>4</sup> | Dell Horey<sup>3</sup> | Mary Lynch<sup>1</sup> | Tracey A. Mills<sup>5</sup> | Margaret M. Murphy<sup>6</sup> | Claire Storey<sup>7</sup> | Miriam Toolan<sup>1</sup> | Dimitrios Siassakos<sup>8</sup> | RESPECT (Research of Evidence based Stillbirth care Principles to Establish global Consensus on respectful Treatment) working group<sup>9</sup>

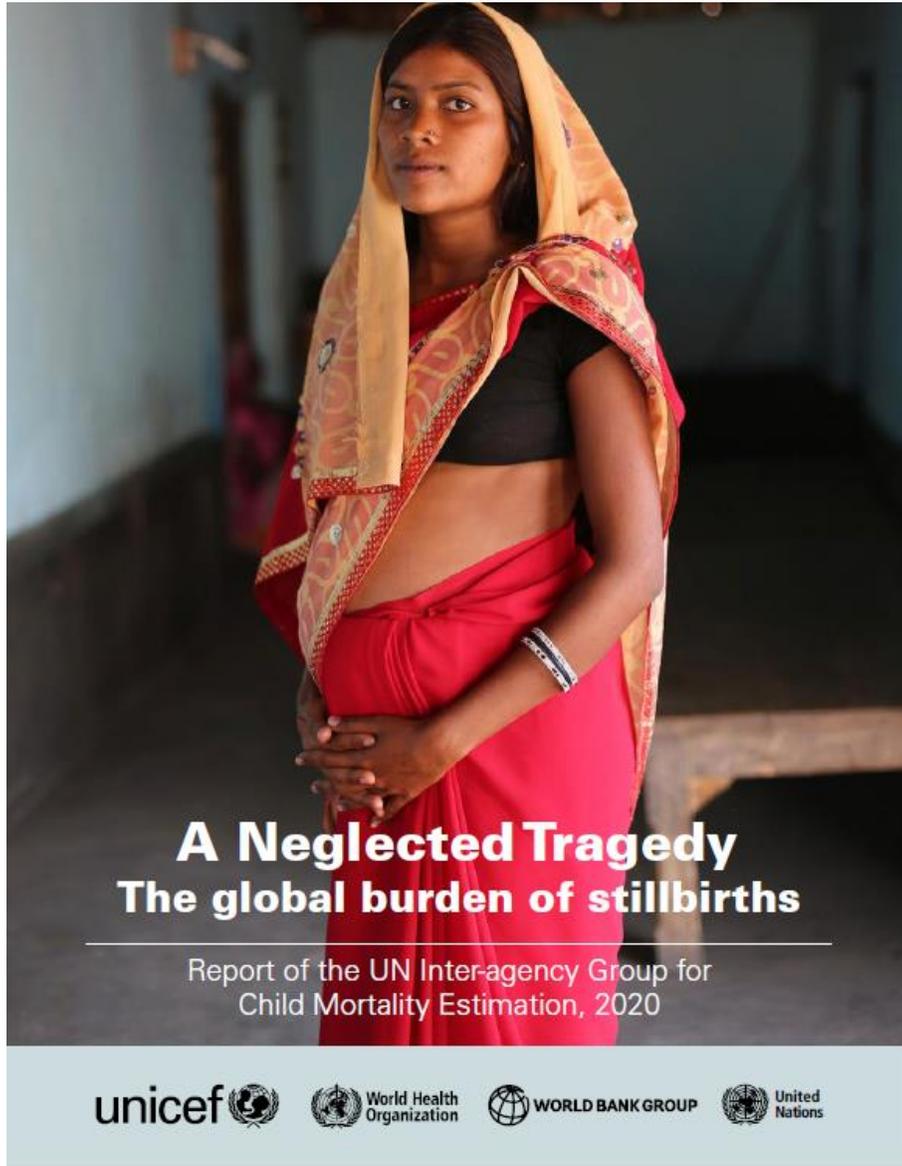
# Global progress for stillbirths: 2020



<b>COVERAGE TARGET 1</b>	EVERY PREGNANT WOMAN	Indicator: Four or more antenatal care contacts <b>Global target</b> 90% global coverage of four or more antenatal care contacts <b>National target</b> 90% of countries have > 70% coverage <b>Subnational target</b> 80% of districts have > 70% coverage
<b>COVERAGE TARGET 2</b>	EVERY BIRTH	Indicator: Births attended by skilled health personnel <b>Global target</b> 90% global average coverage of births attended by skilled health personnel <b>National target</b> 90% of countries with > 80% coverage <b>Subnational target</b> 80% of districts with > 80% coverage
<b>COVERAGE TARGET 3</b>	EVERY WOMAN AND NEWBORN	<b>Milestone 1: Policy and plans</b> All countries have developed and implemented plans and policies for improving maternal and newborn survival and health and for preventing stillbirths, in line with the recommendations in the Every Newborn Action Plan and WHO guidelines. <b>Milestone 2: Response and resilience</b> All countries have a preparedness and response plan that includes promoting maternal and newborn survival and health and preventing stillbirths and have a coordinated mechanism in place for its implementation, ensuring procurement of emergency supplies and monitoring survival and health outcomes. <b>Milestone 3: Investments</b> All countries have allocated sufficient domestic and international resources to strengthen their health systems and implement their plans for improving maternal and neonatal survival and health and for preventing stillbirths. <b>Milestone 4: Quality of care</b> All countries have adopted and are implementing the WHO standards for respectful, effective maternal and newborn care, including prevention of stillbirths and care after death, and have a system for learning from experience. <b>Milestone 