

# Every Woman, Every Child's 'Progress in Partnership' for stillbirths: a commentary by the stillbirth advocacy working group

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Globally, an estimated 2.6 million third trimester stillbirths occurred in 2015<sup>1,2</sup> – a number that has not seen meaningful decline over the past decade and that has improved at a considerably slower rate than levels of child and maternal mortality.<sup>3,4</sup> Half of all stillbirths occur during labour and birth, and almost all take place in low- and middle-income countries.<sup>4</sup> Until recently, this huge burden remained largely invisible.<sup>1,5</sup> Attention to stillbirths has increased over the last few years with two *Lancet Series* highlighting the size and preventability of this issue, and the development of the first global stillbirth targets by the Every Newborn Action Plan in 2014.<sup>6</sup> However, there remain numerous global challenges to overcome if we are to end preventable stillbirths by 2030.<sup>3</sup> This commentary is a response to the recently released *2017 Progress Report on the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health*.<sup>7</sup> Within this commentary we outline key opportunities within the 2017 *Report* to further highlight the global burden of preventable stillbirths and to encourage and guide practical action for reducing that burden. We provide specific action points and recommendations for incorporation into the 2018 *Report* and advocate for continued attention to stillbirths at all levels.

It is very encouraging to see data on stillbirths and newborns highlighted upfront within the 2017 *Progress Report's*

executive summary and we fully agree that an ongoing lack of attention and commitment to stillbirths and stillbirth prevention contributes to delayed progress towards ending preventable stillbirths.

Prevention of avoidable stillbirths could provide a triple return on investments through the economic and societal value of live, healthy children to families, communities, and nations;<sup>1</sup> however, the costs associated with stillbirths are largely overlooked in the 2017 *Progress Report*. We encourage acknowledgement of the full impact of stillbirth prevention in the next progress report. The 2016 *Lancet Series on Ending Preventable Stillbirths* stressed the need for rapid scale-up of the following seven interventions focused on preconception, antenatal care, and labour and birth care: folic acid supplementation, syphilis detection and treatment, treatment of malaria in pregnancy, diabetes case management, pre-eclampsia management, skilled personnel attendance at birth, and induction of labour for pregnancies lasting longer than 41 weeks. When integrated into comprehensive maternal–newborn care, these evidence-based interventions are highly cost-effective in preventing stillbirths.<sup>3</sup> Scaling up investment for these interventions is estimated to generate as much as ten- to 25-fold returns in economic and social benefits in low- and middle-income countries, where almost all stillbirths occur.<sup>8</sup> By addressing

wider risk factors for stillbirth including maternal infection, non-communicable diseases, and obstetric complications, interventions to prevent stillbirths also ensure that women and newborn babies survive and thrive, contributing to further economic and societal returns. The countries with high rates of stillbirth require integrated approaches to stillbirth prevention across the maternal–newborn continuum of care and the next progress report could include a closer review of integrated programming for stillbirth prevention.

The wide-reaching emotional, psychological, and psychosocial consequences related to stillbirth are not thoroughly outlined or referred to within the 2017 *Progress Report*. Mothers, fathers, families, and caregivers who experience stillbirths and other adverse pregnancy and childbirth outcomes such as pregnancy loss, fistula, and newborn death, suffer enduring grief, isolation, fear, and stigma.<sup>9–11</sup> This can be reduced through the sensitisation of health systems, health workers, and communities to stillbirths, as well as through improved coverage of respectful bereavement care.<sup>9</sup> We advocate for recognition of these important long-term costs and implications of stillbirth in future progress reports.

It is encouraging that one of the action areas highlighted in the 2017 *Report* is to implement recommendations from the 2016 *Lancet Series on Ending Preventable Stillbirths*. However, while the paragraphs pertaining to maternal mortality, quality, equity, and dignity of care, and sexual and reproductive health and rights provide detailed action points, the discussion relating to stillbirths is somewhat brief, general, and high-level. We encourage the use of specific priority action points outlined in the 2016 *Ending Preventable Stillbirth Series* (see Box 1) to guide countries to develop appropriate measures to reduce the burden of stillbirth.<sup>3</sup>

After much stillbirth advocacy in the past few years, we fully welcome and support the inclusion of stillbirths as part of the burden of deaths in the 2017 *Progress Report*. We understand the challenge of terminology in placing ‘stillbirths’ where they belong along the continuum, between woman and child; however, we encourage the *Every Woman Every Child (EWEC) Progress Report* to emphasise stillbirths as of equal importance to all other preventable deaths.

We present four key recommendations for inclusion within the 2018 *EWEC Progress Report on the Global Strategy for Women’s, Children’s and Adolescents’ Health* (see Box 2).

We support the steps taken in the 2017 *Progress Report* towards highlighting the issue of stillbirth. However, more needs to be done if the 2030 target to end preventable stillbirths is to be achieved. We call on leaders within EWEC to encourage continued attention to stillbirths by strengthening advocacy around the issue and continuing to

**Box 1.** Priority actions to change the trend for stillbirths from the 2016 *Lancet Series on Ending Preventable Stillbirths*

- 1 *Intentional leadership*: maximise existing leadership; ensure global organisations include stillbirths when acting for women and children; intentionally involve parents and nurturing champions
- 2 *Increased voice, especially among women*: empower women to demand a good quality of life and healthcare, and support those affected by stillbirth to raise their voices for change; develop culturally appropriate protocols for respectful care after death; reduce stigma
- 3 *Implementation of integrated interventions commensurate with investment*: ensure high quality care for every woman during pregnancy, labour and birth, and after stillbirth; focus on the highest impact interventions, especially intrapartum care in the highest burden settings; address health system bottlenecks, especially the need for skilled health workers, particularly midwives; increase funding and innovation commensurate with the scale of 2.6 million deaths a year; promote these actions within global, regional, and national processes in support of the Global Strategy for Women’s, Children’s and Adolescent’s Health
- 4 *Indicators to measure impact and monitor progress*: count every pregnancy and every baby, including stillbirths, particularly by improving Civil Registration and Vital Statistics; integrate stillbirth-specific components within relevant plans for data improvement, especially to track programmatic coverage and quality, including stillbirth prevention and post-stillbirth support; complete and use perinatal audit tools and a global classification system
- 5 *Investigation of crucial knowledge gaps*: address gaps in knowledge by setting research priorities regarding stillbirth prevention and bereavement support, including discovery, translational, and implementation science to drive innovation; develop research capacity.

**Box 2.** Key recommendations for the 2018 *EWEC Progress Report on the Global Strategy for Women’s, Children’s and Adolescents’ Health*

- 1 *A higher degree of specificity relating to stillbirths*: we encourage increased attention to the target global stillbirth rate of less than 12 stillbirths per 1000 live births, as established by the Every Newborn Action Plan
- 2 *Acknowledgement of the psychological and emotional trauma caused by stillbirth*: we recommend emphasising the need for respectful bereavement care as well as acknowledgement of the emotional and financial costs to women, families, and societies that experience stillbirths
- 3 *More specific action points for reducing stillbirths to be incorporated*: detailed priority actions are outlined in the 2016 *Lancet Series on Ending Preventable Stillbirths* and we recommend the use of these alongside case studies of countries that have made good progress towards reducing stillbirths<sup>3</sup>
- 4 *Emphasise stillbirths as equally important*: we support the continued inclusion of stillbirths within the burden of death and encourage EWEC to emphasise stillbirths as of equal importance to all other preventable maternal, newborn, and child deaths.

advocate strongly for an integrated approach to stillbirth within the maternal–newborn health continuum. Stillbirth is an urgent global health issue, but with clear and strong guidance, accountability and practical action, it need not remain one.

### Disclosure of interests

None declared. Completed disclosure of interests form available to view online as supporting information.

### Contribution to Authorship

EA, HB, TC, AD, MF, MK, SKM, SH, SM, VPH, PQ, JR, DS, JES, CS, and MLTRS were involved in the conception of this work, drafting of the key points, and provision of feedback. VPH produced the first full draft of the commentary. EA, HB, TC, AD, MF, MK, SKM, SH, SM, VPH, PQ, JR, DS, JES, CS, and MLTRS reviewed and agreed the final manuscript.

### Details of ethics approval

Not applicable.

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