5: Health workforce</b> All countries have developed and are implementing strategies and plans to increase the number, distribution, mentoring and retention of personnel for maternal and newborn health and to enhance their competence for respectful maternal and newborn care, prevention of stillbirths and care after death. <b>Milestone 6: Medical commodities and technologies</b> All countries can ensure timely procurement, equitable distribution and access, appropriate use and maintenance of essential medical commodities and products (equipment, technologies and diagnostics) to facilitate the delivery of high-quality, affordable maternal and newborn care, including care to prevent stillbirths.
<b>COVERAGE TARGET 4</b>	EVERY SMALL AND EVERY SICK NEWBORN	<b>Milestone 7: Data for action</b> All countries are routinely tracking, collecting and using data to monitor the Every Newborn targets for newborn mortality and stillbirths, coverage targets to 2025 and the quality of care, using routine data or, if appropriate, data from surveys or assessments of service readiness, including consideration of inequalities at national and subnational levels. <b>Milestone 8: Research and innovation</b> All countries are generating and using emerging evidence, including knowledge exchange, to improve maternal and newborn health and survival and to end preventable stillbirths. <b>Milestone 9: Accountability</b> All countries have developed and implemented accountability mechanisms to improve newborn health and prevent stillbirths, including coordination of stakeholders, and processes to count and review deaths, and have promoted a shift in potentially harmful social norms.

Stillbirths are for the first time given equal prominence in the Every Newborn 2020 – 2025 Coverage Targets and Milestone setting

# Global progress for stillbirths: 2020

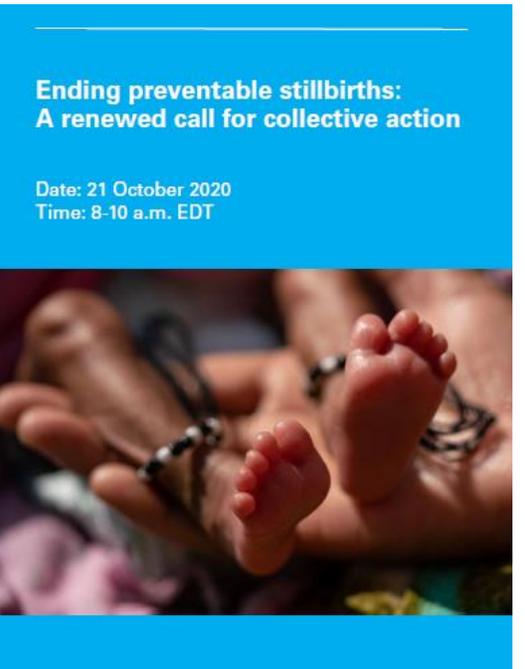


ESTIMATING THE STILLBIRTH RATE FOR 195 COUNTRIES USING  
A BAYESIAN SPARSE REGRESSION MODEL  
WITH TEMPORAL SMOOTHING\*

BY ZHENGFAN WANG<sup>1</sup> MIRANDA J. FIX<sup>2</sup> LUCIA HUG<sup>3</sup> ANU MISHRA<sup>3</sup> DANZHEN YOU<sup>3</sup>  
HANNAH BLENCOWE<sup>4</sup> JON WAKEFIELD<sup>2,5</sup> AND LEONTINE ALKEMA<sup>1</sup>

First Global Stillbirth estimates by UN Inter-agency Group  
for Child Mortality Estimation  
Released 8<sup>th</sup> October  
Renewed call for collective action  
High-level virtual event to raise  
awareness and end preventable  
stillbirths

21<sup>st</sup> October 2020  
8-10am EDT  
Register [here](#)

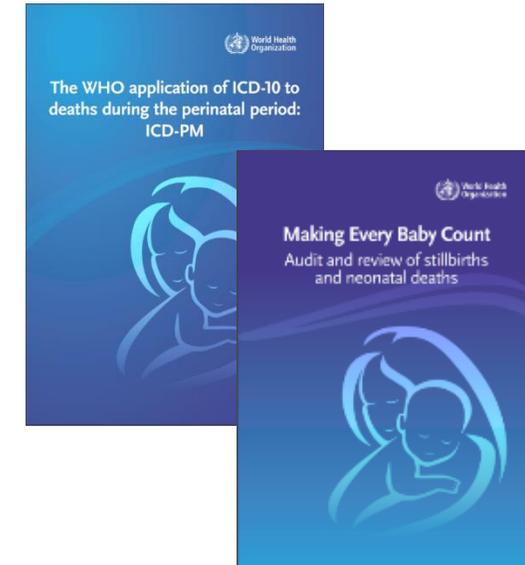


# Progress for stillbirths – priority actions



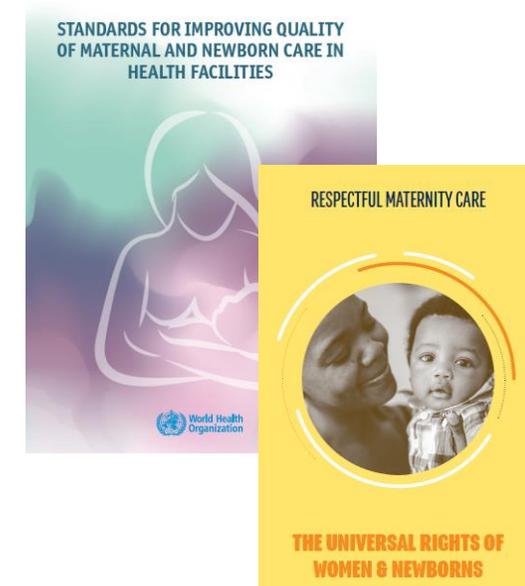
## Count every baby – to make every baby count :

- Inclusion and **improved capture of stillbirths** in all relevant data capture systems and audits
- Harmonisation of classification systems for stillbirths to improve understanding of **causes of stillbirths** across different settings to enable targeting of interventions
- Stillbirths are being increasingly counted – but effort is needed **to ensure data quality** and **data be owned and used locally** to drive change and increase visibility.



## Improve access to high quality, respectful care for every mother & baby (including stillborn babies):

- Use data to inform and track investments to prevent deaths, and improve care after a death in all settings
- Strengthen health systems to deliver high quality care for every mother & baby everywhere



# Progress for stillbirths – priority actions



## Invest:

- In improving universal access to high quality care along the continuum of care known prevent stillbirth, and improve maternal and newborn health
- In improving understanding of stigma associated with stillbirth and interventions to reduce this

## Increase visibility:

- Raise awareness that of big impact and preventability of stillbirth.
- Maternal-newborn health is not possible without addressing stillbirth
- Continued advocacy to ensure that stillbirth is included in all maternal-newborn health reports, policies, research, programmes
- Raise voices of parents and health workers

## Leadership:

- SNL have played an important role – but largely dependent on individuals, UNICEF and WHO now increasing taking global leadership role. Collaborative efforts needed to improve perinatal health and survival
- But lasting change will only be possible if strong, united global leadership is combined with country-level leadership



*'Every baby's death is a tragedy... the world is suffering this tragedy at an enormous scale'*

Let's take action now to end preventable deaths